

**Policy #1032
Attachment A
Fee Schedule – County Department Fees**

**Community Services Fees and Fee
Schedules Calendar Year 2026**

Contents

I. Fee Policy	2
II. Service Eligibility.....	2
III. Parental Fee Schedule (Social Service Income Eligibility and Fee Schedule).....	2
IV. Fee Policy for Stepparent Adoption Studies	13
V. Families in Need of Child Care	13
VI. Licensing Inspection Fees for Family Child Care Providers (M.S. 245A.10)	21
VII. Adult and Child Corporate Foster Care Licensing Fees (M.S. 245A.10).....	21
VIII. Adult Services.....	21
IX. Substance Use Comprehensive Assessments	22
X. Chemical Dependency Treatment.....	22
XI. Fee Policy for Detoxification Services.....	27
XII. Developmental Disabilities	27
XIII. Consumer Support Grant Admin Fee	27
XIV. Children’s Mental Health.....	27
XV. Child Support Enforcement	34

I. Fee Policy

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

II. Service Eligibility

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

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

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

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

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

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

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

Minnesota Department of Human Services

Suggested Social Services Income Eligibility and Fee Schedule 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	
Lower Limit - Upper Limit	Lower Limit - Upper Limit	Monthly Fee
\$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

IV. Fee Policy for Stepparent Adoption Studies

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

V. Families in Need of Child Care

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

Income limits at-a-glance

Below is the income entrance level at application, exit level at redetermination, and exit level during the 12-month eligibility period for household sizes two through thirteen. See page 1 of this document for details about the individual income limits.

Two person household	
47% entrance level	\$46,022
67% exit level (at redetermination)	\$65,606
85% exit level (during eligibility period)	\$83,231

Three person household	
47% entrance level	\$56,850
67% exit level (at redetermination)	\$81,042
85% exit level (during eligibility period)	\$102,814

Four person household	
47% entrance level	\$67,679
67% exit level (at redetermination)	\$96,479
85% exit level (during eligibility period)	\$122,398

Five person household	
47% entrance level	\$78,508
67% exit level (at redetermination)	\$111,915
85% exit level (during eligibility period)	\$141,982

Six person household	
47% entrance level	\$89,336
67% exit level (at redetermination)	\$127,352
85% exit level (during eligibility period)	\$161,565

Seven person household	
47% entrance level	\$91,367
67% exit level (at redetermination)	\$130,246
85% exit level (during eligibility period)	\$165,237

Eight person household	
47% entrance level	\$93,397
67% exit level (at redetermination)	\$133,140
85% exit level (during eligibility period)	\$168,909

Nine person household	
47% entrance level	\$95,427
67% exit level (at redetermination)	\$136,035
85% exit level (during eligibility period)	\$172,581

Ten person household	
47% entrance level	\$97,458
67% exit level (at redetermination)	\$138,929
85% exit level (during eligibility period)	\$176,253

Eleven person household	
47% entrance level	\$99,488
67% exit level (at redetermination)	\$141,824
85% exit level (during eligibility period)	\$179,925

Twelve person household	
47% entrance level	\$101,519
67% exit level (at redetermination)	\$144,718
85% exit level (during eligibility period)	\$183,597

Thirteen person household	
47% entrance level	\$103,549
67% exit level (at redetermination)	\$147,612
85% exit level (during eligibility period)	\$187,269

Two Person Household		
47% Entrance Level:		\$46,022
67% Exit Level (at redetermination):		\$65,606
85% Exit Level (during eligibility period):		\$83,231
Gross income range		Biweekly copayment
From	To	
\$0	\$15,862	\$0
\$15,863	\$21,149	\$2
\$21,150	\$27,152	\$27
\$27,153	\$28,444	\$29
\$28,445	\$29,737	\$30
\$29,738	\$31,030	\$31
\$31,031	\$32,322	\$36
\$32,323	\$33,615	\$38
\$33,616	\$34,917	\$39
\$34,918	\$36,200	\$41
\$36,201	\$37,502	\$46
\$37,503	\$38,795	\$48
\$38,796	\$40,087	\$49
\$40,088	\$41,380	\$61
\$41,381	\$42,672	\$63
\$42,673	\$43,965	\$75
\$43,966	\$45,257	\$83
\$45,258	\$46,550	\$90
\$46,551	\$47,842	\$104
\$47,843	\$49,135	\$113
\$49,136	\$50,427	\$121
\$50,428	\$51,720	\$136
\$51,721	\$53,012	\$155
\$53,013	\$54,305	\$174
\$54,306	\$55,597	\$197
\$55,598	\$56,890	\$220
\$56,891	\$58,182	\$245
\$58,183	\$59,475	\$264
\$59,476	\$60,777	\$284
\$60,778	\$62,070	\$305
\$62,071	\$63,362	\$326
\$63,363	\$65,606	\$353

Three Person Household		
47% Entrance Level:		\$56,850
67% Exit Level (at redetermination):		\$81,042
85% Exit Level (during eligibility period):		\$102,814
Gross income range		Biweekly copayment
From	To	
\$0	\$19,987	\$0
\$19,988	\$26,649	\$2
\$26,650	\$33,541	\$34
\$33,542	\$35,137	\$35
\$35,138	\$36,734	\$37
\$36,735	\$38,331	\$38
\$38,332	\$39,927	\$45
\$39,928	\$41,524	\$47
\$41,525	\$43,133	\$48
\$43,134	\$44,717	\$50
\$44,718	\$46,326	\$57
\$46,327	\$47,923	\$59
\$47,924	\$49,519	\$61
\$49,520	\$51,116	\$76
\$51,117	\$52,712	\$78
\$52,713	\$54,309	\$93
\$54,310	\$55,906	\$102
\$55,907	\$57,502	\$112
\$57,503	\$59,099	\$128
\$59,100	\$60,696	\$139
\$60,697	\$62,292	\$150
\$62,293	\$63,889	\$168
\$63,890	\$65,486	\$191
\$65,487	\$67,082	\$215
\$67,083	\$68,679	\$243
\$68,680	\$70,276	\$272
\$70,277	\$71,872	\$302
\$71,873	\$73,469	\$326
\$73,470	\$75,078	\$351
\$75,079	\$76,674	\$377
\$76,675	\$78,271	\$403
\$78,272	\$81,042	\$436

Four Person Household		
47% Entrance Level:		\$67,679
67% Exit Level (at redetermination):		\$96,479
85% Exit Level (during eligibility period):		\$122,398
Gross income range		Biweekly copayment
From	To	
\$0	\$24,112	\$0
\$24,113	\$32,149	\$2
\$32,150	\$39,930	\$40
\$39,931	\$41,830	\$42
\$41,831	\$43,731	\$44
\$43,732	\$45,632	\$46
\$45,633	\$47,533	\$53
\$47,534	\$49,434	\$55
\$49,435	\$51,349	\$58
\$51,350	\$53,235	\$60
\$53,236	\$55,150	\$68
\$55,151	\$57,051	\$71
\$57,052	\$58,952	\$73
\$58,953	\$60,853	\$90
\$60,854	\$62,753	\$93
\$62,754	\$64,654	\$111
\$64,655	\$66,555	\$122
\$66,556	\$68,456	\$133
\$68,457	\$70,356	\$153
\$70,357	\$72,257	\$165
\$72,258	\$74,158	\$178
\$74,159	\$76,059	\$200
\$76,060	\$77,960	\$227
\$77,961	\$79,860	\$256
\$79,861	\$81,761	\$289
\$81,762	\$83,662	\$324
\$83,663	\$85,563	\$360
\$85,564	\$87,463	\$389
\$87,464	\$89,379	\$418
\$89,380	\$91,279	\$448
\$91,280	\$93,180	\$480
\$93,181	\$96,479	\$520

Five Person Household		
47% Entrance Level:		\$78,508
67% Exit Level (at redetermination):		\$111,915
85% Exit Level (during eligibility period):		\$141,982
Gross income range		Biweekly copayment
From	To	
\$0	\$28,237	\$0
\$28,238	\$37,649	\$2
\$37,650	\$46,319	\$47
\$46,320	\$48,524	\$49
\$48,525	\$50,728	\$51
\$50,729	\$52,933	\$53
\$52,934	\$55,138	\$62
\$55,139	\$57,343	\$64
\$57,344	\$59,565	\$66
\$59,566	\$61,753	\$69
\$61,754	\$63,975	\$79
\$63,976	\$66,179	\$82
\$66,180	\$68,384	\$84
\$68,385	\$70,589	\$104
\$70,590	\$72,794	\$108
\$72,795	\$74,999	\$129
\$75,000	\$77,204	\$141
\$77,205	\$79,409	\$154
\$79,410	\$81,614	\$177
\$81,615	\$83,819	\$192
\$83,820	\$86,024	\$206
\$86,025	\$88,228	\$232
\$88,229	\$90,433	\$264
\$90,434	\$92,638	\$297
\$92,639	\$94,843	\$336
\$94,844	\$97,048	\$376
\$97,049	\$99,253	\$418
\$99,254	\$101,458	\$451
\$101,459	\$103,679	\$485
\$103,680	\$105,884	\$520
\$105,885	\$108,089	\$556
\$108,090	\$111,915	\$603

Six Person Household		
47% Entrance Level:		\$89,336
67% Exit Level (at redetermination):		\$127,352
85% Exit Level (during eligibility period):		\$161,565
Gross income range		Biweekly copayment
From	To	
\$0	\$32,362	\$0
\$32,363	\$43,149	\$2
\$43,150	\$52,707	\$53
\$52,708	\$55,216	\$55
\$55,217	\$57,725	\$58
\$57,726	\$60,234	\$60
\$60,235	\$62,743	\$70
\$62,744	\$65,252	\$73
\$65,253	\$67,780	\$76
\$67,781	\$70,270	\$78
\$70,271	\$72,798	\$90
\$72,799	\$75,308	\$93
\$75,309	\$77,817	\$96
\$77,818	\$80,326	\$119
\$80,327	\$82,835	\$122
\$82,836	\$85,344	\$146
\$85,345	\$87,853	\$161
\$87,854	\$90,362	\$175
\$90,363	\$92,871	\$202
\$92,872	\$95,380	\$218
\$95,381	\$97,889	\$235
\$97,890	\$100,398	\$264
\$100,399	\$102,907	\$300
\$102,908	\$105,416	\$338
\$105,417	\$107,925	\$382
\$107,926	\$110,434	\$428
\$110,435	\$112,943	\$475
\$112,944	\$115,452	\$513
\$115,453	\$117,980	\$552
\$117,981	\$120,489	\$592
\$120,490	\$122,998	\$633
\$122,999	\$127,352	\$686

Seven Person Household		
47% Entrance Level:		\$91,367
67% Exit Level (at redetermination):		\$130,246
85% Exit Level (during eligibility period):		\$165,237
Gross income range		Biweekly copayment
From	To	
\$0	\$36,487	\$0
\$36,488	\$48,649	\$2
\$48,650	\$53,905	\$54
\$53,906	\$56,471	\$57
\$56,472	\$59,037	\$59
\$59,038	\$61,603	\$62
\$61,604	\$64,169	\$72
\$64,170	\$66,735	\$75
\$66,736	\$69,321	\$78
\$69,322	\$71,868	\$80
\$71,869	\$74,453	\$92
\$74,454	\$77,019	\$95
\$77,020	\$79,585	\$98
\$79,586	\$82,151	\$121
\$82,152	\$84,717	\$125
\$84,718	\$87,283	\$150
\$87,284	\$89,849	\$164
\$89,850	\$92,415	\$180
\$92,416	\$94,981	\$206
\$94,982	\$97,547	\$223
\$97,548	\$100,113	\$240
\$100,114	\$102,679	\$270
\$102,680	\$105,246	\$307
\$105,247	\$107,812	\$345
\$107,813	\$110,378	\$390
\$110,379	\$112,944	\$438
\$112,945	\$115,510	\$486
\$115,511	\$118,076	\$524
\$118,077	\$120,661	\$564
\$120,662	\$123,227	\$605
\$123,228	\$125,793	\$648
\$125,794	\$130,246	\$702

Eight Person Household		
47% Entrance Level:		\$93,397
67% Exit Level (at redetermination):		\$133,140
85% Exit Level (during eligibility period):		\$168,909
Gross income range		Biweekly copayment
From	To	
\$0	\$40,612	\$0
\$40,613	\$54,149	\$2
\$54,150	\$55,103	\$55
\$55,104	\$57,726	\$58
\$57,727	\$60,349	\$60
\$60,350	\$62,972	\$63
\$62,973	\$65,595	\$73
\$65,596	\$68,219	\$76
\$68,220	\$70,861	\$79
\$70,862	\$73,465	\$82
\$73,466	\$76,108	\$94
\$76,109	\$78,731	\$97
\$78,732	\$81,354	\$101
\$81,355	\$83,977	\$124
\$83,978	\$86,600	\$128
\$86,601	\$89,223	\$153
\$89,224	\$91,846	\$168
\$91,847	\$94,469	\$184
\$94,470	\$97,092	\$211
\$97,093	\$99,715	\$228
\$99,716	\$102,338	\$246
\$102,339	\$104,961	\$276
\$104,962	\$107,584	\$314
\$107,585	\$110,207	\$353
\$110,208	\$112,831	\$399
\$112,832	\$115,454	\$447
\$115,455	\$118,077	\$497
\$118,078	\$120,700	\$536
\$120,701	\$123,343	\$577
\$123,344	\$125,966	\$618
\$125,967	\$128,589	\$662
\$128,590	\$133,140	\$717

Nine Person Household		
47% Entrance Level:		\$95,427
67% Exit Level (at redetermination):		\$136,035
85% Exit Level (during eligibility period):		\$172,581
Gross income range		Biweekly copayment
From	To	
\$0	\$44,737	\$0
\$44,738	\$59,649	\$2
\$59,650	\$61,661	\$62
\$61,662	\$64,341	\$65
\$64,342	\$67,022	\$75
\$67,023	\$69,702	\$78
\$69,703	\$72,402	\$81
\$72,403	\$75,062	\$84
\$75,063	\$77,762	\$96
\$77,763	\$80,442	\$99
\$80,443	\$83,122	\$102
\$83,123	\$85,802	\$127
\$85,803	\$88,483	\$131
\$88,484	\$91,163	\$156
\$91,164	\$93,843	\$172
\$93,844	\$96,523	\$187
\$96,524	\$99,203	\$216
\$99,204	\$101,883	\$233
\$101,884	\$104,563	\$251
\$104,564	\$107,243	\$282
\$107,244	\$109,923	\$320
\$109,924	\$112,603	\$361
\$112,604	\$115,283	\$408
\$115,284	\$117,963	\$457
\$117,964	\$120,644	\$508
\$120,645	\$123,324	\$548
\$123,325	\$126,024	\$589
\$126,025	\$128,704	\$632
\$128,705	\$131,384	\$676
\$131,385	\$136,035	\$732

Ten Person Household		
47% Entrance Level:		\$97,458
67% Exit Level (at redetermination):		\$138,929
85% Exit Level (during eligibility period):		\$176,253
Gross income range		Biweekly copayment
From	To	
\$0	\$48,862	\$0
\$48,863	\$65,149	\$2
\$65,150	\$65,710	\$66
\$65,711	\$68,448	\$77
\$68,449	\$71,185	\$80
\$71,186	\$73,943	\$83
\$73,944	\$76,659	\$86
\$76,660	\$79,417	\$98
\$79,418	\$82,154	\$102
\$82,155	\$84,891	\$105
\$84,892	\$87,628	\$129
\$87,629	\$90,365	\$133
\$90,366	\$93,102	\$160
\$93,103	\$95,839	\$175
\$95,840	\$98,577	\$192
\$98,578	\$101,314	\$220
\$101,315	\$104,051	\$238
\$104,052	\$106,788	\$256
\$106,789	\$109,525	\$288
\$109,526	\$112,262	\$327
\$112,263	\$114,999	\$368
\$115,000	\$117,736	\$417
\$117,737	\$120,473	\$467
\$120,474	\$123,211	\$518
\$123,212	\$125,948	\$559
\$125,949	\$128,705	\$602
\$128,706	\$131,443	\$646
\$131,444	\$134,180	\$690
\$134,181	\$138,929	\$748

Eleven Person Household		
47% Entrance Level:		\$99,488
67% Exit Level (at redetermination):		\$141,824
85% Exit Level (during eligibility period):		\$179,925
Gross income range		Biweekly copayment
From	To	
\$0	\$52,987	\$0
\$52,988	\$70,649	\$2
\$70,650	\$72,668	\$81
\$72,669	\$75,483	\$84
\$75,484	\$78,256	\$88
\$78,257	\$81,071	\$100
\$81,072	\$83,865	\$103
\$83,866	\$86,660	\$107
\$86,661	\$89,454	\$132
\$89,455	\$92,248	\$136
\$92,249	\$95,042	\$163
\$95,043	\$97,836	\$179
\$97,837	\$100,630	\$195
\$100,631	\$103,424	\$225
\$103,425	\$106,219	\$243
\$106,220	\$109,013	\$262
\$109,014	\$111,807	\$294
\$111,808	\$114,601	\$334
\$114,602	\$117,395	\$376
\$117,396	\$120,189	\$425
\$120,190	\$122,983	\$476
\$122,984	\$125,777	\$529
\$125,778	\$128,572	\$571
\$128,573	\$131,387	\$614
\$131,388	\$134,181	\$659
\$134,182	\$136,975	\$705
\$136,976	\$141,824	\$764

Twelve Person Household		
47% Entrance Level:		\$101,519
67% Exit Level (at redetermination):		\$144,718
85% Exit Level (during eligibility period):		\$183,597
Gross income range		Biweekly copayment
From	To	
\$0	\$57,112	\$0
\$57,113	\$76,149	\$2
\$76,150	\$77,024	\$86
\$77,025	\$79,853	\$90
\$79,854	\$82,726	\$102
\$82,727	\$85,577	\$106
\$85,578	\$88,428	\$109
\$88,429	\$91,279	\$135
\$91,280	\$94,130	\$139
\$94,131	\$96,982	\$166
\$96,983	\$99,833	\$183
\$99,834	\$102,684	\$199
\$102,685	\$105,535	\$229
\$105,536	\$108,386	\$248
\$108,387	\$111,237	\$267
\$111,238	\$114,089	\$300
\$114,090	\$116,940	\$341
\$116,941	\$119,791	\$384
\$119,792	\$122,642	\$434
\$122,643	\$125,493	\$486
\$125,494	\$128,344	\$540
\$128,345	\$131,196	\$583
\$131,197	\$134,068	\$627
\$134,069	\$136,919	\$672
\$136,920	\$139,771	\$719
\$139,772	\$144,718	\$779

Thirteen Person Household		
47% Entrance Level:		\$103,549
67% Exit Level (at redetermination):		\$147,612
85% Exit Level (during eligibility period):		\$187,269
Gross income range		Biweekly copayment
From	To	
\$0	\$61,237	\$0
\$61,238	\$81,649	\$2
\$81,650	\$84,380	\$104
\$84,381	\$87,289	\$108
\$87,290	\$90,197	\$111
\$90,198	\$93,105	\$138
\$93,106	\$96,013	\$142
\$96,014	\$98,921	\$170
\$98,922	\$101,830	\$186
\$101,831	\$104,738	\$204
\$104,739	\$107,646	\$234
\$107,647	\$110,554	\$253
\$110,555	\$113,642	\$272
\$113,643	\$116,370	\$306
\$116,371	\$119,279	\$348
\$119,280	\$122,187	\$391
\$122,188	\$125,095	\$443
\$125,096	\$128,003	\$496
\$128,004	\$130,911	\$551
\$130,912	\$133,820	\$594
\$133,821	\$136,750	\$640
\$136,751	\$139,658	\$686
\$139,659	\$142,566	\$734
\$142,567	\$147,612	\$795

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

\$50 per license.

Licenses are valid for the calendar year: January 1 – December 31 or from the date of license approval through December 31 of the same year.

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

\$2,100 at the time of initial licensing to cover the cost of licensing inspections.

\$2,100 annually after initial licensing to cover the cost of licensing inspections.

Fees will be split 50/50 between DHS and the County.

VIII. Adult Services

Guardianship/Conservator Fees: Not to exceed \$75 per hour for contracted provider or not to exceed \$50 per hour for individuals without a formal contract; not to exceed three hours per month unless prior approval granted by County for unusual circumstances.

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

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

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

AC Adjusted Income	Gross Assets	Monthly Fee Charge
Less than 100% FPG (\$1,325), and	Less than \$10,000	No monthly fee
Equal to or greater than 100% FPG, but less than 150%, FPG (\$1,988), and	Less than \$10,000	5 percent
Equal to or greater than 150% FPG, but less than 200%, FPG (\$2,629), and	Less than \$10,000	15 percent
Equal to or greater than 200% FPG (\$2,629) OR	Equal to or greater than \$10,000	30 percent

IX. Substance Use Comprehensive Assessments

The state of Minnesota has transitioned to a Direct Access model for assessments. The County can provide a list of vendors that offer assessment service in Washington County. Any fee will be based on the vendor's fee schedule.

X. Chemical Dependency Treatment

Client eligibility and fee schedules are governed by the Client Eligibility; Behavioral Health Fund (BHF) – Rule Part 9530.7015 (state fee schedule below, or as updated by the MN Department of Human Services).

Behavioral Health Fund Eligibility Guidelines for State Fiscal Year 2026

Local agencies (American Indian Tribes and Minnesota Counties) are responsible for determining Behavioral Health Fund financial eligibility. Use the following eligibility guidelines to determine Behavioral Health Fund eligibility from July 1, 2025, to June 30, 2026. Refer to [Minnesota Statutes, 254B.04, Subdivision 1](#) for more information.

Individuals are determined eligible for and entitled to services paid by the Behavioral Health Fund when a local agency determines an individual's eligibility using the household size and household income limitations per Minnesota Statutes, chapter [256B.056, Subdivision.4](#). Reference the table below. This subdivision references only household size and household income limitations.

Note: Individuals who have commercial/private insurance that covers 100% of treatment costs, or who are enrolled in a state contracted Manage Care Organization (MCO) for the dates of treatment, are not eligible for Behavioral Health Fund services. Individuals who are enrolled in Medicaid are not required to enroll for Behavioral Health Fund services to determine further eligibility.

Exception: If a client is incarcerated and is enrolled in an MA or MCO program, they may be eligible for Behavioral Health Funds.

Household size	Household Annually Income Limit for Parents, caretaker relative, children aged 19-20, adults without children (133% of the federal poverty guidelines)	Household Annually Income Limit for children aged 2-18 (275% of the federal poverty guidelines)	Household Annually Income Limit for pregnant women (278% of the federal poverty guidelines)
1	\$20,814	\$43,037	N/A
2	\$28,129	\$58,162	\$58,797
3	\$35,444	\$73,287	\$74,087
4	\$42,759	\$88,412	\$89,377
5	\$50,074	\$103,537	\$104,667
6	\$57,389	\$118,662	\$119,957
7	\$64,704	\$133,787	\$135,247
8	\$72,019	\$148,912	\$150,537
Each additional person	\$7,315	\$15,125	\$15,290

There is no asset test for the three groups in the table above to access Behavioral Health Fund services.

Direct Access:

As of the date of the comprehensive assessment or inpatient admission date, local agencies determine the client's Behavioral Health Fund eligibility, including presence of any a third-party liability.

Clients who are incarcerated and meet Behavioral Health Fund financial eligibility guidelines are eligible for Behavioral Health Funds to pay for substance use disorder treatment services while incarcerated.

Commercial Insurance/TPL:

Clients who have third party liability (TPL) insurance that will pay less than 100% of the recommended treatment costs and meet the Behavioral Health Fund eligibility guidelines can be considered eligible for funding assistance. For more information about TPL, please visit [Billing Policy - Medicare & Other Insurance \(state.mn.us\)](https://www.mn.gov/billing-policy-medicare-and-other-insurance).

Pre-Paid Medical Assistance Program (PMAP)

If a client is enrolled in a Pre-Paid Medical Assistance Program (PMAP) with a state-contracted Managed Care Organization (MCO), the MCO is responsible for all substance use disorder treatment services for current enrollees. Counties providing assessment services for MCO's enrolled clients must coordinate with the MCO. For more information about MCO's please visit [Minnesota Health Care Programs Managed Care Manual](#).

Behavioral Health Fund is not available to pay for treatment for people who do not meet the Behavioral Health Fund eligibility income and household guidelines.

INCOME ELIGIBILITY DETERMINATION FOR BEHAVIORAL HEALTH FUND

For eligibility determinations, use the amount of money reported and verified as current income as of the date of comprehensive assessment. Income must be:

- Calculated prospectively to cover one year
- Calculated for the household, as defined below, but does not include income of minors, unless the minor is seeking services under:
 - **Minnesota Statutes, section 144.343, Subdivision 1 - Minor's consent valid.** *Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.*
 - **Minnesota Statutes, section 144.347 - Financial Responsibility.** *A minor so consenting for such health services shall thereby assume financial responsibility for the cost of said services. For purposes of accessing SUD services and the BHF, "consent" means solely that the minor requests assessment or other SUD treatment services and meets the income guidelines below for a household size of 1.*

INCOME INCLUDES:

- Cash wages or salaries
- Cash from self-employment (net after allowable IRS deductions)
- Periodic cash receipts from estates or trusts
- Cash payments from dividends, interest, rent, royalties
- Regular payments from the following sources:

- Social Security
- Railroad Retirement
- Unemployment compensation
- Union funds
- Veteran's benefits
- Minnesota Family Investment Program
- Supplemental Security Income
- General Assistance
- Training stipends
- Alimony (if the person receives it)
- Military family allotments
- Child support (if the person receives it)

INCOME DOES NOT INCLUDE:

- Gifts
- Tax refunds
- Inheritances
- Capital gains
- Non-cash benefits
- Compensation for injury (i.e., worker's compensation, veteran injured while in active duty)
- Cash assets drawn down or withdrawn from a bank
- Earnings or profits from the sale of a house, car, etc.
- Savings accounts
- Amounts related to the Cowbell Settlement
- Court Ordered Child Support and Health Insurance Payments – see below

Court-ordered child support and health insurance premium payments – that are paid by the client – are deductions from the client's household income.

HOUSEHOLD SIZE DETERMINATION FOR BEHAVIORAL HEALTH FUND

If the client is adult, then the household size includes the following persons living in the same dwelling unit:

- Client
- Client's spouse
- Client's minor-aged children
- Client's spouse's minor-aged children.

If the client is a minor child, then the household size includes:

- Client - Solely included for minors giving effective consent according to Minnesota Statutes, section 144.343, Subdivision 1
- Client's parents (birth or adoptive) – These are not included for minors giving effective consent
- Client's minor-aged siblings – These are not included for minors giving effective consent

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

HOUSEHOLD SIZE DOES NOT INCLUDE:

- Persons who have no legal relationship to the client
- Unmarried partners
- Stepparents, unless the minor child is adopted.
- Client
- Client's parents (birth or adoptive)
- Client's minor-aged siblings.

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

XI. Fee Policy for Detoxification Services

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

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

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

XII. Developmental Disabilities

Services provided that are eligible under 24-hour care outside the home including medical facility such as a nursing home or an intermediate care facility for a person with a developmental disability, state-operated psychiatric hospitals for children, or psychiatric residential treatment facility are governed under M.S. 252.27 and 256B.14 (State Parental Fee Schedule for families of children with developmental disabilities – See Medical Assistance (MA) Parental Fees (DHS 2977) below).

XIII. Consumer Support Grant Admin Fee

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

XIV. Children's Mental Health

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

Financial Operations Division

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

Medical Assistance (MA) Parental Fees

Important Notice and Parental Fee Worksheet

for Fiscal Year 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 တီၤလံာ်မိတခါအံၤန့ၢ်, 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.

XV. Child Support Enforcement

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

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

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

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