

DES MOINES VALLEY HEALTH AND HUMAN SERVICES

Fee Policies and Procedures



Policy Effective
01/01/2014

Admin Policy #DV2300

Revised 01/01/2025

I. Purpose

The purpose of charging fees is to share costs with those who have the ability to pay, increase agency revenue, and provide additional services at the same budget level.

This document defines and describes policies related to the Des Moines Valley Health and Human Services (DVHHS) Fee Schedule. This fee policy may be revised at any time after proper notice, public hearing, and with the approval of the Des Moines Valley Health and Human Service Board of Commissioners. Fee policies and procedures which are mandated by Minnesota or Federal law supersede this policy. Des Moines Valley Health and Human Services fee schedule is not to be used to establish income eligibility or fees for those social services already specified by law or rule. The fee schedule will not be used for assessing fees through the Consolidated Chemical Dependency Treatment Fund (CCDTF); clients of the child care fund; the cost of services for certain children who are in twenty-four (24) hour care outside of the home or who are determined eligible for Medical Assistance without consideration of parental income or assets; and children from birth through age two provided case management services are at no cost to parents.

There are conditions and situations when eligibility policies and criteria established by the Des Moines Valley Health and Human Services Board of Commissioners **does not** apply. These may be related to one or more of the following situations.

- A child or adult in need of protection,
- Persons with certain mental and physical impairments,
- A special circumstance where eligibility criteria has been established by federal and state laws.

Fees may not be charged to:

- An individual or family whose gross household income is at or below the current Federal Poverty Guidelines (FPG),
- Recipients of public assistance maintenance grants,
- Persons wishing to adopt a hard to place or special needs child.

II. Authority

Authority to collect by this agency is by the following statutes:

- MN Statute 13.03; Access to Government Data
- MN Statute 245.481 Fees for Mental Health Services
- MN Statute 245A.10 Fees - Licensing
- MN Statute 245C.10 Background Study; Fees - Licensing
- MN Statute 252.27 Children's Services; Parental Contribution
- MN Statute 256B.35 Personal Needs Allowance; Persons in Certain Facilities
- MN Statute 260B.331 Children's Services, Cost of Care (Delinquency)
- MN Statute 260C.331 Children's Services, Cost of Care (CHIPS)
- MN Statute 256M.60; Duties of County Boards
- MN Statute 373.41; Miscellaneous fees
- MN Statute 393.12; Fees for Social Services
- MN Statute 518A.46 subd.7; Procedures for Child Support Orders-Assignment of Child Support
- MN Rule 9550.6220 Determination of Parental Fee
- MN Rule 9550.6225 Health Insurance Benefits- Parental Fees
- MN Rule 9550.6230 Variance for Undue Hardship – Parental Fees
- MN Rule 9550.6240 Collections- Parental Fees
- Social Security Act 42 U.S.C. ch.7
- Related MN Department of Human Service Bulletins
- Des Moines Valley Health and Human Services Board of Commissioners Resolutions to implement an approach to fees including the entire Des Moines Valley Health and Human Services fee policy

III. General Policy

A. Basic Principles

Des Moines Valley Health and Human Services is allowed by Federal and State Statute, Minnesota Rule, Department of Human Services Bulletins, Minnesota Department of Health and DVHHS Joint Powers Board resolutions to charge fees in certain circumstances. Fees are assessed with the use of the most accurate information and with the understanding that third party payment should be accessed before payment of public funds. The assessment and collection of fees may be affected by any or all of the following:

- Failure to Provide requested financial information and provide insurance information for third party billing will result in a charge of a fee equal to the entire amount of the cost of services paid for by Des Moines Valley Health and Human Services
- If income information provided is incomplete it may result in a higher fee being charged.
- Third party payment sources or insurance companies must be billed first. Those who qualify, but refuse are responsible for the full cost of service.
- Individuals and families with more than one child in out of home placement will be charged only one fee regardless of the number of children in placement.
- Fees may be reduced or waived due to hardship by completing DVHHS form, Request for Fee Waiver (See Attachment B) and approved by the Des Moines Valley Health and Human Services Fee Waiver Committee.
- Des Moines Valley Health and Human Services has adopted the Federal Poverty Guidelines (FPG) and Suggested Social Services Fees Schedule as published by the Minnesota Department of Human Services to determine its agency fee schedule. The guidelines and schedules are updated annually in DHS Bulletins. The current 2024 bulletin is #24-69-01 (Attachment C).
- When DVHHS needs to refer cases to another agency for services due to an agency conflict of interest, DVHHS will reimburse customer/client for the fees paid over and above the fee for the same service had DVHHS performed the service.

B. General Collection Efforts

Des Moines Valley Health and Human Services will assess and collect fees for services it directly provides or purchases from vendors. Payment of fees that have been assessed is expected. All measures allowed by law will be used for the collection of those fees and will remain the responsibility of the individual/family until paid in full.

- Collection methods allowed by statute include and are not limited to billing, demand letters, revenue recapture, income withholding, civil court action, and wage garnishment.
- Fees charged remain the responsibility of individuals and or families until balance is satisfied in full.

IV. Services

The following goods and services are charged a fee in accordance with the Des Moines Valley Health and Human Services Fee Schedule.

A. Children's Services

1. Adoption Home Studies
2. Custody Studies
3. Out of Home Placement
4. Supervised Visitation

B. Adult Services

1. Day Training and Habilitation/Supported Employment
2. Mental Health Holds

C. Licensing

1. Corporate Adult Foster Care
2. Corporate Child Foster Care
3. Corporate Adult and Child Foster care (Dually Licensed)
4. Family Child Care
5. Legal Non-Licensed Child Care

Note: No fees assessed for Family Child Foster Care Licensing

D. Chemical Use

1. Detoxification

E. Administrative

1. Fax
2. Copies
3. Notary
4. NSF Check
5. Postage

F. Attachments

1. Attachment A – Important Notice and Parental Fee Worksheet (DHS Form 2977-Updated Annually)
2. Attachment B – Request for Waiver of Fee Form
3. Attachment C – Federal Poverty Guidelines and Suggested Social Services Fee Schedule (DHS Bulletin-Updated Annually)
4. Attachment D – DVHHS Fee Schedule Effective 01/01/2025

A. Children's Services

1. Adoption Home Studies

Des Moines Valley Health and Human Services will charge an adoption home study fee of \$3000.00 to any private family seeking to adopt. This fee covers the expenses related to the administration of the adoption home study. The adoption home study fee will be waived for all currently licensed foster care providers.

2. Custody Study

A \$3000.00 fee will be charged to cover the cost of completion of a custody study required by court order or Interstate Compact for the Placement of Children (ICPC). Des Moines Valley Health and Human Services will refer all custody studies that are not court ordered or required by ICPC out of office for completion.

3. Out of Home Placement

The Parental fee for children in out of home placements who are not covered under MN Statute 252.27 will be determined by use of DHS form 2977, Important Notice and Parental Fee Worksheet (see Attachment A) and the definitions as outlined below, and/or MN Statute 518A.46, subd. 7 if applicable.

1. Definitions

a. Household Size:

Household size includes natural and adoptive parents, and their dependent children under age 18, whether or not they are temporarily absent such as residential treatment, foster care, or school. Dependents between ages 18-24 years, that meet the current definition of a dependent under IRS rules, are also counted. Stepparents and stepchildren are not counted. Parents and their adult children living together are considered separate households.

b. Income:

Household income is defined as all payments including but not limited to wages, social security, veteran's benefits, pensions, worker's compensation, unemployment, insurance payments, union or strike benefits, child support, maintenance benefits, adoptions subsidies, loans, grants, scholarships, income from trusts, stock dividends, interest, lump sum payments, contract for deed income, and income received from roomers, boarders, and renters.

2. Fees

a. Child's Responsibility

Responsibility of the child for the cost of care shall be up to the maximum amount of total income attributed to the child (including, but not limited to child support, RSDI/SSI social security benefit income, earned/unearned income, investments, trusts, etc.) The fee will be calculated on a monthly basis and will be billed monthly until the child is no longer in placement.

b. Parent(s) Responsibility

1. Parental Fee if not receiving adoption subsidy

Parents will be responsible for payment of the assessed parental fee or the total cost of service, whichever is less. All parental fees, including those subject to MN Statute 252.27, will be calculated using DHS Form 2977; Important Notice and Parental Fee Worksheet (Attachment A).

2. Parental Fee if receiving adoption subsidy

The parental fee will be limited to the basic maintenance portion of the adoption subsidy. The parent will be required, under the subsidy agreement to notify the DHS Adoption Subsidy Program/DHS Commissioner when any child is out of the home for more than 30 days. Upon notification of the placement, the DHS Adoption Subsidy program determines if the family remains financially responsible for the child(ren) in placement, including the parental fee, and determines if the adoption subsidy payments continue to the parents/family. Parents will need to cooperate with any information requested from DHS for this determination. Failure to cooperate with this process will result in the parent being assessed the full cost of the placement.

c. Third Party Payments

Parents are required to provide health insurance information and cooperate with insurance assignment of benefits. Third party payment will be deducted from the cost of care. Refusal to provide health insurance information will result in the parental fee being the entire cost of the placement.

4. Supervised Visits

Des Moines Valley Health and Human Services will supervise visitation between children and their parents **only** when court ordered in Order for Protection cases, criminal cases, family court cases, and CHIP's cases. Because of costs involved in supplying staff for supervision, transportation, and other expenses the following fees will be charged for supervised visits.

1. Des Moines Valley Health and Human Services will charge a fee of \$15.00 per hour or partial hour for aforementioned visits. This includes the time needed to transport the children to and from the visit, if necessary. The parent ordered to have supervised visits is responsible for the payment of this fee prior to the scheduled visit. Transportation

will not be provided for cases that currently do not have an open case with Des Moines Valley Health and Human Services.

2. The parent ordered to have supervised visits will be charged if they fail to show up for a scheduled visit. The total cost would be a minimum of \$30.00 or the amount of this visit, as if it had occurred. Any additional staff time would be charged at \$15.00 per hour or partial hour.
3. No fee will be charged for the visit if the parent/guardian's income is below the Federal Poverty Guideline (FPG), based on the most current DHS Bulletin titled, Updated of Federal Poverty Guidelines and Suggested Social Services Fee Schedule (Attachment C).
4. The fees must be paid twenty-four (24) hours prior to the scheduled visit or the visit will not take place. No future visits will be scheduled if fees are delinquent.
5. The parent ordered to have supervised visitation must contact the agency at least two (2) hours prior to the visit if they wish to cancel. Failure to contact the agency will result in charging of the visitation fee. If the custodial parent or agency cancels the visit, the non-custodial parent will not be charged.

B. Adult Services

1. Day Training and Habilitation Services/Supported Employment

Day training and Habilitation services are directed at the development and maintenance of life skills and community integration. Day training, rehabilitation services, and supported employment provided for persons **not on medical assistance**, will be charged for the full cost of these services paid for by Des Moines Valley Health and Human Services, with exception to students attending a secondary education facility (high school) and not yet graduated (high school diploma), up to age 21.

2. Mental Health Holds – MN Statute 245.481

A fee may be assessed to an individual who has had Emergency Hold Services paid on their behalf, by Des Moines Valley Health and Human Services. This fee is in accordance with the most current DHS Bulletin titled - Updated Federal Poverty Guidelines and Suggested Social Services Fee Schedule (Attachment C). Application for Medical Assistance must be completed and any payments made by an insurance company or third-party payor must be applied first. Refusal to cooperate with third party payment will result in the individual being responsible for the entire cost of the emergency hold and further collection activities.

C. Licensing - MN Statute 245A.10

1. Corporate Adult Foster Care

Des Moines Valley Health and Human Services will charge a fee to corporate applicant(s) or license holder(s) to recover the cost of background studies, and licensing inspections. An initial licensing fee of \$500.00 will be charged and a relicensing fee of \$1000.00 will be charged at each two (2) year renewal date.

2. Corporate Child Foster Care

Des Moines Valley Health and Human Services will charge a fee to a corporate applicant or license holder to recover the cost of background studies, and licensing inspections. An initial licensing fee of \$500.00 will be charged. A relicensing fee of \$1000.00 will be charged at each two (2) year renewal. **Note: No fees are charged for Family Foster care licensing.**

3. Dually Licensed Corporate Adult Foster Care/Child Foster Care

Des Moines Valley Health and Human Services will charge a fee to corporate applicant(s) or license holder(s) to recover the cost of background studies, and licensing inspections. An initial licensing fee of \$750.00 will be charged and a relicensing fee of \$1,500.00 will be charged at each two (2) year renewal date.

4. Family Child Care

A \$25.00 licensing fee will be charged to the child care provider at the initial licensing. A relicensing fee of \$100.00 will be assessed to the provider at each 2-year renewal. A background study fee will be charged to the provider for the actual cost of the background study, not to exceed \$100.00. If a provider has a conditional license, Des Moines Valley Health

and Human Services may recommend relicensing for a period of one (1) year and a \$50.00 fee will be assessed to the provider in this situation.

5. Legal Non-Licensed Child Care

No fee will be assessed to the provider for application to provide legal non-licensed care. No fee will be charged to the provider for initial background studies. A \$50.00 background study fee will be assessed for each 2-year renewal. A \$50.00 background study fee will be charged for any subsequent requests to become a legal non-licensed day care provider.

D. Chemical Use Fees

1. Detoxification – MN Statute 393.12

A fee may be assessed to an individual who has had detoxification services paid on their behalf by Des Moines Valley Health and Human Services. This fee is in accordance with the most current DHS Bulletin titled, Updated Federal Poverty Guidelines and Suggested Social Services Fee Schedule (Attachment C) & DVHHS Fee Schedule (Attachment D) - updated annually. Payments by an insurance company or a third-party payer must be applied first. Refusal to cooperate with completion of the agency Detox Fee Worksheet or third-party payment will result in the individual being responsible for the entire cost of the detoxification fee and further collection activities.

E. Administrative

1. Fax

A fee of \$1.00 will be charged for the first page and 25¢ for any additional pages for all **outgoing** faxes if not part of services provided by the agency.

A fee of \$1.50 for the first page and 50¢ for any additional pages for all **incoming** faxes if not part of services provided in the agency.

2. Copies/Digital Media

DVHHS charges members of the public for copies of government data. These charges are authorized under Minnesota Statutes, section 13.03, subdivision 3(c). Pre-payment of copies is required unless other arrangements are approved by the Responsible Authority or Designee. Data release is subject to current Data Practices Policies and Statute.

Copies 100 pages or less (black/white or color)

NOT DATA SUBJECT

Copies with 100 or fewer pages of black and white or color, letter or legal size paper copies cost 25¢ for a one-sided copy, or 50¢ for a two-sided copy, if not part of services provided by the agency.

Copies 10 pages or more (black/white)

DATA SUBJECT

There will be **no charge** for the property owner/data subject for less than 10 pages. For more than ten pages, the cost will be the actual cost of the copies of 2¢ per page, and 25¢ per minute for employee time. Additional charges to mail the document will be charged at the actual cost.

Copies over 100 pages (black/white)

NOT DATA SUBJECT

The cost for 101 or more black and white copies will be 2¢ per page plus 25¢ per minute for employee time. This includes time to prepare the data for copying and making the copies. Additional charges to mail the document will be charged at the actual cost.

Copies over 100 pages (color)

NOT THE DATA SUBJECT

The cost for 101 or more color copies will be 10¢ per page plus 25¢ per minute for employee time. This includes time to prepare the data for copying and making the copies. Additional charges to mail the document will be charged at the actual cost.

Copies over 101 pages (color)

DATA SUBJECT

The cost for 101 or more color copies will be 10¢ per page plus 25¢ per minute for employee time. This includes time to prepare the data for copying and making the copies. Additional charges to mail the document will be charged at the actual cost.

Emailed Documents-Electronic Copies

There will be no charge to email existing electronic documents. Documents needing electronic conversion (scanning) will be \$1.00 for the first page, plus \$.25 per additional page. There will be no charge however if conversion is part of service provided.

Digital Media-CD/DVD/USB Thumb Drive

There will be a \$15.00 charge plus any applicable electronic copy fees for preparation of a CD, DVD, or USB thumb drive.

3. Notary

A fee of \$1.00 will be charged for notary services if not part of services provided by the agency.

4. NSF Check

Persons whose checks have been returned to DVHHS as Non-sufficient Funds (NSF) will be required to repay the funds with either cash or a money order. They will also be charged a service fee of \$30.00.

5. Postage

The fee for postage will be charged at the actual cost of the postage if not part of the services provided by DVHHS.

F. Attachments (see following pages)

Financial Operations Division

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

Medical Assistance (MA) Parental Fees

Important Notice and Parental Fee Worksheet

for Fiscal Year 2025 (July 1, 2024 - June 30, 2025)

(Please retain for your records.)

Important Notice About Parental Fees

Your child has been approved for Medical Assistance (MA) and is in an out-of-home placement. Eligibility for MA was based on your child's placement in 24-hour care outside the home including respite care or in a facility licensed by the commissioner of human services. Your income and assets were not considered in determining your child's eligibility for MA. However, Minnesota law says that **you may have to pay a parental fee for the MA placement that your child is in.**

What information do we use to determine your parental fee?

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

Who has to pay a parental fee?

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

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

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

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

What are your rights?

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

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

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

What happens if you do not pay your parental fee?

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

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

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

Circumstances that may change your parental fee:

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

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

Who do you call if you have questions?

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

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

How is your parental fee calculated?

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

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

Family Size	275% of Federal Poverty Guidelines	545% of Federal Poverty Guidelines	675% of Federal Poverty Guidelines	975% of Federal Poverty Guidelines
2	\$56,210	\$111,398	\$137,970	\$199,290
3	\$71,005	\$140,719	\$174,285	\$251,745
4	\$85,800	\$170,040	\$210,600	\$304,200
5	\$100,595	\$199,361	\$246,915	\$356,655
6	\$115,390	\$228,682	\$283,230	\$409,110
7	\$130,185	\$258,003	\$319,545	\$461,565
8	\$144,980	\$287,324	\$355,860	\$514,020
Additional members	\$ 14,795	\$ 29,321	\$ 36,315	\$ 52,455

- Calculate your parental fee as follows:

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

You Can Estimate Your Fee

This worksheet is for fiscal year 2025 (July 1, 2024 - June 30, 2025)

Retain this form for your records.

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

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

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

- _____ 1. Enter your adjusted gross income (AGI) from your 2023 federal taxes (Line 11 of form 1040).
- _____ 2. Enter the amount of court-ordered child support that you pay PER YEAR for the child on MA.
- _____ 3. Subtract the amount on line 2 from the amount on line 1.
- _____ 4. Divide line 3 by 12 and round to two decimal places.
This is the monthly income that we will use to determine your parental fee.

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

- _____ 5. Enter the income from line 4 above.
- _____ 6. Using the table below enter the "monthly poverty guideline" for your family size.

Family Size	Monthly Poverty Guideline
2	\$1,703
3	\$2,152
4	\$2,600
5	\$3,048
6	\$3,497
7	\$3,945
8	\$4,393

- _____ 7. Divide the amount on line 5 by the amount on line 6.
- _____ 8. Round the number on line 7 to two decimal places and multiply the result by 100. This is the percent of FPG that we will use to calculate your parental fee.

STEP 3. Calculate Your Monthly Parental Fee

Calculation if the number on line 8 is less than 275

9. Your parental fee is zero.

Calculation if the number on line 8 is equal to or greater than 275 and equal to or less than 545

- _____ 10. Multiply the number on line 7 by 100 and enter here.
- _____ 11. Subtract 275 from the amount on line 10.
- _____ 12. Multiply the amount on line 11 by .0285 and divide the result by 270.
- _____ 13. Add 0.0165 to the amount on line 12.
- _____ 14. Enter the number from line 4.
- _____ 15. Multiply the amount on line 13 by the amount on line 14.
This is your estimated monthly fee.

Calculation if the number on line 8 is greater than 545 and less than 675

- _____ 16. Enter the number from line 4.
- _____ 17. Multiply the amount on line 16 by .0450 (4.50%).
This is your estimated monthly fee.

Calculation if the number on line 8 is equal to or greater than 675 and less than 975

- _____ 18. Multiply the number on line 7 by 100 and enter here.
- _____ 19. Subtract 675 from the amount on line 18.
- _____ 20. Multiply the amount on line 19 by .0149 and divide the result by 300.
- _____ 21. Add .0450 to the amount on line 20.
- _____ 22. Enter the amount from line 4.
- _____ 23. Multiply the amount on line 21 by the amount on line 22.
This is your estimated monthly fee.

Calculation if the number on line 8 is equal to or greater than 975

- _____ 24. Enter the number from line 4.
- _____ 25. Multiply the amount on line 24 by .0749 (7.49%).
This is your estimated monthly fee.



For accessible formats of this information or assistance with additional equal access to human services, email us at dhs.info@state.mn.us, call 651-431-3806, or use your preferred relay service. ADA1 (3-24)

NO ENGLISH



651-431-3806

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauw no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຮອດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

XHubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



DVHHS Service Center
Human Services/Public Health
407 5th Street
PO Box 67
Jackson, MN 56143
(507) 847-4000
Fax: (507) 847-5616

DVHHS Service Center
Public Health
235 Ninth Street
PO Box 9
Windom, MN 56101
(507) 831-1987
Fax: (507) 831-1747

DVHHS Service Center
Human Services
11 4th Street
PO Box 9
Windom, MN 56101
(507) 831-1891
Fax: (507) 831-0126

ATTACHMENT B

Request for Waiver of Fee

To: _____ (Worker's Name)

From: _____ (Client Name)

_____ (Client Address)

Requesting Waiver of Fee for What Service Provided? _____

Fee Amount: _____

Requesting: Waiver of Full Fee: Y N

Requesting Waiver of Partial Fee: Y N

Requested Fee Amount \$ _____

If income has not previously been provided, please include all supporting documentation for proof of income for the last 30 days or your most recent tax return, and proof of expenses for your household.

Please include a brief summary of the facts and the reasons why you are requesting a waiver of this fee. (If there is not enough space on this page, please continue on the back page)

Signature: _____

Date: _____

****Written notification of the decision will be mailed within ten (10) days of the Fee Waiver Committee's decision.**

"An Equal Opportunity and Affirmative Action Employer"

NUMBER

#24-69-01

DATE

February 28, 2024

OF INTEREST TO

County Directors
Social Services Supervisors and
Staff

Tribal Directors
Human Services Boards
Legislative Staff

ACTION/DUE DATE

Please read information and
prepare for implementation

EXPIRATION DATE

February 28, 2026

Updated Federal Poverty Guidelines and Suggested Social Services Fee Schedule

TOPIC

Updated Federal Poverty Guidelines (FPG) and suggested social services fee schedule.

PURPOSE

The Federal Poverty Guidelines are published to meet the terms of Minnesota Statutes, section 256M.60, subdivision 6, which states that county boards cannot charge social services fees to persons or families whose adjusted gross household income is below the FPG.

Minnesota's suggested fee schedule is updated annually; it can be adopted, referenced or used in conjunction with other fee schedules.

CONTACT

SSIS Help Desk at 651-431-4801 or dhs.ssishelp@state.mn.us.

SIGNED



TIKKI BROWN
Assistant Commissioner
Children and Family Services Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Poverty Guidelines for 2024

The federal 2024 poverty guidelines were published in the *Federal Register* at [2024 Federal Poverty Guidelines](#).

Federal poverty guidelines are updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services (DHHS) under authority of [42 United States Code, section 9902\(2\)](#).

The DHHS 2024 poverty guidelines for the 48 contiguous states and the District of Columbia are as follows. The figures represent annual income. For families/households with more than eight persons, add \$5,380 for each additional person.

Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

II. Social Service Fee Schedule

This bulletin provides information county human services agencies need to comply with [Minnesota Statutes, section 256M.60, subdivision 6](#). This statute 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:

Subd. 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.

This fee schedule was designed to accommodate affordability, stability and progressivity. Fees shall **not exceed** the cost of providing a service.

Adopting this schedule does not prohibit a county agency from using other fee schedules based on ability to pay for social services or programs, establishing property limitations or limiting liability of third-party contributors. It is within the authority of county boards to establish fees for higher-income clients not covered under this recommended fee schedule.

The suggested schedule is not to be used to establish income eligibility or fees for those social services with provisions specified in law or rule, such as:

- The Behavioral Health Fund
- Clients of the Child Care Assistance Program
- Cost of services for certain children who are in 24-hour care outside the home
- Those determined eligible for Medical Assistance without consideration of parental income or assets
- Children from birth through age 2 who receive case management services at no cost to the parents.

Prior to the Children and Community Services Act (CCSA) of 2003, county social service agencies submitted their biennial Community Social Services Act plans, including social service fee schedules and policies, for approval by the Minnesota Department of Human Services. Under the Vulnerable Children and Adults Act (VCA), which revised and replaced CCSA, fee schedules are not required to be approved by the department. County agencies have discretion on fee policies within the law.

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 1				
		100% FPG = \$15,060		
		200% FPG = \$30,120		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$30,120	\$0	- \$2,510	\$0
\$30,121	- \$36,364	\$2,511	- \$3,031	\$10
\$36,365	- \$42,608	\$3,032	- \$3,551	\$18
\$42,609	- \$48,852	\$3,552	- \$4,071	\$27
\$48,853	- \$55,096	\$4,072	- \$4,592	\$38
\$55,097	- \$61,340	\$4,593	- \$5,112	\$52
\$61,341	- \$67,584	\$5,113	- \$5,632	\$68
\$67,585	- \$73,828	\$5,633	- \$6,153	\$85
\$73,829	- \$80,072	\$6,154	- \$6,673	\$105
\$80,073	- \$86,316	\$6,674	- \$7,193	\$127
\$86,317	- \$92,560	\$7,194	- \$7,714	\$151
\$92,561	- \$98,804	\$7,715	- \$8,234	\$177
\$98,805	- \$105,048	\$8,235	- \$8,754	\$205
\$105,049	- \$111,292	\$8,755	- \$9,275	\$235
\$111,293	- \$117,536	\$9,276	- \$9,795	\$267
\$117,537	- \$123,780	\$9,796	- \$10,315	\$302
\$123,781	- \$130,024	\$10,316	- \$10,836	\$338
\$130,025	- \$136,268	\$10,837	- \$11,356	\$376
\$136,269	- \$142,512	\$11,357	- \$11,876	\$417
\$142,513	- \$148,756	\$11,877	- \$12,397	\$460
\$148,757	- \$155,000	\$12,398	- \$12,917	\$504

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 2				
100% FPG = \$20,440		200% FPG = \$40,880		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$40,880	\$0	- \$3,407	\$0
\$40,881	- \$47,124	\$3,408	- \$3,927	\$10
\$47,125	- \$53,368	\$3,928	- \$4,448	\$18
\$53,369	- \$59,612	\$4,449	- \$4,968	\$27
\$59,613	- \$65,856	\$4,969	- \$5,488	\$38
\$65,857	- \$72,100	\$5,489	- \$6,009	\$52
\$72,101	- \$78,344	\$6,010	- \$6,529	\$68
\$78,345	- \$84,588	\$6,530	- \$7,049	\$85
\$84,589	- \$90,832	\$7,050	- \$7,570	\$105
\$90,833	- \$97,076	\$7,571	- \$8,090	\$127
\$97,077	- \$103,320	\$8,091	- \$8,610	\$151
\$103,321	- \$109,564	\$8,611	- \$9,131	\$177
\$109,565	- \$115,808	\$9,132	- \$9,651	\$205
\$115,809	- \$122,052	\$9,652	- \$10,171	\$235
\$122,053	- \$128,296	\$10,172	- \$10,692	\$267
\$128,297	- \$134,540	\$10,693	- \$11,212	\$302
\$134,541	- \$140,784	\$11,213	- \$11,732	\$338
\$140,785	- \$147,028	\$11,733	- \$12,253	\$376
\$147,029	- \$153,272	\$12,254	- \$12,773	\$417
\$153,273	- \$159,516	\$12,774	- \$13,293	\$460
\$159,517	- \$165,760	\$13,294	- \$13,814	\$504
\$165,761	- \$172,004	\$13,815	- \$14,334	\$551

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 3				
		100% FPG = \$25,820		
		200% FPG = \$51,640		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$51,640	\$0	- \$4,304	\$0
\$51,641	- \$57,884	\$4,305	- \$4,824	\$10
\$57,885	- \$64,128	\$4,825	- \$5,344	\$18
\$64,129	- \$70,372	\$5,345	- \$5,865	\$27
\$70,373	- \$76,616	\$5,866	- \$6,385	\$38
\$76,617	- \$82,860	\$6,386	- \$6,905	\$52
\$82,861	- \$89,104	\$6,906	- \$7,426	\$68
\$89,105	- \$95,348	\$7,427	- \$7,946	\$85
\$95,349	- \$101,592	\$7,947	- \$8,466	\$105
\$101,593	- \$107,836	\$8,467	- \$8,987	\$127
\$107,837	- \$114,080	\$8,988	- \$9,507	\$151
\$114,081	- \$120,324	\$9,508	- \$10,027	\$177
\$120,325	- \$126,568	\$10,028	- \$10,548	\$205
\$126,569	- \$132,812	\$10,549	- \$11,068	\$235
\$132,813	- \$139,056	\$11,069	- \$11,588	\$267
\$139,057	- \$145,300	\$11,589	- \$12,109	\$302
\$145,301	- \$151,544	\$12,110	- \$12,629	\$338
\$151,545	- \$157,788	\$12,630	- \$13,149	\$376
\$157,789	- \$164,032	\$13,150	- \$13,670	\$417
\$164,033	- \$170,276	\$13,671	- \$14,190	\$460
\$170,277	- \$176,520	\$14,191	- \$14,710	\$504
\$176,521	- \$182,764	\$14,711	- \$15,231	\$551
\$182,765	- \$189,008	\$15,232	- \$15,751	\$600
\$189,009	- \$195,252	\$15,752	- \$16,271	\$651

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 4				
		100% FPG = \$31,200		
		200% FPG = \$62,400		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$62,400	\$0	- \$5,200	\$0
\$62,401	- \$68,644	\$5,201	- \$5,721	\$10
\$68,645	- \$74,888	\$5,722	- \$6,241	\$18
\$74,889	- \$81,132	\$6,242	- \$6,761	\$27
\$81,133	- \$87,376	\$6,762	- \$7,282	\$38
\$87,377	- \$93,620	\$7,283	- \$7,802	\$52
\$93,621	- \$99,864	\$7,803	- \$8,322	\$68
\$99,865	- \$106,108	\$8,323	- \$8,843	\$85
\$106,109	- \$112,352	\$8,844	- \$9,363	\$105
\$112,353	- \$118,596	\$9,364	- \$9,883	\$127
\$118,597	- \$124,840	\$9,884	- \$10,404	\$151
\$124,841	- \$131,084	\$10,405	- \$10,924	\$177
\$131,085	- \$137,328	\$10,925	- \$11,444	\$205
\$137,329	- \$143,572	\$11,445	- \$11,965	\$235
\$143,573	- \$149,816	\$11,966	- \$12,485	\$267
\$149,817	- \$156,060	\$12,486	- \$13,005	\$302
\$156,061	- \$162,304	\$13,006	- \$13,526	\$338
\$162,305	- \$168,548	\$13,527	- \$14,046	\$376
\$168,549	- \$174,792	\$14,047	- \$14,566	\$417
\$174,793	- \$181,036	\$14,567	- \$15,087	\$460
\$181,037	- \$187,280	\$15,088	- \$15,607	\$504
\$187,281	- \$193,524	\$15,608	- \$16,127	\$551
\$193,525	- \$199,768	\$16,128	- \$16,648	\$600
\$199,769	- \$206,012	\$16,649	- \$17,168	\$651
\$206,013	- \$212,256	\$17,169	- \$17,688	\$704

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 5				
		100% FPG = \$36,580		
		200% FPG = \$73,160		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$73,160	\$0	- \$6,097	\$0
\$73,161	- \$79,404	\$6,098	- \$6,617	\$10
\$79,405	- \$85,648	\$6,618	- \$7,138	\$18
\$85,649	- \$91,892	\$7,139	- \$7,658	\$27
\$91,893	- \$98,136	\$7,659	- \$8,178	\$38
\$98,137	- \$104,380	\$8,179	- \$8,699	\$52
\$104,381	- \$110,624	\$8,700	- \$9,219	\$68
\$110,625	- \$116,868	\$9,220	- \$9,739	\$85
\$116,869	- \$123,112	\$9,740	- \$10,260	\$105
\$123,113	- \$129,356	\$10,261	- \$10,780	\$127
\$129,357	- \$135,600	\$10,781	- \$11,300	\$151
\$135,601	- \$141,844	\$11,301	- \$11,821	\$177
\$141,845	- \$148,088	\$11,822	- \$12,341	\$205
\$148,089	- \$154,332	\$12,342	- \$12,861	\$235
\$154,333	- \$160,576	\$12,862	- \$13,382	\$267
\$160,577	- \$166,820	\$13,383	- \$13,902	\$302
\$166,821	- \$173,064	\$13,903	- \$14,422	\$338
\$173,065	- \$179,308	\$14,423	- \$14,943	\$376
\$179,309	- \$185,552	\$14,944	- \$15,463	\$417
\$185,553	- \$191,796	\$15,464	- \$15,983	\$460
\$191,797	- \$198,040	\$15,984	- \$16,504	\$504
\$198,041	- \$204,284	\$16,505	- \$17,024	\$551
\$204,285	- \$210,528	\$17,025	- \$17,544	\$600
\$210,529	- \$216,772	\$17,545	- \$18,065	\$651
\$216,773	- \$223,016	\$18,066	- \$18,585	\$704
\$223,017	- \$229,260	\$18,586	- \$19,105	\$759

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 6				
		100% FPG = \$41,960		
		200% FPG = \$83,920		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$83,920	\$0	- \$6,994	\$0
\$83,921	- \$90,164	\$6,995	- \$7,514	\$10
\$90,165	- \$96,408	\$7,515	- \$8,034	\$18
\$96,409	- \$102,652	\$8,035	- \$8,555	\$27
\$102,653	- \$108,896	\$8,556	- \$9,075	\$38
\$108,897	- \$115,140	\$9,076	- \$9,595	\$52
\$115,141	- \$121,384	\$9,596	- \$10,116	\$68
\$121,385	- \$127,628	\$10,117	- \$10,636	\$85
\$127,629	- \$133,872	\$10,637	- \$11,156	\$105
\$133,873	- \$140,116	\$11,157	- \$11,677	\$127
\$140,117	- \$146,360	\$11,678	- \$12,197	\$151
\$146,361	- \$152,604	\$12,198	- \$12,717	\$177
\$152,605	- \$158,848	\$12,718	- \$13,238	\$205
\$158,849	- \$165,092	\$13,239	- \$13,758	\$235
\$165,093	- \$171,336	\$13,759	- \$14,278	\$267
\$171,337	- \$177,580	\$14,279	- \$14,799	\$302
\$177,581	- \$183,824	\$14,800	- \$15,319	\$338
\$183,825	- \$190,068	\$15,320	- \$15,839	\$376
\$190,069	- \$196,312	\$15,840	- \$16,360	\$417
\$196,313	- \$202,556	\$16,361	- \$16,880	\$460
\$202,557	- \$208,800	\$16,881	- \$17,400	\$504
\$208,801	- \$215,044	\$17,401	- \$17,921	\$551
\$215,045	- \$221,288	\$17,922	- \$18,441	\$600
\$221,289	- \$227,532	\$18,442	- \$18,961	\$651
\$227,533	- \$233,776	\$18,962	- \$19,482	\$704
\$233,777	- \$240,020	\$19,483	- \$20,002	\$759
\$240,021	- \$246,264	\$20,003	- \$20,522	\$816

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 7				
		100% FPG = \$47,340		
		200% FPG = \$94,680		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$94,680	\$0	- \$7,890	\$0
\$94,681	- \$100,924	\$7,891	- \$8,411	\$10
\$100,925	- \$107,168	\$8,412	- \$8,931	\$18
\$107,169	- \$113,412	\$8,932	- \$9,451	\$27
\$113,413	- \$119,656	\$9,452	- \$9,972	\$38
\$119,657	- \$125,900	\$9,973	- \$10,492	\$52
\$125,901	- \$132,144	\$10,493	- \$11,012	\$68
\$132,145	- \$138,388	\$11,013	- \$11,533	\$85
\$138,389	- \$144,632	\$11,534	- \$12,053	\$105
\$144,633	- \$150,876	\$12,054	- \$12,573	\$127
\$150,877	- \$157,120	\$12,574	- \$13,094	\$151
\$157,121	- \$163,364	\$13,095	- \$13,614	\$177
\$163,365	- \$169,608	\$13,615	- \$14,134	\$205
\$169,609	- \$175,852	\$14,135	- \$14,655	\$235
\$175,853	- \$182,096	\$14,656	- \$15,175	\$267
\$182,097	- \$188,340	\$15,176	- \$15,695	\$302
\$188,341	- \$194,584	\$15,696	- \$16,216	\$338
\$194,585	- \$200,828	\$16,217	- \$16,736	\$376
\$200,829	- \$207,072	\$16,737	- \$17,256	\$417
\$207,073	- \$213,316	\$17,257	- \$17,777	\$460
\$213,317	- \$219,560	\$17,778	- \$18,297	\$504
\$219,561	- \$225,804	\$18,298	- \$18,817	\$551
\$225,805	- \$232,048	\$18,818	- \$19,338	\$600
\$232,049	- \$238,292	\$19,339	- \$19,858	\$651
\$238,293	- \$244,536	\$19,859	- \$20,378	\$704
\$244,537	- \$250,780	\$20,379	- \$20,899	\$759
\$250,781	- \$257,024	\$20,900	- \$21,419	\$816
\$257,025	- \$263,268	\$21,420	- \$21,939	\$876

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 8				
		100% FPG = \$52,720		
		200% FPG = \$105,440		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$105,440	\$0	- \$8,787	\$0
\$105,441	- \$111,684	\$8,788	- \$9,307	\$10
\$111,685	- \$117,928	\$9,308	- \$9,828	\$18
\$117,929	- \$124,172	\$9,829	- \$10,348	\$27
\$124,173	- \$130,416	\$10,349	- \$10,868	\$38
\$130,417	- \$136,660	\$10,869	- \$11,389	\$52
\$136,661	- \$142,904	\$11,390	- \$11,909	\$68
\$142,905	- \$149,148	\$11,910	- \$12,429	\$85
\$149,149	- \$155,392	\$12,430	- \$12,950	\$105
\$155,393	- \$161,636	\$12,951	- \$13,470	\$127
\$161,637	- \$167,880	\$13,471	- \$13,990	\$151
\$167,881	- \$174,124	\$13,991	- \$14,511	\$177
\$174,125	- \$180,368	\$14,512	- \$15,031	\$205
\$180,369	- \$186,612	\$15,032	- \$15,551	\$235
\$186,613	- \$192,856	\$15,552	- \$16,072	\$267
\$192,857	- \$199,100	\$16,073	- \$16,592	\$302
\$199,101	- \$205,344	\$16,593	- \$17,112	\$338
\$205,345	- \$211,588	\$17,113	- \$17,633	\$376
\$211,589	- \$217,832	\$17,634	- \$18,153	\$417
\$217,833	- \$224,076	\$18,154	- \$18,673	\$460
\$224,077	- \$230,320	\$18,674	- \$19,194	\$504
\$230,321	- \$236,564	\$19,195	- \$19,714	\$551
\$236,565	- \$242,808	\$19,715	- \$20,234	\$600
\$242,809	- \$249,052	\$20,235	- \$20,755	\$651
\$249,053	- \$255,296	\$20,756	- \$21,275	\$704
\$255,297	- \$261,540	\$21,276	- \$21,795	\$759
\$261,541	- \$267,784	\$21,796	- \$22,316	\$816
\$267,785	- \$274,028	\$22,317	- \$22,836	\$876
\$274,029	- \$280,272	\$22,837	- \$23,356	\$937

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 9				
		100% FPG = \$58,100		
		200% FPG = \$116,200		
Annual Adjusted Gross		Monthly Adjusted Gross		Monthly Fee
Lower Limit	Upper Limit	Lower Limit	Upper Limit	
\$0	- \$116,200	\$0	- \$9,684	\$0
\$116,201	- \$122,444	\$9,685	- \$10,204	\$10
\$122,445	- \$128,688	\$10,205	- \$10,724	\$18
\$128,689	- \$134,932	\$10,725	- \$11,245	\$27
\$134,933	- \$141,176	\$11,246	- \$11,765	\$38
\$141,177	- \$147,420	\$11,766	- \$12,285	\$52
\$147,421	- \$153,664	\$12,286	- \$12,806	\$68
\$153,665	- \$159,908	\$12,807	- \$13,326	\$85
\$159,909	- \$166,152	\$13,327	- \$13,846	\$105
\$166,153	- \$172,396	\$13,847	- \$14,367	\$127
\$172,397	- \$178,640	\$14,368	- \$14,887	\$151
\$178,641	- \$184,884	\$14,888	- \$15,407	\$177
\$184,885	- \$191,128	\$15,408	- \$15,928	\$205
\$191,129	- \$197,372	\$15,929	- \$16,448	\$235
\$197,373	- \$203,616	\$16,449	- \$16,968	\$267
\$203,617	- \$209,860	\$16,969	- \$17,489	\$302
\$209,861	- \$216,104	\$17,490	- \$18,009	\$338
\$216,105	- \$222,348	\$18,010	- \$18,529	\$376
\$222,349	- \$228,592	\$18,530	- \$19,050	\$417
\$228,593	- \$234,836	\$19,051	- \$19,570	\$460
\$234,837	- \$241,080	\$19,571	- \$20,090	\$504
\$241,081	- \$247,324	\$20,091	- \$20,611	\$551
\$247,325	- \$253,568	\$20,612	- \$21,131	\$600
\$253,569	- \$259,812	\$21,132	- \$21,651	\$651
\$259,813	- \$266,056	\$21,652	- \$22,172	\$704
\$266,057	- \$272,300	\$22,173	- \$22,692	\$759
\$272,301	- \$278,544	\$22,693	- \$23,212	\$816
\$278,545	- \$284,788	\$23,213	- \$23,733	\$876
\$284,789	- \$291,032	\$23,734	- \$24,253	\$937
\$291,033	- \$297,276	\$24,254	- \$24,773	\$1,000

Minnesota Department of Human Services
Suggested Social Services Income Eligibility and Fee Schedule 2024

Family of 10		
100% FPG = \$63,480		
200% FPG = \$126,960		
Annual Adjusted Gross	Monthly Adjusted Gross	Monthly Fee
Lower Limit - Upper Limit	Lower Limit - Upper Limit	
\$0 - \$126,960	\$0 - \$10,580	\$0
\$126,961 - \$133,204	\$10,581 - \$11,101	\$10
\$133,205 - \$139,448	\$11,102 - \$11,621	\$18
\$139,449 - \$145,692	\$11,622 - \$12,141	\$27
\$145,693 - \$151,936	\$12,142 - \$12,662	\$38
\$151,937 - \$158,180	\$12,663 - \$13,182	\$52
\$158,181 - \$164,424	\$13,183 - \$13,702	\$68
\$164,425 - \$170,668	\$13,703 - \$14,223	\$85
\$170,669 - \$176,912	\$14,224 - \$14,743	\$105
\$176,913 - \$183,156	\$14,744 - \$15,263	\$127
\$183,157 - \$189,400	\$15,264 - \$15,784	\$151
\$189,401 - \$195,644	\$15,785 - \$16,304	\$177
\$195,645 - \$201,888	\$16,305 - \$16,824	\$205
\$201,889 - \$208,132	\$16,825 - \$17,345	\$235
\$208,133 - \$214,376	\$17,346 - \$17,865	\$267
\$214,377 - \$220,620	\$17,866 - \$18,385	\$302
\$220,621 - \$226,864	\$18,386 - \$18,906	\$338
\$226,865 - \$233,108	\$18,907 - \$19,426	\$376
\$233,109 - \$239,352	\$19,427 - \$19,946	\$417
\$239,353 - \$245,596	\$19,947 - \$20,467	\$460
\$245,597 - \$251,840	\$20,468 - \$20,987	\$504
\$251,841 - \$258,084	\$20,988 - \$21,507	\$551
\$258,085 - \$264,328	\$21,508 - \$22,028	\$600
\$264,329 - \$270,572	\$22,029 - \$22,548	\$651
\$270,573 - \$276,816	\$22,549 - \$23,068	\$704
\$276,817 - \$283,060	\$23,069 - \$23,589	\$759
\$283,061 - \$289,304	\$23,590 - \$24,109	\$816
\$289,305 - \$295,548	\$24,110 - \$24,629	\$876
\$295,549 - \$301,792	\$24,630 - \$25,150	\$937
\$301,793 - \$308,036	\$25,151 - \$25,670	\$1,000

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-3039 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.



**Des Moines Valley Health and Human Services
Fee Schedule**

ATTACHMENT D

Admin Policy # DV2300
Board Approved 12/12/2024 Effective: 01/01/2025

CHILDREN'S SERVICES		
Adoption Home Studies	\$3,000.00	Excludes currently licensed foster care providers
Custody Studies	\$3,000.00	per study (see policy)
Out of Home Placements	see policy	Fee assessed based on income (see policy)
Supervised Visitation	\$15.00	per hour (see policy)
Supervised Visit (No Show)	\$30.00	per visit (see policy)
ADULT SERVICES		
Day Training and Habilitation		
Supported Employment	actual cost	<i>This applies only to individuals NOT on Medical Assistance</i>
Mental Health Holds	sliding fee scale	Sliding fee scale based on income (see policy) (MN Statute 245.481)
Social Service Fee Schedule	see policy	
LICENSING - MN Statute 245A.10		
Corporate Adult Foster Care		
Initial	\$500.00	
Relicensing Fee	\$1,000.00	2 year relicensing
Corporate Child Foster Care		
Initial	\$500.00	
Relicensing Fee	\$1,000.00	2 year relicensing
Corporate Adult & Child Foster Care - Dually Licensed		
Initial	\$750.00	
Relicensing Fee	\$1,500.00	2 year relicensing
Family Child Care		
Initial	\$25.00	initial licensing
Relicensing Fee	\$100.00	2 year relicensing
Background Study Fee	actual cost	up to \$100.00 (MN Statute 245C.10)
Legal Non-Licensed Child Care		
Initial Registration	\$0.00	
Background Study Fee	\$50.00	at 2 year renewal (MN Statute 245C.10)
Subsequent Request to do LNL	\$50.00	per request
CHEMICAL USE FEES		
Detoxification	sliding fee scale	Sliding fee scale based on income (see policy) (MN Statute 393.12)
ADMINISTRATIVE		
<i>All two-sided copies count/charge as two (2) pages</i>		
Copy - (B/W or Color) 100 pages or less (NOT data subject)	\$0.25	Per page if not part of services provided (MN Statute 13.03 Subdivision 3c)
Copy - B/W 10 pages or more (Data subject)	actual cost	N/C for property owner/subject for less than 10 pages; \$0.25/page plus \$0.25/minute for employee time to prepare copies (sort, label data, remove staples, take data to copier), and to make copies); plus mailing costs (MN Statute 13.03 Subdivision 3c)
Copy - B/W over 100 pages (NOT data subject)	actual cost	\$0.25/page plus \$0.25/minute for employee time to retrieve data (except for retrieval from off-site storage), time to prepare copies (sort, label data, remove staples, take data to copier), and to make copies); plus mailing costs (MN Statute 13.03 Subdivision 3c)
Copy - Color over 100 pages (NOT data subject)	actual cost	\$0.10/page plus \$0.25/minute for employee time to retrieve data (except for retrieval from off-site storage), time to prepare copies (sort, label data, remove staples, take data to copier), and to make copies); plus mailing costs (MN Statute 13.03 Subdivision 3c)
Copy - Color over 100 pages (Data subject)	actual cost	\$0.10/page plus \$0.25/minute for employee time to prepare copies (sort, label data, remove staples, take data to copier), and to make copies); plus mailing costs (MN Statute 13.03 Subdivision 3c)
Digital Media - CD/DVD/USB Thumb Drive	\$15.00	plus setup, if applicable
Emailed or Digital Download Documents-already in digital format	no charge	
Emailed or digital documents-scanned	actual cost	\$1.00/first page plus \$0.25/per additional page. No charge if part of service provided.
Fax-Incoming	actual cost	\$1.50/first page plus \$0.50/per additional page. No charge if part of service provided.
Fax-Outgoing (local or toll free)	actual cost	\$1.00/first page plus \$0.25/per additional page. No charge if part of service provided.
Fax-Outgoing (long distance)	actual cost	\$2.00/first page plus \$1.00/per additional page. No charge if part of service provided.
Notary	\$1.00	if not part of service provided
NSF Check	\$30.00	
Postage	actual cost	if not part of service provided