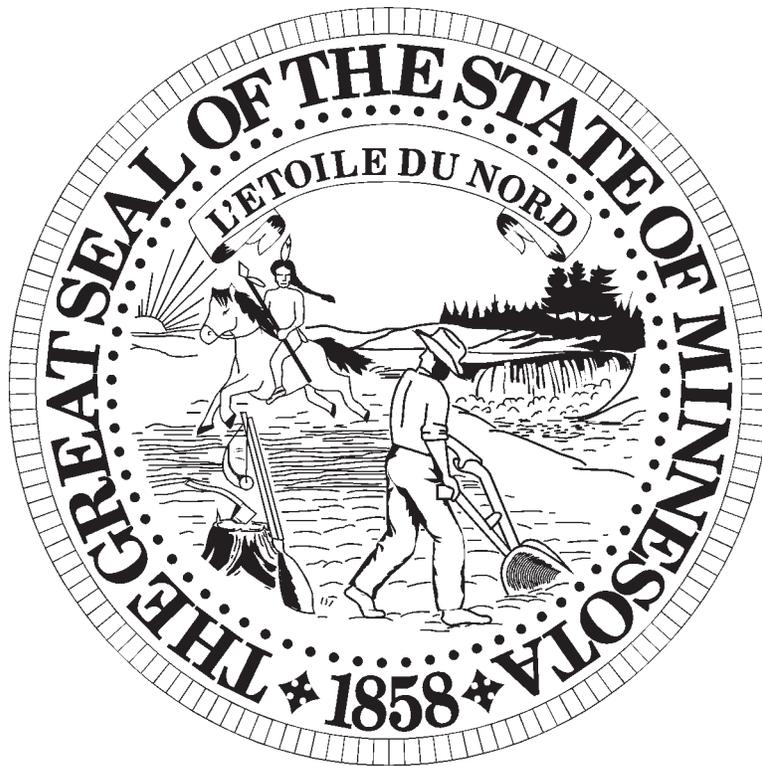


State of Minnesota

# State Register



**Rules, Executive Orders, Appointments,  
Commissioners' Orders, Revenue Notices, Official Notices, Grants,  
State Contracts & Loans, Non-State Bids, Contracts & Grants**  
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# State Register

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# 28	Monday 7 January 2008	<b>NOON MONDAY 31 DECEMBER</b>	Noon Wednesday 26 December
# 29	Monday 14 January	Noon Tuesday 8 January 2008	Noon Wednesday 2 January 2008
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## Minnesota Rules: Amendments & Additions

Rules Index - Vol. 32, # 14-27, Oct. 1 - Dec. 31, 2007 ..... 1192

## Proposed Rules

### Boxing Commission

Proposed Permanent Rules Relating to Boxing..... 1195

### Human Services and Corrections Departments

Proposed Amendment to and Repeal of Rules Governing  
Chemical Dependency Treatment and Funding..... 1198

### Teaching Board

Proposed Permanent Rules Relating to Paraprofessional  
Credential..... 1229

## Executive Orders

### Governor's Office

Emergency Executive Order # 07-22: Providing for  
Emergency Shelter Assistance to Freeborn County..... 1232

## Official Notices

Using the Official Notices..... 1233

### Agriculture Department

Agricultural Chemical Response Compensation Board:  
Scheduled Meeting Change from Jan 16 to Jan 30, 2008..... 1233

### Governor's Residence Council

Meetings during 2008..... 1233

### Health Department

Infectious Disease Epidemiology, Prevention and  
Control Division, STD and HIV Section: This is Not an  
Announcement for the Availability of Funding for HIV  
Prevention Programs; that Announcement is Expected  
in April 2008..... 1234

Health Care Purchasing and Delivery Systems Division,  
Health Care Administration: Public Notice of  
Maximum Allowable Costs of Medical Assistance  
Outpatient Prescribed Drugs..... 1234

Outreach Incentive Program..... 1235

Vacancies on Medicaid Citizens' Advisory Committee..... 1236

### Investment Board

Institutional Investment Management Firms for  
Consideration to Potentially Manage a Portion of  
the Pension Assets and Other Accounts..... 1236

### Labor and Industry Department

Labor Standards Unit: Correction to Highway/Heavy  
Prevailing Wage Rates for Millwrights in Regions 2-10..... 1237

### Minnesota Pollution Control Agency

Regional Division: Availability of Draft Fecal Coliform  
and Turbidity TMDL Assessment for Rock River and  
Request for Comment..... 1237

## State Grants & Loans

Get that Grant..... 1239

### Human Services Department

Aging and Adult Services Division, Community Service/  
Community Services Development (CS/SD): Request for  
Proposals to Expand Home and Community-Based  
Services for Older Adults..... 1240

## State Contracts

Assistance with Contracts..... 1241

### Colleges and Universities, Minnesota State (MnSCU)

Minneapolis Community & Technical College:  
Intent to Solicit Bids for a Used Arri SRII Super 16  
Camera Package and Accessories..... 1241

### Historical Society

Request for Bids for PRINTING SERVICES for  
Our Blood Runs Cold (tentative title)..... 1242

### Human Services Department

Children's Mental Health Division:  
Request for Proposals to Increase the Availability of  
Mental Health Services for Children from Cultural  
Minority Populations..... 1242

Continuing Care Administration: Request for Proposals  
to Complete Minnesota State Long-Term Care Profile..... 1243

### Transportation Department (Mn/DOT)

Engineering Services Division: Potential Availability  
of Contracting Opportunities for a Variety of Highway  
Related Technical Activities ("Consultant  
Pre-Qualification Program")..... 1243

Engineering Services Division: Professional/Technical  
Contract Opportunities..... 1244

## Non-State Bids, Contracts & Grants

### Hennepin County Designer Selection Committee

Advertisement for Architectural and Engineering Services..... 1245

### Metropolitan Council - Metro Transit

Request for Proposals for Master Contracts for  
Real Estate Appraisal Services..... 1245

### University of Minnesota

Subscribe to Bid Information Service (BIS)..... 1246

**Minnesota's Bookstore**..... 1246

Contracts information is available from the Materials  
Management Helpline (651) 296-2600, or Web site:  
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# Minnesota Rules: Amendments and Additions

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The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. The current 1999 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, or within 60 days of the effective date of any new statutory grant of required rulemaking.

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the most current edition of the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues #1-13 inclusive; issues #14-25 inclusive; issue #26 cumulative for issues #1-26; issues #27-38 inclusive; issue #39, cumulative for issues #1-39; issues #40-51 inclusive; and issues #1-52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 660 Olive Street (one block east of I-35E and one block north of University Ave), St. Paul, MN 55155 (612) 297-3000, or toll-free 1-800-657-3757.

### Rules Index: Volume 32 - Issues # 14-27

Cumulative Index: July 2, 2007 - December 31, 2007

#### Building Codes - Labor and Industry Department

1300 (adopted).....	5
1330 (repealed).....	760
1303 (adopted).....	9
1303.1900 (repealed).....	9
1305 (adopted).....	7
1306 (adopted).....	6
1309 (adopted).....	12
1309.0312; .0315; .0316; .0322; .0506; .0703 s. 1-2, 4-8 (repealed).....	12
1301.1300; .1310; .1400; .1500; .1600 (proposed).....	457
1341 (adopted).....	9

#### Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience, and Interior Design Board

1800.5900 (adopted).....	367
1800.5700; .5800 change to 1800.5900.....	367
1800.5800 (repealed).....	367

#### Boxing Board

2201.0010; .0020; .0100; .0300; .0500 (proposed).....	1195
---	------

#### Chiropractic Examiners Board

2500.5010 (proposed).....	693
---------------------------	-----

#### Corrections Department and the

#### Human Services Department

2960.0020; .0070; .0160; .0430; .0440; .0450; .0460; .0485; .0490; .0670; 9530.6405; .6410; .6415; .6420; .6422; .6425; .6430; .6435; .6440; .6445; .6450; .6455; .6460; .6465; .6470; .6475; .6480; .6495; .6500; .6505; .6510; .6520; .6525; .6530; .6535; .6545; .6560; .6565; .6570; .6580; .6585; .6590; .6600; .6605; .6610; .6615; .6620; .6622; .6655; .7000; .7010; .7012; .7015; .7020; .7021; .7022; .7030 (proposed).....	1198
2960.0020, s. 12, 13, 41, 52; .0460, s. 6; .3010, s. 10; 9530.6405, s. 19; .6535, s. 6 and 7; .6600, s. 2; .6605, s. 6, 7, 10a, 15, 15a, 16, 17, 18, 19, 20, 21, 22, 23, 24; .6610, s. 4; .6625; .6630; .6631; .6635; .6640; .6641; .6645; .6650; .6660; .7000, s. 3, 4, 9a, 12, 16, 17, 18; .7015, s. 2, 3; .7022, s. 2; .7024; .7030, s. 2, 3, 4; .7031 (proposed repealer).....	1198

#### School Administrators Board

3512.0100; .0200; .0300; .0400; .0400; .0510; .0700; .0800; .1200; .1300; .1500; .1600; .1700; .2000; .2100; .2400; .2500; .2600; .2700; .3500; .5200 (proposed).....	1101
3512.3500, as part 3512.0505 (proposed renumbering and cross references).....	1101
3512.0300, s. 6; .0400, s. 2; .0500; .0600; .1100; .1400, (proposed repealer).....	1101

#### Education Department

3525.0210; .0300; .0400; .0550; .0700; .0750; .0755; .0800; .0850; .0855; .0860; .0865; .0870; .1100; .1310; .1325; .1327; .1329; .1331; .1333; .1335; .1337; .1339; .1341; .1343; .1345; .1348; .1350; .1352; .1354; .1400; .1550; .2325; .2335; .2340; .2350; .2440; .2445; .2450; .2455; .2550; .2720; .2810; .2900; .3010; .3100; .3600; .3700; .3900; .4010; .4110; .4420; .4700; .4750; .4770 (proposed).....	695
---	-----

# Minnesota Rules: Amendments and Additions

3525.0210 s. 2, 3, 5, 6, 7, 8, 9, 13, 17, 18, 26, 29, 30, 36, 38, 46, 47; .0800 s. 1, 3, 4, 6, 7, 8, 9; .2435; .2710; .2810 s. 3, 4, 5; .2900 s. 5; .3900 s. 3 (proposed repealer).....	695	<b>Peace Officer Standards and Training Board</b>	
3525.1350 (adopted).....	653	6700.0900; .0901; .0902 (proposed).....	1067
<b>Health Department</b>		6700.0901 s. 3; .0902 s. 1, 2, 3, 4, 5, 6, 7, (proposed repealer).....	1067
4717.7200; .7500; .7650 (adopted exempt).....	373	<b>Pollution Control Agency</b>	
4725 (proposed).....	901	7001.0170; .0190; .1080; .1090; .1150; <b>7049 (proposed)</b> .....	925
4730 (repealed).....	777	7001.1800; <b>7050.0110</b> ; .0130; .0140; .0150; .0185; .0186; .0190; .0210; .0217; .0218; .0220; .0221; .0222; .0223; .0224; .0225; .0226; .0227; .0400; .0420; .0425; .0430; .0440; .0450; .0460; .0467; .0470; <b>7053.0115</b> ; .0135; .0155; .0195; .0205; .0215; .0225; .0235; .0245; .0255; .0265; .0275; .0305; .0405 (proposed).....	87, 250
4731 (proposed).....	249	<b>7002.0025</b> ; <b>7005.0100</b> ; <b>7007.0100</b> ; .0300; .1100; .1102; .1110; .1120; .1125; .1130; .1140; .1200; .1300; .3000; .5000; <b>7011.0060</b> ; .0061; .0065; .0070; .0072; .0075; .0080; .1005; .1299; .3430; .3520; .8010; .8020; .8030; .8040; .8050; .8060; .8070; .8080; .8090; .8100; .8110; .8120; .8130; .8140; .8150; .8160; .8170; <b>7017.2005</b> ; .2020; <b>7019.3000</b> ; .3020; .3030; .3050; .3080 (adopted).....	904
4731 (adopted).....	831	<b>7011.0065 s.2</b> ; .0070 s. 3, 4 (repealed).....	904
4732 (adopted).....	777	<b>7050.0200</b> ; <b>7050.0210</b> , s. 1, 3, 9, 10, 12, 13a, 15, 17, 18; .0211; .0212; .0213; .0214; .0215; .0216; .0221, s 5; .0222, s 8; <b>7056.0010</b> ; .0020; .0030; .0040; <b>7065.0010</b> ; .0020; .0030; .0040; .0050; .0060; .0070; .0100; .0110; .0120; .0130; .0140; .0150; .0160; .0200; .0210; .0220; .0230; .0240; .0250; .0260 (proposed repealer).....	87, 250
<b>Higher Education Services Office</b>		<b>Public Facilities Authority</b>	
4850.0011; .0012; .0014; .0018; .0020; .0021; .0022; .0024 (proposed).....	603	7150.0010; .0030; .0090; .0100; .0205; .0215; .0300; .0330; .0340; .0400; .0410; .0420; .0430; .0450; .0500 (proposed).....	545
4850.0011, s. 27 (repealed).....	603	7150.0010 s. 3; .0020; .0030 s. 17, 28, 52; .0100 s. 2, 3, 4, 5, 6, 8; .0110; .0120; .0200; .0210; .0220; .0230; .0240; .0300, s. 3, 4; .0310; .0320; .0350; .0440 (proposed repealer).....	545
<b>Labor &amp; Industry Dept - Occupational Safety &amp; Health</b>		<b>7380.0250</b> ; .0252; .0255; .0260; .0265; .0272; .0275; .0277; .0280; .0285; .0295; .0296; .0297; .0400; .0422; .0425; .0430; .0442; .0445; .0450; .0460; .0470; .0475; .0480 (adopted).....	281
5200.0910 (adopted exempt).....	500	<b>7380.0100</b> ; .0110; .0120; .0130; .0245; .0250, s. 8, 11, 13, 20, 22, 25, 27, 30, 31, 32, 33; .0255, s. 4; .0260, s. 2, 3, 5; .0270; .0275, s. 2; .0410; .0420; .0430, s. 3, 4, 5; .0440 (repealed).....	281
5200.0910 (adopted exempt).....	569	<b>State Fire Code - Labor &amp; Industry Department</b>	
5205.0010 (proposed exempt).....	18	7510 (repealed).....	10
5219.0500; <b>5221.4020 (adopted exempt)</b> .....	570	7511 (adopted).....	10
<b>Natural Resources Department</b>		<b>Public Utilities Commission</b>	
6216.0350 (adopted expedited emergency).....	256	7820.3700; .3800; .3900; .4000 (proposed).....	1035
6216.0350, s. 4, (adopted expedited emergency repealer).....	256	<b>Revenue Department</b>	
6230.0200; .0290; .0295; .0400 (adopted expedited emergency).....	369	8130.2700 (adopted).....	407
6230.0200, s. 13; .0290; .0400, s. 12, 21, 33, 54 (repealed expedited emergency).....	369	8130.2700 (adopted).....	603
6230.0700; .0800; <b>6240.0650</b> ; .0950; .1150; .1900 (adopted expedited emergency).....	564	8130.4705 (adopted).....	461
6230.1200; <b>6234.1700</b> ; .2000; .2100 (adopted expedited emergency).....	367	8130.5800 (proposed).....	753
6232.0200; .0300; .0350; .0400; .0600; .0800; .1300; .1400; .1500; .1600; .1750; .1800; .1970; .1980; .2100; .2500; .4700 (adopted expedited emergency).....	370	8130.5800 s. 7 (proposed repealer).....	753
6232.0300; .0400; .0800; .1600; .1980; .4700 (adopted expedited emergency).....	1073		
6232.0300; .0400 s. 6; .1600 s. 6; .4700 s. 1a, published in the <i>State Register</i> , vol. 32, p. 410, Sept. 4, 2007 (repealed expedited emergency).....	1073		
6232.1980, published in the <i>State Register</i> , vol. 32, p. 410, Sept. 4, 2007 (repealed expedited emergency)...			
6232.0600, s. 2; .4700, s. 86 (repealed expedited emergency).....	370		
6236.0815; .1060 (adopted expedited emergency).....	803		
6240.0610; .1200; .1750; .1850; .2100 (adopted expedited emergency).....	371		
6254.0300; <b>6256.0500</b> ; <b>6258.0500</b> ; <b>6260.0300</b> ; .1700; .2400; <b>6262.0200</b> ; .0500; .0575; .0600; .0800; .1000; .3200; .3250; <b>6264.0025</b> ; .0125; .0300; .0400; <b>6266.0100</b> ; .0300; .0400; .0500; .0700 (adopted).....	1039		
6256.0500 s. 9; <b>6262.0500 s.1, 2, 3</b> ; <b>6264.0400 s. 4</b> , items E to K; s. 33; <b>6266.0300 s.2</b> , <b>6266.0400 s.2 (repealed)</b> .....	1039		
6260.1800; <b>6262.0100</b> ; <b>6264.0400</b> ; <b>6266.0700 (adopted exempt)</b> .....	1044		
6260.1900 s.2, 3, 4; .2400 s. 26, 27, 28, 29; <b>6262.0900</b> ; <b>6264.0400 s. 34 (repealed)</b> .....	1039		
6262.0550; .1000; <b>6264.0150 (proposed repealer)</b> .....	1039		

# Minnesota Rules: Amendments and Additions

## Secretary of State

8200.1100; .1200; .4000; .5100; .5400; .6200; .9115; .9315; .9939; .9940; <b>8210.9960</b> ; .0050; .0100; .0200; .0500; .0600; .0700; .0800; .2200 ( <b>proposed</b> ).....	1116
<b>8210.0200</b> , s. 1, 1a, 1c, 1d, 2, 4a, 6; .0600, s. 4, 4a, ( <b>proposed repealer</b> ).....	1116
<b>8290.0100</b> ; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000; .1100; .1200; .1300; .1400 ( <b>adopted exempt</b> ).....	

## Water and Soil Resources Board

<b>6115.0250</b> ; <b>8420.0115</b> ; .0122; .0200; .0250; .0290; .0510; .0520; .0530; .0541; .0542; .0543; .0544; .0546; .0549; .0650 ( <b>adopted exempt</b> ).....	281
<b>8420.0122</b> s. 8 ( <b>repealed exempt</b> ).....	281

## Board of Teaching Board

<b>8710.4770</b> ( <b>proposed</b> ).....	653
<b>8710.9000</b> ; ( <b>proposed</b> ).....	1229

## Transportation Department

<b>8820.4090</b> ; .9920; .9981; .9995 ( <b>adopted</b> ).....	608
--	-----

## Human Services Department

<b>9500.1463</b> ; .1655; .1658; .1660; <b>9550.6200</b> ; <b>9560.0214</b> ; .0216; .0220; .0225; .0228 ( <b>adopted exempt</b> ).....	565
<b>9500.1655</b> s. 3; <b>9560.0214</b> s. 3 ( <b>repealed exempt</b> ).....	565
<b>9505.2160</b> ; .2165; .2175; .2180; .2185; .2190; .2195; .2197; .2200; .2205; .2207; .2210; .2210; .2215; .2220; .2230; .2238; .2240; .2245 ( <b>proposed</b> ).....	487
<b>9505.2165</b> , s. 11; .2210, s. 3 ( <b>proposed repealer</b> ).....	487

## Human Services Department

<b>and the</b>	
<b>Corrections Department</b>	
<b>9530.6405</b> ; .6410; .6415; .6420; .6422; .6425; .6430; .6435; .6440; .6445; .6450; .6455; .6460; .6465; .6470; .6475; .6480; .6495; .6500; .6505; .6510; .6520; .6525; .6530; .6535; .6545; .6560; .6565; .6570; .6580; .6585; .6590; .6600; .6605; .6610; .6615; .6620; .6622; .6655; .7000; .7010; .7012; .7015; .7020; .7021; .7022; .7030; <b>2960.0020</b> ; .0070; .0160; .0430; .0440; .0450; .0460; .0485; .0490; .0670; ( <b>proposed</b> ).....	1198
<b>9530.6405</b> , s. 19; .6535, s. 6 and 7; .6600, s. 2; .6605, s. 6, 7, 10a, 15, 15a, 16, 17, 18, 19, 20, 21, 22, 23, 24; .6610, s. 4; .6625; .6630; .6631; .6635; .6640; .6641; .6645; .6650; .6660; .7000, s. 3, 4, 9a, 12, 16, 17, 18; .7015, s. 2, 3; .7022, s. 2; .7024; .7030, s. 2, 3, 4; .7031; <b>2960.0020</b> , s. 12, 13, 41, 52; .0460, s. 6; .3010, s. 10; ( <b>proposed repealer</b> ).....	1198

# Proposed Rules

**Comments on Planned Rules or Rule Amendments.** An agency must first solicit Comments on Planned Rules or Comments on Planned Rule Amendments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

**Rules to be Adopted After a Hearing.** After receiving comments and deciding to hold a public hearing on the rule, an agency drafts its rule. It then publishes its rules with a notice of hearing. All persons wishing to make a statement must register at the hearing. Anyone who wishes to submit written comments may do so at the hearing, or within five working days of the close of the hearing. Administrative law judges may, during the hearing, extend the period for receiving comments up to 20 calendar days. For five business days after the submission period the agency and interested persons may respond to any new information submitted during the written submission period and the record then is closed. The administrative law judge prepares a report within 30 days, stating findings of fact, conclusions and recommendations. After receiving the report, the agency decides whether to adopt, withdraw or modify the proposed rule based on consideration of the comments made during the rule hearing procedure and the report of the administrative law judge. The agency must wait five days after receiving the report before taking any action.

**Rules to be Adopted Without a Hearing.** Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

**KEY: Proposed Rules** - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

## Minnesota Boxing Commission

### NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

#### Proposed Permanent Rules Relating to Boxing, *Minnesota Rules*, Chapter 2201

**Introduction.** The Minnesota Boxing Commission intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You may submit written comments on the proposed rules and may also submit a written request that a hearing be held on the rules until 4:30 p.m. on Monday, March 3, 2008.

**Agency Contact Person.** Written comments, questions, requests to receive a draft of the rules when it has been prepared, requests for more information on these possible rules, and written requests for hearing should be directed to: Executive Director Scott LeDoux, Minnesota Boxing Commission, 358 – 139<sup>th</sup> Lane Northwest, Andover, MN 55304, **Phone:** (612) 229-4269, or **Fax:** (651) 284-5725.

**Subject of Rules and Statutory Authority.** The proposed rules are about the physical examination and condition of boxers and referees, incorporating the rules of the Association of Boxing Commissions (a/k/a the American Boxing Commission) by reference, and other rules necessary to carry out the purposes of *Minnesota Statutes*, Chapter 341.

The statutory authority to adopt the rules is *Minnesota Statutes*, section sections 341.25 and 341.28, authorizes the Commission to adopt rules. *Minnesota Statutes*, section 341.25, states in pertinent part:

- “(a) The Commission may adopt rules that include standards for the physical examination and condition of boxers and referees.
- (b) May adopt other rules necessary to carry out the purposes of this chapter, including, but not limited to, the conduct of boxing exhibitions, bouts, and fights, and their manner, supervision, time, and place...”

*Minnesota Statutes*, section 341.28, states in pertinent part “All tough person contests are subject to America Boxing Commission (ABC) rules.”

A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

After the proposed rules were certified for publication but before December 31, 2007, the Commission determined that the definitions for amateur (proposed rule part 2201.0020, subpart 2) and pre-contest physical examination (proposed rule part 2201.0020, subpart 11)

# Proposed Rules

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should be modified as follows:

**“Amateur.”** “Amateur” means an individual who participates in a tough person contest as a pastime rather than a profession and who is not receiving or competing for and, has never received or competed for, any purse or other article or thing of value that exceeds \$50 in value for participating in a contest.”

The stricken text will be removed from the rule because it is redundant.

**“Pre-contest physical examination.”** “Pre-contest physical examination” means a physical examination performed by a physician licensed in this state that occurs within the ~~thirty-six~~ three hours immediately prior to entering the ring.”

The word thirty-six will be replaced with the word three in order to be consistent with the requirement of *Minnesota Statutes* § 341.33, subdivision 1.

Proposed rule part 2201.0500 does not include a pre-contest physical examination for referees. Because *Minnesota Statutes* § 341.33, subd. 1, requires referees to be examined “within three hours of entering the ring,” the Commission may modify the proposed rule to include this requirement.

**Comments.** You have until 4:30 p.m. on Monday, March 1, 2008, to submit written comment in support of or in opposition to the proposed rules and any part or subpart of the rules. Your comment must be in writing and the agency contact person must receive it by the due date. The Commission encourages comment. Your comment should identify the portion of the proposed rules addressed and the reason for the comment. You are encouraged to propose any change desired. You must also make any comments about the legality of the proposed rules during this comment period.

**Request for a Hearing.** In addition to submitting comments, you may also request that the Commission hold a hearing on the rules. Your request must be in writing and the agency contact person must receive it by 4:30 p.m. on Monday, March 1, 2008. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the agency cannot count it when determining whether it must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

**Withdrawal of Requests.** If 25 or more persons submit a valid written request for a hearing, the Commission will hold a public hearing unless a sufficient number withdraw their requests in writing. If enough requests for hearing are withdrawn to reduce the number below 25, the agency must give written notice of this to all persons who requested a hearing, explain the actions the agency took to effect the withdrawal, and ask for written comments on this action. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

**Alternative Format.** Upon request, the Commission can make this Notice available in an alternative format, such as large print, Braille, or cassette tape. To make such a request, please contact the agency contact person at the address or telephone number listed above.

**Modifications.** The Commission may modify the proposed rules as a result of public comment. The modifications must be supported by comments and information submitted to the agency, and the adopted rules may not be substantially different than these proposed rules, unless the agency follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Commission encourages you to participate in the rulemaking process.

**Statement of Need and Reasonableness.** The statement of need and reasonableness statement contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. It is now available from the agency contact person. You may review or obtain copies the cost of reproduction by contacting the agency contact person.

**Lobbyist Registration.** *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You should direct questions about this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, MN 55155, telephone (651) 296-5148 or 1-800-657-3889.

**Adoption and Review of Rules.** If no hearing is required, the Commission may adopt the rules after the end of the comment period.

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# Proposed Rules

The agency will then submit the rules and supporting documents to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date the Commission submits the rules to the office. If you want to be so notified, or want to receive a copy of the adopted rules, or want to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above.

Dated: 20 December 2007

Scott LeDoux, Executive Director  
Minnesota Boxing Commission

## Proposed Permanent Rules Relating to Boxing

### **2201.0010 AUTHORITY AND PURPOSE.**

The purpose of this chapter is to establish standards for the physical examination and condition of boxers and referees and to establish other rules necessary to carry out the purposes of *Minnesota Statutes*, chapter 341, including, but not limited to, the conduct of boxing exhibitions, bouts, and fights, and their manner, supervision, time, and place pursuant to *Minnesota Statutes*, section 341.25.

### **2201.0020 DEFINITIONS.**

Subpart 1. **Generally.** The terms used in this chapter have the meanings given them in this part.

Subp. 2. **Amateur.** “Amateur” means an individual who participates in a tough person contest as a pastime rather than a profession and who is not receiving or competing for and has never received or competed for any purse or other article or thing of value that exceeds \$50 in value for participating in a contest.

Subp. 3. **Association of Boxing Commissions or ABC.** “Association of Boxing Commissions” or “ABC” means the Association of Boxing Commissions.

Subp. 4. **Boxer.** “Boxer” means an individual that practices the act of attack and defense with the fists, using padded gloves. Where applicable, boxer includes an individual who engages in the practice of boxing by using hands, feet, or both in any manner.

Subp. 5. **Combatant.** “Combatant” means a licensed boxer or mixed martial artist.

Subp. 6. **Commission.** “Commission” means the Minnesota Boxing Commission.

Subp. 7. **Contest.** “Contest” means any professional competition, match, bout, fight, or exhibition involving the practice of boxing, and any professional or amateur competition, match, bout, fight, or exhibition involving the practice of using hands, feet, or both in any manner.

Subp. 8. **Individual.** “Individual” means a living human being.

Subp. 9. **Person.** “Person” means a corporation, partnership, limited liability company, or other business entity organized and existing under law, its officers and directors, and any person holding 25 percent or more of the ownership of the corporation that is authorized to do business under the laws of this state.

Subp. 10. **Physical examination or physical exam.** “Physical examination” or “physical exam” means a current medical examination.

Subp. 11. **Pre-contest physical examination.** “Pre-contest physical examination” means a physical examination performed by a physician licensed in this state that occurs within the 36 hours immediately prior to entering the ring.

Subp. 12. **Professional.** “Professional” means any person who competes for any money prize or a prize that exceeds the value of \$50 or teaches, pursues, or assists in the practice of boxing as a means of obtaining a livelihood or pecuniary gain.

Subp. 13. **Referee.** “Referee” means an individual that is the sole arbiter, umpire, judge, or adjudicator of a boxing contest or a tough person contest.

Subp. 14. **Tough person.** “Tough person,” “tough man,” or “tough woman” means an individual who engages in the practice of boxing by using hands, feet, or both in any manner.

Subp. 15. **Tough person contest.** “Tough person contest” means any boxing contest consisting of rounds that do not exceed two minutes between two or more individuals who use hands, feet, or both in any manner, and includes contests marketed as tough person contests.

### **2201.0100 INCORPORATION BY REFERENCE.**

The July 27, 2005, Regulatory Guidelines promulgated by the Association of Boxing Commissions, 300 South Lenola Road, Maple Shade, New Jersey, 08052-3435, is incorporated by reference and made part of this chapter except as qualified by this chapter and *Minnesota Statutes*, chapter 341. The Regulatory Guidelines are not subject to frequent change and a copy is available in the Office of the Boxing Commission, or through the Minnesota statewide interlibrary loan system or in a public library. Portions of this chapter may reproduce text from the Regulatory Guidelines.

### **2201.0300 PHYSICAL EXAMINATION AND CONDITION.**

Subpart 1. **Generally.** All physical examinations must be performed by a physician licensed in this state.

# Proposed Rules

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## Subp. 2. Applicants for boxer license.

A. Each applicant for a boxer license must submit evidence of testing and results for the following conditions:

- (1) HIV;
- (2) Hepatitis B Surface Antigen; and
- (3) Hepatitis C Antibody.

Each test and the results must be dated within the previous calendar year from the date of the application.

B. Each applicant for a boxer license that has received a knockout judgment in an immediately preceding contest must submit evidence of an MRI, MRA, or EEG.

(1) An MRI of the brain shall be without contrast and performed on a 1.5 Tesla MR machine with capabilities including fast spin echo and FLAIR imaging. Image sequencing should include axial T1, T2, and FLAIR images; coronal images should be performed as a T2 coronal; and a single sagittal T1 sequence.

The MRI test and the results must be dated within the previous five calendar years from the date of the application.

- (2) An MRA of the brain shall include left and right internal carotids, cerebral and basilar arteries, and the Circle of Willis.
- (3) An EEG.

The test and the result must be dated between the date of the knockout judgment and the date of the application.

C. Applicants that are 35 years of age or older must submit evidence of testing and results for the following:

- (1) physical;
- (2) dilated eye examination;
- (3) EKG baseline;
- (4) CT or MRI baseline; and
- (5) CT, MRI, or Neuro.

The test and the result must be dated between the date of the knockout judgment and the date of the application.

Subp. 3. Applicant for referee license. An applicant for a referee license is not required to complete a physical examination.

## **2201.0500 BOXING AND TOUGH PERSON CONTESTS.**

A. Each boxer or tough person shall complete a pre-contest physical examination performed by a ringside physician licensed in this state who certifies in writing whether or not the boxer or tough person is physically fit to safely compete. The pre-contest physical examination shall include the condition of the boxer or tough person's heart and general physical and neurological condition.

B. Each boxer or tough person shall complete a post-contest physical performed by a ringside physician licensed in this state after the final bout of the event.

C. Each female boxer or tough person shall submit a negative pregnancy test, not more than 14 days old, prior to each contest.

## **Minnesota Departments of Human Services and Corrections Proposed Amendment to and Repeal of Rules Governing Chemical Dependency Treatment and Funding, *Minnesota Rules*, Chapters 2960 and 9530 NOTICE OF HEARING**

**Public Hearing.** The Departments of Human Services and Corrections intend to adopt rules after a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2200 to 1400.2240, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.131 to 14.20. The agencies will hold a public hearing on the above-referenced rules in room #2370, Elmer L. Anderson building, 540 Cedar Street, Saint Paul, 55155, starting at 10:00 a.m. on February 1, 2008, and continuing until the hearing is completed. The agencies will schedule additional days of hearing if necessary. All interested or affected persons will have an opportunity to participate by submitting either oral or written data, statements, or arguments. Statements may be submitted without appearing at the hearing.

**Administrative Law Judge.** Administrative Law Judge Kathleen D. Sheehy will conduct the hearing. The judge can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, **telephone:** (651) 361-7848, and **fax:** (651) 361-7936. The rule hearing procedure is governed by *Minnesota Statutes*, sections 14.131 to 14.20, and by the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2000 to 1400.2240. You should direct questions about the rule hearing procedure to the administrative law judge.

**Subject of Rules, Statutory Authority, and Agency Contact Person.** The Departments of Human Services and Corrections propose to amend and repeal parts of rules governing chemical dependency treatment and funding, and licensure of programs that provide chemical dependency treatment and detoxification services, *Minnesota Rules*, Chapters 2960 and 9530. Chapter 2960 contains rules adopted jointly by the Department of Human Services and the Department of Corrections, which, in pertinent part, govern licensure of juvenile residential chemical dependency treatment programs. Chapter 9530 contains rules adopted by the Department of Human Services, which, in pertinent part, govern licensure of chemical dependency treatment programs and detoxification programs, assessment of need for chemical dependency treatment and expenditure of public funds for treatment services. More specifically, the Departments of Human Services and Corrections propose to amend and repeal parts of the following rules:

- *Minnesota Rules*, Chapter 2960, which, in pertinent part, govern licensure of residential programs that serve children and juveniles, to the extent these regulate chemical dependency assessment and treatment;
- *Minnesota Rules*, Parts 9530.6405 to 9530.6505, which govern licensure of chemical dependency treatment programs;
- *Minnesota Rules*, Parts 9530.6510 to 9530.6590, which govern licensure of detoxification programs;
- *Minnesota Rules*, Parts 9530.6600 to 9530.6660, which govern chemical dependency assessments and treatment placements for public assistance recipients; and
- *Minnesota Rules*, Parts 9530.6800 to 9530.7031, which govern the Consolidated Chemical Dependency Treatment Fund;

The proposed rule amendments are being promulgated simultaneously to ensure that the Departments of Human Services and Corrections' policies are consistent, and use similar terminology from rule to rule to refer to various aspects of the chemical dependency treatment process. Consistent policies and the use of consistent terminology promote better understanding of the rules and promote rule compliance. This rulemaking began as amendments only to rule parts 9530.6600 to 9530.6655. During the course of that rulemaking process, the Departments of Human Services and Corrections decided to amend all chemical dependency treatment related rules to promote consistency among the five related rules.

The proposed amendments are in keeping with recent advances in chemical dependency treatment. Specifically, when rule parts 9530.6600 through 9530.6655 were originally written, client placement criteria were built around a licensing system that focused on levels of care, rather than on the client's needs. The proposed amendments, to parts 9530.6600 to 9530.6655 and the conforming amendments to the four related rules, are part of the Departments' effort to transition from an out-dated acute care chemical dependency treatment approach to one that recognizes chemical dependency as a chronic condition with behavioral components that require periodic professional services.

The proposed amendments also are consistent with recent gains in understanding of chemical dependency. These advances require that information about a client's condition be organized in a different way. The six dimensions for assessment developed by the American Society of Addiction Medicine [ASAM] provide a way of organizing assessment information, risk assessments and treatment planning decisions. Establishing categories for organizing information creates a common language for transmitting information among professionals about the client's condition and treatment. The proposed rules therefore implement the widely recognized information system designed by ASAM, and make the chemical dependency rules more coherent.

The proposed rule amendments also update and clarify some existing licensing requirements to promote improved compliance.

The proposed rule amendments are authorized by *Minnesota Statutes*, under the following provisions:

*Minnesota Statutes*, section 241.021, subdivision 2, requires that the Department of Corrections license residential programs that care for delinquent youth.

*Minnesota Statutes*, section 245A.03, subdivision 1, requires that persons who operate residential or nonresidential treatment programs be licensed by the Department of Human Services;

*Minnesota Statutes*, section 245A.09, requires the Commissioner of Human Services to adopt rules governing licensure of residential and nonresidential treatment programs.

*Minnesota Statutes*, section 254A.03, subdivision 3, requires the Department of Human Services to adopt rules which establish criteria used to determine appropriate chemical dependency treatment care for recipients of public assistance.

*Minnesota Statutes*, section 254B.03, subdivision 5 requires the Commissioner of Human Services to adopt rules governing the use of money for chemical dependency treatment and the appeals process used by recipients to appeal disputed services.

*Minnesota Statutes*, section 254B.04, subdivision 3, requires the Commissioner of Human Services to adopt rules regarding fee scales to determine the amount of contribution that will be required from recipients.

Laws of Minnesota, 1995, chapter 226, article 3, section 60, requires the Departments of Human Services and Corrections to jointly adopt rules for residential treatment programs that serve children and juveniles.

# Proposed Rules

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A copy of the rules is published in the State Register along with this Notice of Hearing. A free copy of the rules is also available upon request from the agency contact person. The agency contact person is: Robert Klukas at Minnesota Department of Human Services, 444 Lafayette Road, Saint Paul, Minnesota, 55155, by phone (651) 431-3613, and *e-mail* robert.klukas@state.mn.us. TTY/TDD users may call the Department of Human Services at (800) 627-3529.

**Statement of Need and Reasonableness.** The statement of need and reasonableness contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable costs of the proposed rules. It is now available from the agency contact person. You may review or obtain copies at the cost of reproduction by contacting the agency contact person.

**Public Comment.** You and all interested or affected persons, including representatives of associations and other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the close of the hearing record. All evidence presented should relate to the proposed rules. You may also submit written material to the administrative law judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing the administrative law judge may order this five-day comment period extended for a longer period but for no more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period during which the agencies and any interested person may respond in writing to any new information submitted. No one may submit additional evidence during the five-day rebuttal period. The Office of Administrative Hearings must receive all comments and responses submitted to the administrative law judge no later than 4:30 p.m. of the due date. All comments or responses received will be available for review at the Office of Administrative Hearings.

The agencies request that any person submitting written views or data to the administrative law judge before the hearing or during the comment or rebuttal period also submit a copy of the written views or data to the agency contact person at the address stated above.

**Alternative Format/Accommodation.** Upon request, the agencies can make this Notice available in an alternative format, such as large print, Braille, or cassette tape. To make such a request or if you need an accommodation to make this hearing accessible, please contact the agency contact person at the address or telephone number listed above.

**Modifications.** The agencies may modify the proposed rules as a result of the rule hearing process. The agencies must support modifications by data and views submitted during the rule hearing process. The adopted rules may not be substantially different than these proposed rules, unless the agencies follow the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the agencies encourage you to participate.

**Adoption Procedure After the Hearing.** After the close of the hearing record, the administrative law judge will issue a report on the proposed rules. You may be asked to be notified of the date when the judge's report will become available, and can make this request at the hearing or in writing to the administrative law judge. You may also ask to be notified of the date that the agencies adopt the rules and file them with the Secretary of State, or ask to register with the agencies to receive notice of future rule proceedings. You may make these requests at the hearing or in writing to the agency contact person stated above.

**Lobbyist Registration.** *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You should direct questions regarding this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, **telephone:** (651) 296-5148 or 1-800-657-3889.

**Order.** We order that the rulemaking hearing be held at the date, time, and location listed above.

Dated: 17 December 2007

Cal R. Ludeman, Commissioner  
Department of Human Services

Dated: 18 December 2007

Joan Fabian, Commissioner  
Department of Corrections

## 2960.0020 DEFINITIONS.

*[For text of subps 1 to 11, see M.R.]*

Subp. 12. *[See repealer.]*

Subp. 13. *[See repealer.]*

*[For text of subps 14 and 15, see M.R.]*

Subp. 16. **Child in need of protection or services or CHIPS child.** “Child in need of protection or services” or “CHIPS child” has the meaning given in *Minnesota Statutes*, section 260C.007, subdivision 4 6.

*[For text of subps 17 to 40, see M.R.]*

Subp. 41. *[See repealer.]*

*[For text of subps 42 to 51a, see M.R.]*

Subp. 52. *[See repealer.]*

*[For text of subps 53 to 70, see M.R.]*

Subp. 70a. **Substance use disorder.** “Substance use disorder” means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR, et seq. is incorporated by reference. The DSM-IV-TR was published by the American Psychiatric Association in 1994, in Washington, D.C., and is not subject to frequent change. The DSM-IV-TR is available through the Minitex interlibrary loan system.

*[For text of subps 71 to 79, see M.R.]*

## 2960.0070 ADMISSION POLICY AND PROCESS.

*[For text of subps 1 to 4, see M.R.]*

Subp. 5. **Resident screening.** A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections.

A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field.

*[For text of subitems (1) to (3), see M.R.]*

(4) The ~~chemical abuse or chemical dependency~~ substance use disorder screening must be administered. The license holder will provide or contact the resident’s case manager, if applicable, to arrange a screening to determine if the resident is a chemical abuser.

*[For text of subitems (5) and (6), see M.R.]*

*[For text of items B to E, see M.R.]*

## 2960.0160 ADMISSION POLICIES AND PROCESS.

*[For text of subpart 1, see M.R.]*

Subp. 2. **Ability to meet resident needs.** Before admission of a resident, the license holder must examine the placement agency’s information about the resident and must determine and document whether the program can meet the resident’s needs. The license holder must document whether:

*[For text of items A to D, see M.R.]*

E. the resident is ~~a chemical abuser or is chemically dependent~~ has a substance use disorder. If the resident requires a chemical use assessment, the chemical use assessment must be conducted by an alcohol and drug counselor licensed according to Minnesota Statutes, chapter 148C, or an assessor, as defined in part 9530.6605, subpart 4. Information obtained in the chemical use assessment must be recorded in the resident’s record and must include the information required in part 9530.6620, subpart 1. The chemical use assessment must address the resident’s:

- (1) ~~current state of intoxication and potential for withdrawal problems~~ acute intoxication/withdrawal potential;
- (2) ~~current biomedical condition~~ conditions and complications;
- (3) ~~emotional or behavioral problems, and cognitive conditions and complications;~~
- (4) ~~recognition of an alcohol or drug problem and the resulting need for treatment~~ readiness for change;
- (5) ~~likelihood of continued inappropriate use or relapse, including the ability to participate in leisure activities that do not involve chemical~~ continued use, and continued problem potential;
- (6) ~~work, school, and living~~ recovery environment, including the resident’s family relationships and the need for parenting skills education; and
- (7) ~~susceptibility to abuse or neglect; and~~
- (8) need for additional support services, such as transportation or resident care, in order to participate in the program.

A summary of the assessment results must be written by a chemical dependency counselor or assessor, indicating whether the needs identified in the assessment can be addressed by the license holder while the resident participates in the license holder’s program, or whether the resident must be referred to an appropriate treatment setting. The summary must be written according to subitems (1) to (7).

*[For text of subps 3 and 4, see M.R.]*

## 2960.0430 PURPOSE.

Subpart 1. **Purpose.** Parts 2960.0430 to 2960.0490 establish the minimum standards that residential treatment programs serving

# Proposed Rules

residents with ~~chemical abuse or dependency problems~~ substance use disorder must meet to qualify for certification.

*[For text of subps 2 and 3, see M.R.]*

## 2960.0440 APPLICABILITY.

Parts 2960.0430 to 2960.0490 apply to residential programs according to items A and B.

*[For text of item A, see M.R.]*

B. A residential program that addresses the chemical use problems of a person older than 15 years of age, and under 21 years of age must either be licensed under parts 2960.0010 to 2960.0220 and certified under parts 2960.0430 to 2960.0490 or be licensed under parts ~~9530.4100~~ 9530.6405 to ~~9530.4450~~ 9530.6505.

## 2960.0450 CHEMICAL DEPENDENCY TREATMENT SERVICES.

*[For text of subpart 1, see M.R.]*

Subp. 2. **Required services.** A certificate holder must provide each resident at least 15 hours each week of the type and amount of services specified in each resident's individual treatment plan. The certificate holder must provide the services in items A to ~~E~~ D, unless the service is determined to be contrary to the resident's treatment plan by a licensed alcohol and drug counselor. Self-help groups must not be counted in the number of hours of service a program provides. The program must provide:

*[For text of item A, see M.R.]*

B. individual and group counseling to help the resident identify and address problems related to chemical use and develop strategies for avoiding inappropriate chemical use after treatment; ~~and~~

C. resident information concerning chemical health awareness, sexuality, health problems related to chemical use, and the necessary changes in lifestyle to regain and maintain health. Resident education must include information concerning the human immunodeficiency virus according to *Minnesota Statutes*, section 245A.19, and tobacco addiction and cessation resources; ~~and~~

D. therapeutic recreation to provide the resident with an opportunity to participate in recreational activities without the use of mood-altering chemicals and learn to plan and select recreation activities that do not involve the inappropriate use of chemicals. Therapeutic recreation does not include leisure activities led by staff who are not qualified according to subpart 4.

Subp. 3. **Additional chemical dependency treatment services.** A certificate holder may provide or arrange for the provision of additional chemical dependency treatment in this subpart as indicated in the resident's individual treatment plan.

*[For text of item A, see M.R.]*

~~B. The program may provide therapeutic recreation to provide the resident with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.~~

~~C.~~ The program may provide health monitoring, stress management, and physical well-being training by a medically licensed person or under the supervision of a medically licensed person to assist the resident in reaching and maintaining an acceptable level of health, physical fitness, and well-being.

~~D.~~ C. The program may provide living skills development to assist the resident in learning basic skills necessary for living in the larger community, including;

(1) employment or educational services to assist the resident in becoming financially independent; and

(2) socialization skills development to assist the resident in living and interacting with others in a positive and productive manner.

Subp. 4. **Counselors to provide chemical dependency treatment services.** Chemical dependency treatment services, including therapeutic recreation, must be provided by a qualified alcohol and drug ~~counselor~~ counselors, who are qualified to provide the service according to part 2960.0460, subparts 5 and 6a, unless the individual is specifically qualified according to the ~~accepted professional applicable standards of that profession~~.

Subp. 5. **Volunteers.** A volunteer ~~or student intern~~ may provide chemical dependency treatment services if under the direct supervision of the license holder or a qualified staff person. A volunteer who has direct contact with residents is subject to a background check if the contact with a resident is not directly supervised by the license holder or staff. The program must provide a volunteer an orientation to the program, its purpose, and the population served.

*[For text of subp 6, see M.R.]*

## 2960.0460 STAFF QUALIFICATIONS.

*[For text of subps 1 to 4, see M.R.]*

Subp. 5. **Alcohol and drug counselor qualifications.** In addition to the requirements in subpart 2, the personnel file of an alcohol and drug counselor must include:

A. documentation ~~of the individual's competency in the core functions presented in~~ that the individual is either licensed or exempt from licensure under *Minnesota Statutes*, chapter 148C;

*[For text of items B and C, see M.R.]*

Subp. 6. ~~[See repealer.]~~

**Subp. 6a. Individuals with temporary permit.** An individual with a temporary permit from the Board of Behavioral Health and Therapy may provide chemical dependency treatment services according to the conditions in either item A or B.

A. The individual is supervised by a licensed alcohol and drug counselor assigned by the license holder. The licensed alcohol and drug counselor must document the amount and type of supervision at least weekly. The supervision must relate to clinical practices. One licensed alcohol and drug counselor may not supervise more than three individuals.

B. The individual is supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of Minnesota Statutes, section 148C.044, subdivision 4.

**Subp. 7. ~~Documentation of alcohol and drug counselor qualifications~~ Individuals exempt from licensure.** For an alcohol and drug counselor ~~not governed by exempt from licensure under Minnesota Statutes, chapter 148C,~~ the department must consider a counselor qualified according to subpart 5, item A, if:

*[For text of items A and B, see M.R.]*

C. the individual is certified by the Institute for Chemical Dependency Professionals of Minnesota, Inc., as a chemical dependency counselor or as a chemical dependency counselor reciprocal, through the evaluation process established by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainers Manual, copyright 1993. This manual is incorporated by reference. It is available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55155. It is not subject to frequent change.

**Subp. 8. Overnight staff.** The personnel file of overnight staff employed by a residential program must include the documentation required of the requirements in subpart 7.2 and documentation of the individual's competency in the areas in items A to D:

*[For text of items A to D, see M.R.]*

**Subp. 9. Student interns.** A qualified staff person must supervise and be responsible for all treatment services performed by student interns and must review and sign all assessments, progress notes, and treatment plans prepared by an intern. Student interns must meet the requirements in subpart 2, item B, and receive the orientation and training required for permanent staff members.

## **2960.0485 INITIAL SERVICES PLAN.**

An initial services plan must be completed during or immediately following the intake interview, covering the time between the intake interview and the completion of the treatment plan. It must address immediate health and safety concerns, suggestions for the client during the time between intake and first treatment session, and what issues are to be addressed in the first treatment sessions. If the resident is at least 18 years old, the initial services plan must include an individual abuse prevention plan according to Minnesota Statutes, sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14, paragraph (b).

## **2960.0490 INDIVIDUAL TREATMENT PLAN.**

**Subpart 1. Treatment plan required.** The certificate holder must meet the treatment plan requirements of subparts 2 and 3. These treatment plan requirements may be substituted for the requirements of part 2960.0180, subpart 2, item B, if chemical dependency is the only certificate the license holder has been issued. The individual treatment plan may be a continuation of the initial services plan required in part 2960.0485.

*[For text of subp 2, see M.R.]*

**Subp. 2a. Plan format.** An individual treatment plan must be recorded in the six dimensions listed below:

- A. acute intoxication and withdrawal potential;
- B. biomedical conditions and complications;
- C. emotional, behavioral, and cognitive conditions and complications;
- D. readiness to change;
- E. relapse, continued use, and continued problem potential; and
- F. recovery environment.

**Subp. 3. Plan contents.** An individual treatment plan must include:

*[For text of item A, see M.R.]*

B. treatment goals in each of the ~~evaluation areas~~ dimensions listed in subpart 2a in which a problem has been identified ~~in part 2960.0160, subpart 2, item E;~~

C. specific objectives to be used to address the problems in item B, including frequency of intervention, and expected outcomes for each goal. The objectives must be appropriate to the resident's language and reading skills and must consider the resident's cultural background and other strengths and assets; The certificate holder must tell the resident about the objectives in the resident's individual treatment plan in a language that the resident understands. The certificate holder must consider the resident's cultural background and other strengths and assets when determining the resident's objectives. The resident's objectives must be stated in the treatment plan and must

# Proposed Rules

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be individualized, time limited, and measurable;

D. specific intervals at which resident progress must be reviewed; ~~and~~

E. ~~anticipated minimum~~ outcomes that are to be met before the resident is discharged; and

F. an initial risk description in each dimension, according to part 9530.6622.

*[For text of subp 4, see M.R.]*

Subp. 5. **Plan reviews.** The individual treatment plan must be reviewed by an alcohol and drug counselor at the intervals identified in subpart 3, item D, and no less frequently than every two weeks, and the specific services changed if expected ~~outcomes goals~~ are not being achieved. Plan reviews must be recorded in the six dimensions listed in subpart 2a and include, for each dimension, a narrative and a risk description according to part 9530.6622. A resident must be notified of the right to access a plan review.

Subp. 5a. **Combined plan reviews and progress notes.** Progress notes may be considered plan reviews if they meet the requirements of subparts 4 and 5.

*[For text of subp 6, see M.R.]*

## 2960.0670 ADMISSION.

*[For text of subpart 1, see M.R.]*

Subp. 2. **Conditions governing admission.** A license holder may admit a resident only if the resident meets the conditions in items A to G.

*[For text of items A to D, see M.R.]*

E. The resident must not be in need of ~~primary chemical substance~~ abuse treatment or detoxification at the time of admission, unless the license holder is certified to provide ~~primary chemical substance~~ abuse treatment under parts 2960.0430 to 2960.0490 or licensed to provide detoxification services.

*[For text of items F and G, see M.R.]*

## 9530.6405 DEFINITIONS.

*[For text of subps 1 to 7, see M.R.]*

Subp. 7a. **Chemical dependency treatment.** “Chemical dependency treatment” means the process of assessment of a client’s needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment by a qualified professional. The goal of treatment is to assist or support the client’s efforts to alter the client’s harmful substance use disorder pattern.

Subp. 8. **Client.** “Client” means an individual accepted by a license holder for assessment or treatment of ~~chemical use problems a~~ substance use disorder. An individual remains a client until the license holder no longer provides or plans to provide the individual with treatment services.

*[For text of subp 9, see M.R.]*

Subp. 10. **Co-occurring or co-occurring client.** “Co-occurring” or “co-occurring client” means a diagnosis that indicates a client suffers ~~both chemical abuse or dependency from a substance use disorder and a mental health problem.~~

*[For text of subps 11 to 17, see M.R.]*

Subp. 17a. **Student intern.** “Student intern” means a person who is enrolled in an alcohol and drug counselor education program at an accredited school or educational program and is earning a minimum of nine semester credits per calendar year toward the completion of an associate’s, bachelor’s, master’s, or doctorate degree requirements. Degree requirements must include an additional 18 semester credits or 270 hours of alcohol and drug counseling related course work and 440 hours of practicum.

Subp. 17b. **Substance use disorder.** “Substance use disorder” means a pattern of substance use as defined in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR is incorporated by reference. The DSM was published by the American Psychiatric Association in 1994, in Washington D.C., and is not subject to frequent change. The DSM-IV-TR is available through the Minitex interlibrary loan system.

Subp. 18. **Target population.** “Target population” means individuals experiencing problems with ~~chemical use a~~ substance use disorder having the specified characteristics that a license holder proposes to serve.

Subp. 19. [See repealer]

*[For text of subps 20 and 21, see M.R.]*

## 9530.6410 APPLICABILITY.

Subpart 1. **Applicability.** Except as provided in subparts 2 and 3, no person, corporation, partnership, voluntary association, controlling individual, or other organization may, ~~in any one week,~~ provide treatment services to ~~five or more individuals~~ an individual who ~~exhibit~~ exhibits a pattern of ~~chemical abuse or chemical dependency~~ substance use disorder unless licensed by the commissioner.

*[For text of subp 2, see M.R.]*

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# Proposed Rules

Subp. 3. **Certain hospitals excluded from license requirement.** Parts 9530.6405 to 9530.6505 do not apply to ~~chemical abuse or dependency substance use disorder~~ treatment provided by hospitals licensed under *Minnesota Statutes*, chapter 62J, or under *Minnesota Statutes*, sections 144.50 to 144.56, unless the hospital accepts funds for ~~chemical abuse or dependency substance use disorder~~ treatment under the consolidated chemical dependency treatment fund under *Minnesota Statutes*, chapter 254B, medical assistance under *Minnesota Statutes*, chapter 256B, MinnesotaCare or health care cost containment under *Minnesota Statutes*, chapter 256L, or general assistance medical care under *Minnesota Statutes*, chapter 256D.

*[For text of subp 4, see M.R.]*

## 9530.6415 LICENSING REQUIREMENTS.

*[For text of subps 1 and 2, see M.R.]*

### Subp. 3. **Changes in license terms.**

A. A license holder must notify the commissioner before one of the following occurs and the commissioner must determine the need for a new license:

- (1) a change in the Department of Health's licensure of the program;
- (2) a change in ~~the types of treatment services provided by the program whether the license holder provides services specified in parts 9530.6485 to 9530.6505;~~ or
- (3) a change in location; or
- (4) ~~a change in capacity if the license holder meets the requirements of part 9530.6505.~~

*[For text of item B, see M.R.]*

## 9530.6420 INITIAL SERVICES PLAN.

Upon service initiation and prior to the first treatment session, the license holder must develop the client's initial service plan. The plan must address the client's immediate health, safety, and preliminary service needs, and be based on available information from the client and the referral source. ~~The license holder must complete an initial services plan during or immediately following the intake interview. The plan must address the client's immediate health and safety concerns, tell what issues are to be addressed in the first treatment sessions, and make treatment suggestions for the client during the time between intake and completion of the treatment plan. The initial services plan must include a determination whether a client is a vulnerable adult as defined in *Minnesota Statutes*, section 626.5572, subdivision 21. All adult clients of a residential program are vulnerable adults. An individual abuse prevention plan, according to *Minnesota Statutes*, sections 245A.65, subdivision 2, paragraph (b), and 626.557, subdivision 14, paragraph (b), is required for all clients who meet the definition of "vulnerable adult."~~

## 9530.6422 COMPREHENSIVE ASSESSMENT.

Subpart 1. **Comprehensive assessment of client's ~~chemical use substance use disorder~~ problems.** A comprehensive assessment of the client's chemical use problems must be coordinated by an alcohol and drug counselor and completed within three calendar days after service initiation for a residential program or three sessions of the client's initiation to services for all other programs. The alcohol and drug counselor may rely on current information provided by a referring agency or other sources as a supplement when information is available. Information gathered more than 30 days before the date of admission is not current. If the comprehensive assessment cannot be completed in the time specified, the treatment plan must indicate how and when it will be completed. The assessment must include sufficient information to complete the assessment summary according to subpart 2 and part 9530.6425. The comprehensive assessment must include information about the client's problems that relate to chemical use and personal strengths that support recovery, including:

*[For text of items A to C, see M.R.]*

D. chemical use history including amounts and types of chemicals used, frequency and duration of use, date and time of most recent use, previous experience with withdrawal and period periods of abstinence, and circumstances of relapse, if any;

*[For text of items E and F, see M.R.]*

G. physical concerns or diagnoses that may influence the treatment plan, the severity of the concerns, and whether or not the concerns are being addressed by a health care professional;

*[For text of items H to M, see M.R.]*

N. a determination whether a client is a vulnerable adult as defined in *Minnesota Statutes*, section 626.5572, subdivision 21. An individual abuse prevention plan is required for all clients who meet the definition of "vulnerable adult." whether the client is pregnant and if so, the health of the unborn child and current involvement in prenatal care;

O. whether the client recognizes problems related to substance use and is willing to follow treatment recommendations.

Subp. 2. **Assessment summary.** An alcohol and drug counselor must prepare an assessment summary within three calendar days for a residential program or within three treatment sessions of service initiation. The narrative summary of the comprehensive assessment

# Proposed Rules

results must meet the requirements of items A and B:

A. An assessment summary must be prepared by an alcohol and drug counselor; and include:

- (1) a risk description according to part 9530.6622 for each dimension listed in item B;
- (2) narrative supporting the risk descriptions; and
- (3) a determination of whether the client meets the DSM criteria for a person with a substance use disorder.

B. Contain information relevant to treatment planning including and recorded in the dimensions in subitems (1) to (6):

- (1) acute intoxication and withdrawal potential;
- (2) biomedical conditions and complications;
- (3) emotional and behavioral conditions and complications;
- (4) treatment acceptance and resistance;
- (5) relapse and continued use potential; and
- (6) recovery environment.

(1) Dimension 1, acute intoxication/withdrawal potential. The license holder must consider the client's ability to cope with withdrawal symptoms and current state of intoxication.

(2) Dimension 2, biomedical conditions and complications. The license holder must consider the degree to which any physical disorder would interfere with treatment for substance abuse, and the client's ability to tolerate any related discomfort. The license holder must determine the impact of continued chemical use on the unborn child if the client is pregnant.

(3) Dimension 3, emotional, behavioral, and cognitive conditions and complications. The license holder must determine the degree to which any condition or complications are likely to interfere with treatment for substance abuse or with functioning in significant life areas and the likelihood of risk of harm to self or others.

(4) Dimension 4, readiness for change. The license holder must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

(5) Dimension 5, relapse, continued use, and continued problem potential. The license holder must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.

(6) Dimension 6, recovery environment. The license holder must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery.

## 9530.6425 INDIVIDUAL TREATMENT PLANS.

Subpart 1. **General.** Individual treatment plans for clients in treatment must be completed within seven calendar days of completion of the assessment summary. Treatment plans must continually be updated, based on new information gathered about the client's condition and on whether planned treatment interventions have had the intended effect. Treatment planning must include a cycle, repeating until service termination, of assessment, priority setting, planning, implementation, and reassessment based on progress, revised priorities, and revised plan ongoing assessment in each of the six dimensions according to part 9530.6422, subpart 2. The plan must provide for the involvement of the client's family and those people selected by the client as being important to the success of the treatment experience at the earliest opportunity, consistent with the client's treatment needs and written consent. The plan must be developed after completion of the comprehensive assessment and is subject to amendment until services to the client are terminated. The client must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the individual treatment plan. The individual treatment plan must be signed by the client and the alcohol and drug counselor. The individual treatment plan may be a continuation of the initial services plan required in part 9530.6420.

Subp. 2. **Plan contents.** An individual treatment plan must be recorded in the six dimensions listed in part 9530.6422, subpart 2, item B, and address each problem identified in the assessment summary, and include:

~~A:~~ treatment goals addressing each problem identified in the assessment summary prepared according to part 9530.6422, subpart 2, item B;

~~B:~~ A. specific methods to be used to address identified problems, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths;

~~C:~~ B. resources to which the client is being referred for problems when problems are to be addressed concurrently by another provider; and

~~D:~~ C. goals the client must reach to complete treatment and have services terminated.

Subp. 3. **Progress notes and plan review.**

A. Progress notes must be entered in a client's file weekly or after each treatment service, whichever is less frequent, by the staff person providing the service. The note must reference the treatment plan. Progress notes must be recorded and address each of the six dimensions listed in part 9530.6422, subpart 2, item B. Progress notes must:

*[For text of subitems (1) to (5), see M.R.]*

B. Treatment plan review must:

- (1) occur weekly or after each treatment service, whichever is less frequent;
- (2) address each goal in the treatment plan that has been worked on since the last review; ~~and~~
- (3) address whether the strategies to address the goals are effective, and if not, must include changes to the treatment plan; ~~and~~
- (4) include a review and evaluation of the individual abuse prevention plan according to *Minnesota Statutes*, section 245A.65.

*[For text of item C, see M.R.]*

Subp. 3a. **Documentation.** Progress notes and plan review do not require separate documentation if the information in the client file meets the requirements of subpart 3, items A and B.

Subp. 4. **Summary at termination of services.** An alcohol and drug counselor must write a discharge summary for each client. The summary must be completed within five days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier.

A. The summary at termination of services must be recorded in the six dimensions listed in part 9530.6422, subpart 2, item B, and include the following information:

- (1) client's problems, strengths, and needs while participating in treatment, including services provided;
- (2) client's progress toward achieving each of the goals identified in the individual treatment plan; ~~and~~
- (3) reasons for and circumstances of service termination; ~~and~~
- (4) risk description according to part 9530.6622.

*[For text of item B, see M.R.]*

## **9530.6430 TREATMENT SERVICES.**

Subpart 1. **Treatment services provided by license holder.**

A. A license holder must provide offer the following treatment services including unless clinically inappropriate and the justifying clinical rationale is documented:

*[For text of subitems (1) and (2), see M.R.]*

(3) transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the license holder's staff for support; ~~and~~

(4) services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from ~~chemical abuse or dependency~~ substance use disorder. Groups must address co-occurring mental illness issues, as needed. When treatment for mental health problems is indicated, it is integrated into the client's treatment plan; ~~and~~

(5) service coordination to help the client obtain the services and to support the client's need to establish a lifestyle free of the harmful effects of substance use disorder.

*[For text of item B, see M.R.]*

Subp. 2. **Additional treatment services.** A license holder may provide or arrange the following additional treatment services as a part of the individual treatment plan:

~~A. ease management services to help the client obtain the services and support the client needs to establish a lifestyle free of the harmful effects of chemical abuse or dependency;~~

~~B. relationship counseling provided by a qualified professional to help the client identify the impact of inappropriate chemical use the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to inappropriate chemical use the client's substance use disorder;~~

~~C. B. therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals;~~

~~D. C. stress management and physical well-being to help the client reach and maintain an acceptable level of health, physical fitness, and well-being;~~

~~E. D. living skills development to help the client learn basic skills necessary for independent living;~~

~~F. E. employment or educational services to help the client become financially independent;~~

~~G. F. socialization skills development to help the client live and interact with others in a positive and productive manner; and~~

~~H. G. room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills.~~

*[For text of subp 3, see M.R.]*

Subp. 4. **Location of service provision.** ~~Except for services under subpart 2, items A, C, and F; A client of a license holder may only receive services at any of the license holder's licensed locations or at the client's home, except that services under subpart 1, item A, subitems (3) and (5), and subpart 2, items B and E, may be provided in another suitable location.~~

# Proposed Rules

## 9530.6435 MEDICAL SERVICES.

*[For text of subpart 1, see M.R.]*

Subp. 1a. **Procedures.** The applicant or license holder must have written procedures for obtaining medical interventions when needed for a client, that are approved in writing by a physician who is licensed under *Minnesota Statutes*, chapter 147, unless:

A. the license holder does not provide services under part 9530.6505; and

B. all medical interventions are referred to 911 or the client's physician.

Subp. 2. **Consultation services.** ~~In addition to the requirements under subpart 1, the applicant or license holder must have a written procedure approved by a physician licensed under *Minnesota Statutes*, chapter 147, for obtaining medical interventions when needed for any client. The license holder must have access to and document the availability of a licensed mental health professional to provide diagnostic assessment and treatment planning assistance.~~

Subp. 3. **Administration of medications and assistance with self-medication.** A license holder must meet the requirements in items A and B if services include medication administration.

A. A staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assistance with self-medication must:

(1) document that the staff member has successfully completed a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. Completion of the course must be documented in writing and placed in the staff member's personnel file; or

(2) be trained according to a formalized training program which is taught by a registered nurse and offered by the license holder. Completion of the course must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity.

B. A registered nurse must be employed or contracted to develop the policies and procedures for medication administration or assistance with self-administration of medication or both. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include monthly on-site supervision or more often as warranted by client health needs. The policies and procedures must include:

*[For text of subitems (1) to (5), see M.R.]*

(6) a provision that ~~if the~~ when a license holder serves clients who are parents with children, the parent ~~must~~ may only administer medication to the child under staff supervision;

*[For text of subitems (7) to (9), see M.R.]*

*[For text of subp 4, see M.R.]*

## 9530.6440 CLIENT RECORDS.

Subpart 1. **Client records required.** A license holder must maintain a file of current client records on the premises where the treatment services are provided or coordinated. The content and format of client records must be uniform and entries in each case must be signed and dated by the staff member making the entry. ~~The license holder must maintain a record that documents compliance with part 9530.6445, subpart 4.~~ Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with *Minnesota Statutes*, section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, title 45, parts 160 to 164, and, if applicable, *Minnesota Statutes*, chapter 13.

*[For text of subp 2, see M.R.]*

Subp. 3. **Client records, contents.** Client records must contain the following:

*[For text of item A, see M.R.]*

~~B.~~ B. an initial services plan completed according to part 9530.6420;

~~B.~~ C. a comprehensive assessment completed according to part 9530.6422;

~~D.~~ D. an assessment summary completed according to part 9530.6422, subpart 2;

~~E.~~ E. an individual abuse prevention plan that complies with *Minnesota Statutes*, sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;

~~F.~~ F. an individual treatment plan, as required under part 9530.6425, subparts 1 and 2;

~~G.~~ G. progress notes, as required in part 9530.6425, subpart 3; and

~~H.~~ H. a summary of termination of services, written according to part 9530.6425, subpart 4.

*[For text of subp 4, see M.R.]*

## 9530.6445 STAFFING REQUIREMENTS.

*[For text of subps 1 and 2, see M.R.]*

Subp. 3. **Responsible staff person.** A treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment services. A license holder must have a designated staff person during all hours of operation. A

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# Proposed Rules

license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day. The designated staff person must know and understand the implications of parts 9530.6405 to 9530.6505, ~~9543.1000 to 9543.1060~~; and *Minnesota Statutes*, sections 245A.65, 626.556, ~~and 626.557, and 626.5572~~.

Subp. 4. **Staffing requirements.** At least 25 percent of a counselor's scheduled work hours must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties. A counseling group shall not exceed an average of 16 clients during any seven consecutive calendar days. It is the responsibility of the license holder to determine an acceptable group size based on the client's needs. A counselor in a program treating intravenous drug abusers must not supervise more than 50 clients. The license holder must maintain a record that documents compliance with this subpart.

*[For text of subp 5, see M.R.]*

## 9530.6450 STAFF QUALIFICATIONS.

Subpart 1. **Qualifications of all staff members with direct client contact.** All staff members who have direct client contact must be at least 18 years of age. At the time of hiring, all staff members must meet the qualifications in item A or B. A chemical use problem for purposes of this subpart is a problem listed by the license holder in the personnel policies and procedures according to part 9530.6460, subpart 1, item E.

*[For text of items A and B, see M.R.]*

*[For text of subp 2, see M.R.]*

Subp. 3. **Treatment director qualifications.** In addition to meeting the requirements of subpart 1, a treatment director must know and understand the implications of parts 9530.6405 to 9530.6505, ~~9543.1000 to 9543.1060~~; and *Minnesota Statutes*, chapter 245A, and sections 626.556, 626.557, and 626.5572. A treatment director must:

*[For text of items A and B, see M.R.]*

Subp. 4. **Alcohol and drug counselor supervisor qualifications.** In addition to meeting the requirements of subpart 1, an alcohol and drug counselor supervisor must meet the following qualifications:

*[For text of items A and B, see M.R.]*

C. the individual knows and understands the implications of parts 9530.6405 to 9530.6505, ~~9543.1000 to 9543.1060~~; and *Minnesota Statutes*, sections 245A.65, 626.556, 626.557, and 626.5572.

*[For text of subps 5 to 7, see M.R.]*

Subp. 8. **Student interns.** A qualified staff person must supervise and be responsible for all treatment services performed by student interns and must review and sign all assessments, progress notes, and treatment plans prepared by the intern. Student interns must meet the requirements in subpart 1, item A, and receive the orientation and training required in part 9530.6460, subpart 1, item G, and subpart 2.

Subp. 9. **Individuals with temporary permit.** Individuals with a temporary permit from the Board of Behavioral Health and Therapy may provide chemical dependency treatment services under the conditions in either item A or B.

A. The individual is supervised by a licensed alcohol and drug counselor assigned by the license holder. The licensed alcohol and drug counselor must document the amount and type of supervision at least weekly. The supervision must relate to clinical practices. One licensed alcohol and drug counselor may not supervise more than three individuals.

B. The individual is supervised by a clinical supervisor approved by the Board of Behavioral Health and Therapy. The supervision must be documented and meet the requirements of *Minnesota Statutes*, section 148C.044, subdivision 4.

## 9530.6455 PROVIDER POLICIES AND PROCEDURES.

License holders must develop a written policy and procedures manual with an index and a table of contents so that staff may have immediate access to all policies and procedures and so that consumers of the services and other authorized parties may have access to all policies and procedures. The manual must contain the following materials:

*[For text of items A to L, see M.R.]*

## 9530.6460 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1. **Policy requirements.** License holders must have written personnel policies and must make them available to each staff member. The policies must:

*[For text of items A to E, see M.R.]*

F. include a chart or description of the organizational structure indicating lines of authority and responsibilities; ~~and~~

G. include orientation within 72 hours of starting for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the staff member was hired, policies and procedures, client confidentiality, the human immunodeficiency virus minimum standards, and client needs; and

H. policies outlining the license holder's response to staff members with mental health problems that interfere with the provision of treatment services.

# Proposed Rules

Subp. 2. **Staff development.** A license holder must ensure that each staff person has the training required in items A to E.

*[For text of items A to D, see M.R.]*

E. Treatment directors, supervisors, nurses, and counselors must obtain 12 hours of training in co-occurring mental health problems and ~~chemical abuse or dependency~~ substance use disorder that includes competencies related to philosophy, screening, assessment, diagnosis and treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. Staff employed by a license holder on the date this rule is adopted must obtain the training within 12 months of the date of adoption. New staff who have not obtained such training must obtain it within 12 months of the date this rule is adopted or within six months of hire, whichever is later. Staff may request, and the license holder may grant credit for, relevant training obtained prior to January 1, 2005.

*[For text of subp 3, see M.R.]*

## 9530.6465 SERVICE INITIATION AND SERVICE TERMINATION POLICIES.

*[For text of subpart 1, see M.R.]*

Subp. 2. **Individuals not served by license holder.** A license holder has specific responsibilities when terminating services or denying treatment service initiation to clients for reasons of health, behavior, or criminal activity.

*[For text of item A, see M.R.]*

B. All service termination policies and denials of service initiation that involve the commission of a crime against a license holder's staff member or on a license holder's property, as provided under *Code of Federal Regulations*, title 42, section 2.12(c)(5), and *Code of Federal Regulations*, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.

*[For text of subp 3, see M.R.]*

## 9530.6470 POLICIES AND PROCEDURES THAT PROTECT CLIENT RIGHTS.

Subpart 1. **Client rights; explanation.** Clients ~~provided room and board in an acute care inpatient facility or a supervised living facility~~ have the rights identified in part 4747.1500 and Minnesota Statutes, sections 144.651 and 253B.03. ~~All clients have the rights identified in part 4747.1500.~~ The license holder must give each client upon service initiation a written statement of client's rights and responsibilities. Staff must review the statement with clients at that time.

*[For text of subps 2 and 3, see M.R.]*

## 9530.6475 BEHAVIORAL EMERGENCY PROCEDURES.

*[For text of item A, see M.R.]*

B. Behavioral emergency procedures must not be used to enforce facility rules or for the convenience of staff. Behavioral emergency procedures must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. Behavioral emergency procedures may not include the use of seclusion or restraint.

## 9530.6480 EVALUATION.

Subpart 1. **Participation in drug and alcohol abuse normative evaluation system.** License holders must participate in the drug and alcohol abuse normative evaluation system by submitting information about each client to the commissioner ~~on forms in a format~~ specified by the commissioner. ~~The information must include demographic data about the client, including the client's chemical use history, previous treatment services related to chemical use, other problems associated with chemical use, and status at the time of service termination.~~

Subp. 2. **Commissioner requests.** A license holder must submit additional information requested by the commissioner that is necessary to meet statutory or federal funding requirements.

## 9530.6495 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS WHO SPECIALIZE IN TREATMENT OF PERSONS WITH CHEMICAL ABUSE OR DEPENDENCY AND MENTAL HEALTH DISORDERS.

In addition to meeting the requirements of parts 9530.6405 to 9530.6490, license holders specializing in the treatment of persons with ~~chemical abuse or dependency~~ substance use disorder and mental health problems must:

A. demonstrate that staffing levels are appropriate for treating clients with ~~chemical abuse or dependency~~ substance use disorder and mental health problems, and that there is adequate staff with mental health training;

*[For text of items B and C, see M.R.]*

D. determine group size, structure, and content with consideration for the special needs of those with ~~chemical abuse or dependency~~ substance use disorder and mental health disorders;

*[For text of items E to I, see M.R.]*

## 9530.6500 ADDITIONAL REQUIREMENTS FOR METHADONE PROGRAMS SERVING INTRAVENOUS DRUG ABUSERS.

*[For text of subps 1 and 2, see M.R.]*

Subp. 3. **Waiting list.** A program serving intravenous drug abusers must have a waiting list system. Each person seeking admission must be placed on the waiting list if the person cannot be admitted within 14 days of the date of application, unless the applicant is assessed by the program and found not to be eligible for admission according to parts 9530.6405 to 9530.6505, and *Code of Federal Regulations*, title 42, part 1, subchapter A, section 8.12(e), and *Code of Federal Regulations*, title 45, parts 160 to 164. The waiting list must assign a unique patient identifier for each intravenous drug abuser seeking treatment while awaiting admission. An applicant on a waiting list who receives no services under part 9530.6430, subpart 1, must not be considered a “client” as defined in part 9530.6405, subpart 8.

*[For text of subp 4, see M.R.]*

Subp. 5. **Outreach.** Programs serving intravenous drug abusers must carry out activities to encourage individuals in need of treatment to undergo treatment. The program’s outreach model must:

A. select, train, and supervise outreach workers;

B. contact, communicate, and follow up with high risk substance abusers, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements, including *Code of Federal Regulations*, title 42, sections 2.1 to 2.67, and *Code of Federal Regulations*, title 45, parts 160 to 164;

*[For text of items C and D, see M.R.]*

*[For text of subp 6, see M.R.]*

## 9530.6505 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS ALSO PROVIDING SUPERVISED ROOM AND BOARD.

*[For text of subps 1 and 2, see M.R.]*

Subp. 3. **Client property management.** A license holder who provides room and board and treatment services to clients in the same facility, and any license holder that accepts client property must meet the requirements in ~~part 9543.1020, subpart 15~~ *Minnesota Statutes*, section 245A.04, subdivision 13, for handling resident funds and property. In the course of client property management, license holders:

*[For text of items A to C, see M.R.]*

D. must return all property held in trust to the client upon service termination regardless of the client’s service termination status, except:

(1) drugs, drug paraphernalia, and drug containers that are forfeited under *Minnesota Statutes*, section 609.5316, must be destroyed by staff or given over to the custody of a local law enforcement agency, according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and *Code of Federal Regulations*, title 45, parts 160 to 164;

*[For text of subitems (2) and (3), see M.R.]*

*[For text of subps 4 to 7, see M.R.]*

Subp. 8. Administration of medications. License holders must meet the administration of medications requirements of part 9530.6435, subpart 3.

## 9530.6510 DEFINITIONS.

*[For text of subps 1 to 11, see M.R.]*

Subp. 12. **Protective procedure.** “Protective procedure” means an action taken by a staff member of a detoxification program to protect a client from self-harm or harm to others. Protective procedures include the following actions:

*[For text of item A, see M.R.]*

B. physical restraint, which means the restraint of a client by use of equipment to limit the movement of limbs or use of physical means holds intended to limit the body of movement.

*[For text of subp 13, see M.R.]*

Subp. 13a. Substance use disorder. “Substance use disorder” means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM), et seq. The DSM-IV-TR is incorporated by reference. The DSM-IV-TR was published by the American Psychiatric Association in 1994, in Washington D.C., and is not subject to frequent change. The DSM-IV-TR is available through the Minitex interlibrary loan system.

*[For text of subp 14, see M.R.]*

## 9530.6520 PROGRAM LICENSURE.

Subpart 1. **General application and license requirements.** An applicant for licensure as a detoxification program must comply with the general requirements in ~~part 9543.1000 to 9543.1060~~, *Minnesota Statutes*, chapters 245A and 245C, and *Minnesota Statutes*, sections 626.556 and 626.557. Detoxification programs must be located in a hospital licensed according to *Minnesota Statutes*, sections 144.50 to

# Proposed Rules

144.581, or must be a supervised living facility with a class B license from the Minnesota Department of Health under parts 4665.0100 to 4665.9900.

*[For text of subps 2 and 3, see M.R.]*

## 9530.6525 ADMISSION AND DISCHARGE POLICIES.

Subpart 1. **Admission policy.** A license holder must have a written admission policy containing specific admission criteria. The policy must describe the admission process and the point at which a person who is eligible under subpart 2 is admitted to the program. License holders must not admit individuals who do not meet the admission criteria. The admission policy must be approved and signed by the medical director of the facility and designate which staff members are authorized to admit and discharge clients. The admission policy must be posted in the area of the facility where clients are admitted, or given to all interested persons upon request.

Subp. 2. **Admission criteria.** A detoxification program may only admit persons who meet the admission criteria and who, at the time of admission:

*[For text of items A to E, see M.R.]*

F. need to stay temporarily in a protective environment because of a ~~chemical dependency-related substance use disorder-related~~ crisis. Persons meeting this ~~criterion~~ criteria may be admitted only at the request of the county of fiscal responsibility, as determined according to *Minnesota Statutes*, section 256G.02, subdivision 4. Persons admitted according to this provision must not be restricted to the facility.

*[For text of subps 3 and 4, see M.R.]*

Subp. 5. **Establishing custody procedure.** Immediately upon a person's admission to the program according to the criteria in subpart 2, the license holder obtains custody of a person under a peace officer's hold, and is responsible for all requirements of client services.

## 9530.6530 CLIENT SERVICES.

Subpart 1. **Chemical use screening.** A license holder must screen each client admitted to determine whether the client suffers from ~~chemical abuse or chemical dependency~~ substance use disorder as defined in part 9530.6605, subparts 6 and 7. The license holder must screen clients at each admission, except if the client has already been determined to suffer from ~~chemical abuse or chemical dependency~~ substance use disorder, the provisions in subpart 2 apply.

Subp. 2. **Chemical use assessment.** A license holder must provide or arrange for the provision of a chemical use assessment, according to parts 9530.6600 to 9530.6660, for each client who suffers from ~~chemical abuse or chemical dependency~~ substance use disorder at the time the client is identified. If a client is readmitted within one year of the most recent assessment, an update to the assessment must be completed. If a client is readmitted and it has been more than one year since the last assessment, a new assessment must be completed. The chemical use assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process.

*[For text of subp 3, see M.R.]*

Subp. 4. **Client education.** A license holder must provide the information for obtaining assistance regarding:

A. ~~chemical abuse and chemical dependency problems~~ substance use disorder, including the effects of alcohol and other drugs and specific information about the effects of chemical use on unborn children;

*[For text of items B and C, see M.R.]*

## 9530.6535 PROTECTIVE PROCEDURES.

*[For text of subpart 1, see M.R.]*

Subp. 2. **Protective procedures plan.** A license holder and applicant must have a written plan that establishes the protective procedures that program staff must follow when a client's behavior threatens the safety of the client or others. The plan must be appropriate to the type of facility and the level of staff training. The protective procedures plan ~~and any changes to it must be approved, must include:~~

A. approval signed; and dated by the program director and medical director prior to implementation. ~~The plan must include~~ Any changes to the plan must also be approved, signed, and dated by the program director and the medical director prior to implementation;

B. which protective procedures ~~that the license holder will use to~~ prevent clients from harming self or others;

C. the emergency conditions under which the protective procedures are used, if any; ~~and;~~

D. the client's health conditions that limit the specific procedures that can be used and alternative means of ensuring safety;

E. emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in the plan. ~~The plan must be appropriate to the type of facility and the level of staff training;~~

F. the training staff must have before using any protective procedure;

G. the plan must include documentation of approved therapeutic holds; and

H. the use of law enforcement personnel.

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# Proposed Rules

Subp. 3. **Records.** Each use of a protective procedure must be documented in the client record. The client record must include:

*[For text of items A to D, see M.R.]*

- E. the physician's order authorizing the use of restraints as required by subpart 6; and
- F. a brief description of the purpose for using the protective procedure, including less restrictive interventions considered prior to the decision to use the protective procedure and a description of the behavioral results obtained through the use of the procedure;
- G. documentation of reassessment of the client at least every 15 minutes to determine if seclusion, physical hold, or use of restraint equipment can be terminated;
- H. the description of the physical holds or restraint equipment used in escorting a client; and
- I. any injury to the client that occurred during the use of a protective procedure.

Subp. 4. **Standards governing emergency use of seclusion.** Seclusion must be used only when less restrictive measures are ineffective or not feasible. The standards in items A to G must be met when seclusion is used with a client.

*[For text of items A and B, see M.R.]*

C. Seclusion must be authorized by the program director ~~or~~, a licensed physician, or registered nurse. If one is not present in the facility, one must be contacted and authorization obtained within 30 minutes of initiation of seclusion according to written policies. Staff members must be trained in using the isolation technique and only approved holds may be utilized:

*[For text of items D to G, see M.R.]*

Subp. 5. **Physical holds or restraint equipment.** Physical holds or restraint equipment may only be used in cases where seclusion will not assure the client's safety and must meet the requirements in items A to C.

A. ~~Physical restraint must be ordered by the program director or a licensed physician prior to placing a client in restraint. Continued use of restraints requires compliance with subpart 6. The following requirements apply to the use of physical holds or restraint equipment:~~

- (1) ~~a physical hold cannot be used to control a client's behavior for more than 30 minutes before obtaining authorization;~~
- (2) ~~the client's health concerns will be considered in deciding whether to use physical holds or restraint equipment and which holds or equipment are appropriate for the client;~~
- (3) ~~the use of physical holds or restraint equipment must be authorized by the program director, licensed physician, or a registered nurse;~~
- (4) ~~only approved holds may be utilized; and~~
- (5) ~~the use of restraint equipment must not exceed four hours.~~

*[For text of item B, see M.R.]*

C. A client in restraint equipment must be checked for circulatory difficulties every 15 minutes. Restraint equipment must be loosened at least once every 60 minutes to allow change of position unless loosening the restraints would be dangerous to the client or others. If the ~~restraints are~~ restraint equipment is not loosened every hour, the client's behavior that prevented loosening the restraints must be documented in the client's file.

Subp. 6. [See repealer.]

Subp. 7. [See repealer.]

Subp. 8. **Use of law enforcement.**

A. ~~Law enforcement shall only be called for a violation of the law by a client.~~

B. ~~If a law enforcement agent uses any force or protective procedure which is not specified in the protective procedures plan for use by trained staff members the client must be discharged, according to part 9530.6525, subpart 4.~~

Subp. 9. **Administrative review.** The license holder must keep a record of all protective procedures used and conduct a quarterly administrative review of the use of protective procedures. The record of the administrative review of the use of protective procedures must state whether:

- A. ~~the required documentation was recorded for each use of a protective procedure;~~
- B. ~~the protective procedure was used according to the protective procedures plan;~~
- C. ~~the staff who implemented the protective procedure were properly trained;~~
- D. ~~any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of protective procedures;~~
- E. ~~any injuries resulting from the use of protective procedures;~~
- F. ~~actions needed to correct deficiencies in the program's implementation of protective procedures;~~
- G. ~~an assessment of opportunities missed to avoid the use of protective procedures; and~~
- H. ~~proposed actions to be taken to minimize the use of protective procedures.~~

## 9530.6545 CLIENT PROPERTY MANAGEMENT.

A license holder must meet the requirements for handling residential client funds and property in ~~part 9543.1020, subpart 15~~ *Minnesota Statutes*, section 245A.04, subdivision 14, except:

*[For text of items A and B, see M.R.]*

# Proposed Rules

C. the license holder must return to the client all property held in trust at discharge, regardless of discharge status, except that:

~~(1) chemicals must be destroyed by staff according to procedures established under chapter 4665;~~

~~(2) (1) drug paraphernalia and drug containers that are forfeited under *Minnesota Statutes*, section 609.5316, must be given over to the custody of a local law enforcement agency; and drugs, drug paraphernalia, and drug containers that are forfeited under *Minnesota Statutes*, section 609.5316, must be destroyed by staff or given over to the custody of a local law enforcement agency, according to *Code of Federal Regulations*, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67-1, and *Code of Federal Regulations*, title 45, parts 160 to 164; and~~

~~(3) (2) weapons, explosives, and other property that may cause serious harm to self or others must be transferred to a local law enforcement agency. The client must be notified of the transfer and of the right to reclaim the property if the client has a legal right to possess the item.~~

## 9530.6560 STAFFING REQUIREMENTS.

*[For text of subps 1 to 5, see M.R.]*

Subp. 6. **Assessor required.** A detoxification program must provide the equivalent of one full-time assessor for every 15 clients served by the program and require a chemical use assessment according to part 9530.6530, subpart 2. The requirement may be met by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract, who meets the requirements of part 9530.6615, subpart 2.

*[For text of subp 7, see M.R.]*

## 9530.6565 STAFF QUALIFICATIONS.

*[For text of subps 1 and 2, see M.R.]*

Subp. 3. **Program director qualifications.** In addition to the requirements under subpart 1, a program director must:

A. have at least one year of work experience in direct service to individuals with ~~chemical use problems~~ substance use disorders or one year of work experience in the management or administration of direct service to individuals with ~~chemical use problems~~ substance use disorders;

B. have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services; and

C. know and understand the implications of parts 9530.6510 to 9530.6590, ~~9543.1000 to 9543.1060~~, and *Minnesota Statutes*, chapter 245A, and sections 626.556, 626.557, and 626.5572.

Subp. 4. **Responsible staff person qualifications.** In addition to the requirements in subpart 1, each responsible staff person must know and understand the implications of parts 9530.6510 to 9530.6590, ~~9543.1000 to 9543.1060~~, and *Minnesota Statutes*, sections 245A.65, 253B.04, 253B.05, 626.556, ~~and 626.557, and 626.5572.~~

*[For text of subps 5 and 6, see M.R.]*

## 9530.6570 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1. **Policy requirements.** A license holder must have written personnel policies and must make them available to staff members at all times. The personnel policies must:

*[For text of items A to C, see M.R.]*

D. describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address chemical use problems and meet the requirements of part 9530.6565, subparts 1 and 2. The policies and procedures must list behaviors or incidents that are considered chemical abuse problems. The list must include:

(1) receiving treatment for chemical use or substance use disorder within the period specified for the position in the staff qualification requirements;

*[For text of subitems (2) to (4), see M.R.]*

*[For text of items E to H, see M.R.]*

Subp. 2. **Staff development.** A license holder must ensure that each staff member working directly with clients receives at least 30 hours of continuing education every two years and that a written record is kept to demonstrate completion of that training. Training must be documented biannually on the subjects in items A to C, and annually on the subjects in items D to F. The following training must be completed:

*[For text of items A to D, see M.R.]*

E. orientation and annual training for all staff with direct client contact on mandatory reporting under *Minnesota Statutes*, sections 245A.65, 626.556, and 626.557, including specific training covering the facility's policies concerning obtaining client releases of information; ~~and~~

F. HIV minimum standards as required in *Minnesota Statutes*, section 245A.19; ~~and~~

G. orientation training must include eight hours of training on the protective procedures plan in part 9530.6535, subpart 2. Each staff person must receive updated training at least every two years and the training must include:

- (1) approved therapeutic holds;
- (2) protective procedures used to prevent clients from harming self or others;
- (3) the emergency conditions under which the protective procedures are used if any;
- (4) documentation standards for using protective procedures;
- (5) the physiological and psychological impact of physical holding and seclusions; and

(6) how to monitor and respond to client distress. Any remainder of the required 30 continuing education hours must be used to gain other information useful to the performance of the individual staff person's duties.

Subp. 3. **Staff orientation.** Within 72 hours of beginning employment, all staff with direct client contact will receive orientation training that includes the topics in subpart 2, items A, C, E, and G.

## 9530.6580 POLICY AND PROCEDURES MANUAL.

A license holder must develop a written policy and procedures manual that ~~includes~~ is alphabetically indexed and has a table of contents, so that staff have immediate access to all policies and procedures and consumers of the services, and other authorized parties, have access to all policies and procedures. The manual must contain the following materials:

*[For text of items A to J, see M.R.]*

## 9530.6585 CLIENT RECORDS.

Subpart 1. **Client records required.** A license holder must maintain a file of current client records on the program premises where the treatment is provided. Each entry in each client case record must be signed and dated by the staff member making the entry. Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09; Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and *Code of Federal Regulations*, title 45, parts 160 to 164, and Minnesota Statutes, chapter 13.

*[For text of subps 2 and 3, see M.R.]*

## 9530.6590 DATA COLLECTION REQUIRED.

The license holder must participate in the drug and alcohol abuse normative evaluation system by submitting, ~~on forms in a format provided by the commissioner, information concerning each client admitted to the program. The required information must include demographic data about the client, the client's chemical use history, previous participation in chemical use-related rehabilitation services, other problems associated with chemical use, and information about the client's status at the time of the discharge.~~

## 9530.6600 CHEMICAL DEPENDENCY CARE FOR PUBLIC ASSISTANCE RECIPIENTS; GENERAL PROVISIONS SUBSTANCE USE DISORDER; USE OF PUBLIC FUNDS.

Subpart 1. **Applicability.** Parts 9530.6600 to 9530.6655 establish criteria that counties, tribal governing boards, and prepaid health plans or their designees shall apply to determine the appropriate level of chemical dependency care for a client seeking treatment for chemical dependency and abuse problems which substance use disorder that requires the expenditure of public funds for treatment. ~~Parts 9530.6600 to 9530.6655 do~~ Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B, or section 526.10.

Subp. 2. ~~[See repealer.]~~

*[For text of subp 3, see M.R.]*

## 9530.6605 DEFINITIONS.

*[For text of subps 1 to 4, see M.R.]*

Subp. 5. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, ~~chapter 152~~ section 152.01, subdivision 4.

Subp. 6. ~~[See repealer.]~~

Subp. 7. ~~[See repealer.]~~

Subp. 8. **Chemical use assessment.** "Chemical use assessment" means an assessment interview and written listing of the client's specific problems related to chemical use ~~which enables and risk description that will enable the assessor to determine a level of chemical involvement rating an appropriate treatment planning decision~~ according to part ~~9530.6620, subpart 2~~ 9530.6622.

Subp. 9. **Client.** "Client" means an individual who is eligible for ~~chemical dependency~~ chemical dependency treatment funded under Minnesota Statutes, chapters 246, 254B, 256B, and 256D, and 256M, and who has requested chemical ~~dependency use~~ dependency use assessment services or for whom chemical ~~dependency use~~ dependency use assessment services ~~have~~ has been requested from a county placing authority.

Subp. 10. **Collateral contact.** "Collateral contact" means an oral or written communication ~~initiated or approved~~ initiated or approved by an assessor for the purpose of gathering information from an individual or agency, other than the client, to verify or supplement information provided by the client during an assessment under part 9530.6615. Collateral contact includes contacts with family members, criminal justice agencies,

# Proposed Rules

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educational institutions, and employers.

Subp. 10a. [See repealer.]

[For text of subps 11 to 14, see M.R.]

Subp. 15. [See repealer.]

Subp. 15a. [See repealer.]

Subp. 16. [See repealer.]

Subp. 17. [See repealer.]

Subp. 18. [See repealer.]

Subp. 19. [See repealer.]

Subp. 20. [See repealer.]

Subp. 21. [See repealer.]

Subp. 21a. **Placing authority.** “Placing authority” means a county, prepaid health plan, or tribal governing board governed by parts 9530.6600 to 9530.6655.

Subp. ~~21a~~ 21b. **Prepaid health plan.** “Prepaid health plan” means an organization that contracts with the department to provide medical services, including chemical dependency treatment services, to enrollees in exchange for a prepaid capitation rate; and that uses funds authorized under *Minnesota Statutes*, chapters 256B and 256D.

Subp. 22. [See repealer.]

Subp. 23. [See repealer.]

Subp. 24. [See repealer.]

Subp. 24a. **Service coordination.** “Service coordination” means helping the client obtain the services and support the client needs to establish a lifestyle free from the harmful effects of substance abuse disorder.

[For text of subp 25, see M.R.]

Subp. 26. **Substance use disorder.** “Substance use disorder” means a pattern of substance use as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM). The DSM is incorporated by reference. The DSM was published by the American Psychiatric Association in 1994, in Washington, D.C., and is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.

## 9530.6610 COMPLIANCE PROVISIONS.

Subpart 1. **Assessment responsibility.** The placing authority must provide assessment services for clients without regard to national origin, marital status, race, color, religion, creed, disability, sex, or sexual orientation according to *Minnesota Statutes*, section 363A.11. The assessment must be done in a language the client understands. The requirements in items A to C apply to the placing authority.

A. The county shall provide a chemical use assessment as provided in part 9530.6615 for all clients who seek treatment or for whom treatment is sought for chemical abuse or dependency. The assessor shall complete an assessment summary on a form prescribed by the commissioner for each client assessed for chemical dependency treatment services. The form shall be maintained in the client’s case record. do not have an assessment available to them from a tribal governing board or prepaid health plan. If the county of financial responsibility does not arrange for or provide the service, the county where the client requested the service must provide the service, and then follow the procedures in *Minnesota Statutes*, section 256G.09, to resolve any dispute between counties.

B. A tribal governing board that contracts with the department to provide chemical use assessments and that authorizes payment for chemical dependency treatment under *Minnesota Statutes*, chapter 254B, must provide a chemical use assessment for a person residing on a reservation who seeks assessment or treatment or for whom treatment is sought, as provided in part 9530.6615, if the person is:

(1) recognized as an American Indian; or

(2) a person who is related to a resident by blood, marriage, or adoption, or an important friend of a resident who resides with a resident on a reservation.

C. Organizations contracting with the department to provide a prepaid health plan that includes the provision of chemical dependency services to enrollees, and that utilizes funds authorized under *Minnesota Statutes*, chapters 256B and 256D, shall provide a chemical use assessment for enrollees who seek treatment or for whom treatment is sought as provided in part 9530.6615, and shall place enrollees in accordance with the criteria established in parts 9530.6625 to 9530.6650 contract that is currently in force with the department.

Subp. 2. **County Placing authority records.** The commissioner shall ensure compliance with parts 9530.6600 to 9530.6655 by requiring each county to have available for review records that include the following information. The placing authority must:

A. documentation of compliance with parts 9530.6600 to 9530.6655 for all clients seeking treatment for chemical abuse or dependency, including copies of placement policies and procedures maintain records that demonstrate compliance with parts 9530.6600 to 9530.6660 for at least three years, except that records pertaining to individual client services must be maintained for at least four years; and

B. provide documentation of the qualifications of assessors in accordance with according to the standards established under part

9530.6615, subpart 2, and,

~~C. documentation that all assessors annually complete eight hours of in-service training or continuing education concerning or related to assessment skills, treatment resources, or unique assessment and treatment needs of special populations.~~

Subp. 3. **County placing authority designee.** ~~The county placing authority may contract with designate public, nonprofit, or proprietary agencies or individuals identified for the provision of to provide assessments according to part 9530.6615 by a qualified assessor. An assessor under contract with the county designated by the placing authority shall have no direct shared financial interest or referral relationship resulting in shared financial gain with a treatment provider identified under part 9530.6600, subpart 2, unless the county documents that either of the exceptions in item A or B exists:~~

~~A. the treatment provider is a culturally specific service provider or a service provider with a program designed to treat persons of a specific age, sex, or sexual orientation and is available in the county and the service provider employs a qualified assessor; or~~

~~B. the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider.~~

~~Documentation of the exceptions in items A and B must be maintained at the county's office and be current within the last two years. The placing authority's assessment designee shall provide assessments and required documentation to the placing authority according to parts 9530.6600 to 9530.6660.~~

~~The placing authority is responsible for and cannot delegate making appropriate treatment planning decisions and placement authorizations.~~

Subp. 4. [See repealer.]

Subp. 5. **Information release.** ~~The placing authority shall, with proper releases of information, provide a copy of the assessment to the treatment provider who is authorized to provide services to the client.~~

## 9530.6615 CHEMICAL USE ASSESSMENTS.

Subpart 1. **Assessment mandate; timelines.** ~~The county placing authority shall provide a chemical use assessment for each client seeking treatment or for whom treatment is sought for chemical dependency or chemical abuse problems substance use disorder before the client is placed in a treatment program identified in part 9530.6600, subpart 2. The assessment must be done in a language understandable to the client understands and must be completed within the time limits specified. The county placing authority shall provide interpreters for the hearing impaired and foreign language interpretive services when necessary.~~

~~A. The placing authority must provide an assessment interview for the client within 20 calendar days from the date an appointment was requested for the client. The placing authority must interview clients who miss an appointment within 20 days of a subsequent request for an appointment.~~

~~B. Within ten calendar days after the initial assessment interview, the placing authority must complete the assessment, make determinations, and authorize services.~~

~~C. If the client is in jail or prison, the placing authority according to part 9530.6610, subpart 1, must complete the assessment and placement authorization. If the placing authority does not assess the client, the county where the client is held must assess the client and resolve disputes according to *Minnesota Statutes*, section 256G.09.~~

~~D. If 30 calendar days have elapsed between the interview and initiation of services, the placing authority must update the assessment to determine whether the risk description has changed and whether the change in risk description results in a change in planned services. An update does not require a face-to-face contact and may be based on information from the client, collateral source, or treatment provider.~~

~~E. The placing authority must provide a new assessment if six months have passed since the most recent assessment or assessment update.~~

~~F. A placing authority may accept an assessment completed according to parts 9530.6600 to 9530.6655 from any other placing authority or designee in order to meet the requirements of this part.~~

Subp. 2. **Staff performing assessment.** ~~Chemical use assessments must be conducted by qualified staff of the county or their designee in a manner that complies with parts 9530.6600 to 9530.6655. An individual is qualified to perform chemical use assessments if he or she the individual annually completes a minimum of eight hours of in-service training or continuing education related to providing chemical use assessments, documented under part 9530.6610, subpart 2, item C, and meets the criteria in one of the items listed below:~~

~~A. The individual meets the exception in *Minnesota Statutes*, section 148C.11, and has successfully completed the following:~~

~~(1) 30 hours of classroom instruction on chemical dependency use assessments, has successfully completed one year; and~~

~~(2) 2,000 hours of work experience in chemical dependency use assessments, either as an intern or as an employee, and has successfully completed two additional years of work experience in chemical dependency assessments or treatment before July 1, 1987; or~~

~~(3) is clinically supervised by an individual who meets the requirements of this subpart.~~

~~B. The individual has successfully completed 270 hours of classroom instruction in the subject area of chemical dependency, including 30 hours on chemical dependency assessments, and has successfully completed a one year internship or one year of work experience in chemical dependency assessments. is:~~

# Proposed Rules

- (1) licensed under *Minnesota Statutes*, chapter 148C, and not excluded under *Minnesota Statutes*, section 148C.11;
- (2) certified by the Upper Midwest Indian Council on Addictive Disorders; or
- (3) designated by a federally recognized Indian tribe and provides assessments under the jurisdiction of that tribe.

C. The individual has at least a baccalaureate degree in social work, nursing, sociology, human services, or psychology, has successfully completed 30 hours of classroom instruction on chemical dependency assessments, and has successfully completed a one year internship or one year of work experience in chemical dependency assessments.

D. The individual has completed the classroom training requirements in item B or C, and is supervised by an individual who meets the criteria in item A, B, or C.

Subp. 3. **Method of assessment.** The assessor must gather the information necessary to determine the application of the criteria in parts 9530.6600 to 9530.6655 and record the information in a format prescribed by the commissioner. The assessor must complete an assessment summary as prescribed by the commissioner for each client assessed for treatment services. The assessment summary and information gathered shall be maintained in the client's case record and submitted to the department using procedures specified by the commissioner. At a minimum, the method of assessment must include:

A. a personal face-to-face interview with the client in order to make a finding about the extent of the problem with chemical use. It must also include collateral contacts and;

B. a review of relevant records or reports regarding the client consistent with confidentiality and data privacy provisions in *Minnesota Statutes*, chapter 13, sections 144.343 and 254A.09; and *Code of Federal Regulations*, title 42, sections 2.1 to 2.67. If an assessor is unable to make collateral contacts, the assessor must include in the client's case record an explanation of why collateral contacts were not made; subpart 6; and

C. contacts with two sources of collateral information that have relevant information and are reliable in the judgment of the assessor or documentation that the sources were not available. The following requirements apply to the gathering of collateral information:

(1) before the assessor determines that a collateral source is not available, the assessor must make at least two attempts to contact that source, one of which must be by mail;

(2) one source must be the individual or agency that referred the client;

(3) the assessor must get signed information releases from the client that allow the assessor to contact the collateral sources; and

(4) if the client refuses to sign the information releases, and the refusal results in the assessor not having enough information to complete the determinations required by part 9530.6620, the assessor shall not authorize services for the client.

Subp. 4. **Required documentation of assessment.** The client's record shall contain the following:

A. applicable placement information gathered in compliance with part 9530.6620, subpart 1, as required by the commissioner;

B. rating level of chemical involvement as defined in part 9530.6620, subpart 2 the client's risk description in each dimension in part 9530.6622 and the reasons the specific risk description was assigned;

C. information gathered about the client from collateral contacts, or documentation of why collateral contacts were not made;

D. a copy of the form forms completed by the assessor under part 9530.6610; subpart 1 3; and

E. the desired outcome of the placement;

F. a record of referrals, if other than a placement under parts 9530.6625 to 9530.6650; and part 9530.6622.

G. a record of reports made in compliance with *Minnesota Statutes*, sections 626.556 and 626.557.

Subp. 5. **Information provided.** The information gathered and assessment summary must be provided to the authorized treatment program.

Subp. 6. **Confidentiality requirements.** Placing authorities must meet the following confidentiality requirements:

A. confidentiality of records as required under *Minnesota Statutes*, chapter 13, and section 254A.09;

B. federal regulations for the privacy of substance abuse patient information, *Code of Federal Regulations*, title 42, parts 2.1 to 2.67; and

C. federal privacy regulations under the Health Insurance Portability and Accountability Act, *Code of Federal Regulations*, title 45, parts 160.101 to 164.534.

## 9530.6620 PLACEMENT INFORMATION.

Subpart 1. **Level of care Placing authority determination of appropriate services.** The information in items A to I must be considered when determining the level of care for a client. If a treatment provider identifies additional information that indicates that a client has not been placed in the most appropriate level of care, the treatment provider shall, in compliance with confidentiality and data privacy provisions in *Minnesota Statutes*, chapter 13, sections 144.343 and 254A.09; and *Code of Federal Regulations*, title 42, sections 2.1 to 2.67, provide the county with the additional information for the county to consider in determining whether the placement was made at the appropriate level of care and whether an alternative placement must be made. Using the dimensions in part 9530.6622, the placing authority must determine appropriate services for clients. The placing authority must gather information about the client's age, sex, race, ethnicity, culture, sexual orientation, disability, current pregnancy status, and home address. The placing authority must consider the risk descriptions in items A to F.

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# Proposed Rules

A. The client's chemical use, including amounts of chemical use, frequency of use, and periods of voluntary abstinence. Using the risk description in part 9530.6622, subpart 1, referred to as Dimension 1, the placing authority must determine the client's acute intoxication/withdrawal potential. The placing authority must consider information about the client's amount and frequency of use, duration of use, date and time of last use, ability to cope with withdrawal symptoms, previous experience with withdrawal, and current state of intoxication, and determine whether the client meets the DSM criteria for a person with substance use disorder.

B. The client's age, sex, cultural background, sexual preference, the geographic location of the client's home, and other factors which determine whether exceptions under part 9530.6650 apply. Using the risk description in part 9530.6622, subpart 2, referred to as Dimension 2, the placing authority must determine the client's biomedical conditions and complications. The placing authority must consider the presence of physical disorders, severity of the disorder and degree to which the disorder would interfere with treatment and whether physical disorders are addressed by a health care professional, and the client's ability to tolerate the related discomfort.

C. Specific behaviors exhibited by the client when under the influence of chemicals, such as verbal or physical fights, impaired social relationships, criminal behaviors, and other antisocial behaviors. Using the risk description in part 9530.6622, subpart 3, referred to as Dimension 3, the placing authority must determine the client's emotional, behavioral, or cognitive condition. The placing authority must consider the severity of client's problems and degree to which they are likely to interfere with treatment or with functioning in significant life areas and the likelihood of risk of harm to self or others.

D. The client's current family status; the client's family history, including history or presence of neglect, or emotional, physical, or sexual abuse; the client's level of family support, the effects of the client's chemical use on other family members and significant others, and chemical use, abuse, or dependency among family members and significant others and its effects on the client. Using the risk description in part 9530.6622, subpart 4, referred to as Dimension 4, the placing authority must determine the client's readiness for change. The placing authority must consider the degree to which the client is aware of the client's addictive or mental health issues or the need to make changes in substance use and the degree to which the client is cooperative and compliant with treatment recommendations. The placing authority must also consider the amount of support and encouragement necessary to keep the client involved in treatment.

E. Previous assessments or attempts at treatment of the client for chemical abuse or dependency, or mental illness. Using the risk description in part 9530.6622, subpart 5, referred to as Dimension 5, the placing authority must determine the client's relapse, continued use, and continued problem potential. The placing authority must consider the degree to which the client recognizes relapse issues and has the skills to prevent relapse of either substance use or mental health problems.

F. The client's physical disorders documented by a physician or a mental disorder documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist which may have contributed to the problems brought on by chemical misuse, or which in combination with chemical use, abuse, or dependency present serious health risks. Using the risk description in part 9530.6622, subpart 6, referred to as Dimension 6, the placing authority must determine the client's recovery environment. The placing authority must consider the degree to which key areas of the client's life are supportive of or antagonistic to treatment participation and recovery. Key areas include the client's work, school and home environment, significant others, friends, involvement in criminal activity, and whether there is a serious threat to the client's safety.

G. The client's arrests or legal interventions related to chemical use.

H. The ability of the client to seek, obtain, be trained for, and function appropriately in a work setting relative to the use, abuse, or dependency on chemicals.

I. The ability of the client to function in an educational setting, and changes in the client's level of functioning relative to use, abuse, or dependency on chemicals.

Subp. 2. **Rating level of chemical involvement Immediate needs.** Assessors shall consider the information gathered in accordance with subpart 1, rate the level of chemical involvement for each client as described in this subpart, and record a summary of this information as required under part 9530.6610, subpart 1. The level of chemical involvement must be used to determine the appropriate level of care for each client:

A. Level 0: no apparent problem.

B. Level 1: risk status. While demonstrating no current pattern of pathological use, the individual's behavior suggests that he or she is at risk of developing future problems associated with chemical use as evidenced by two or more of the following:

- (1) family or peer group glamorizes chemical use or tolerates chemical use related deviance;
- (2) time, money, and relationships are predominantly associated with chemical use;
- (3) at least two instances of blackouts; or
- (4) a history of alcoholism in one or more of the birth parents.

C. Level 2: chemical abuse. A pattern of inappropriate and harmful chemical use. Chemical abuse includes inappropriate and harmful patterns of chemical use that are linked to specific situations in a client's life such as loss of a job, death of a loved one, or sudden change in life circumstances.

Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

# Proposed Rules

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D: Level 3: chemical dependency. A pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use:

Chemical dependency includes a pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use which has been interrupted by a period of incarceration or hospitalization. At the earliest opportunity during an assessment interview, the assessor shall determine if any of the conditions in items A to C exist. The client:

- A. is in severe withdrawal and likely to be a danger to self or others;
- B. has severe medical problems that require immediate attention; or
- C. has severe emotional or behavioral symptoms that place the client or others at risk of harm.

If one of the conditions in item A, B, or C is present, the assessor will end the assessment interview and help the client obtain appropriate services. The assessment interview may resume when the conditions in item A, B, or C are resolved.

Subp. 3. **DSM criteria.** The placing authority must determine whether the client meets the criteria for substance use disorder in the current DSM publication.

Subp. 4. **Risk description and treatment planning decision.** The placing authority must determine appropriate services for clients according to the dimensions in part 9530.6622, subparts 1 to 6. In each dimension the risk description corresponds to a similarly numbered treatment planning decision. The placing authority must arrange services according to the treatment planning decision which corresponds to the client's risk description.

Subp. 5. **Treatment service authorization.** The placing authority must authorize treatment services for clients who meet the criteria for substance use disorder according to the current DSM publication, and have a risk description of 2, 3, or 4 under part 9530.6622, subpart 4, 5, or 6.

Subp. 6. **Other services.** The placing authority must authorize appropriate services in part 9530.6622, subpart 1, 2, or 3, only in conjunction with treatment services in part 9530.6622, subpart 4, 5, or 6.

Subp. 7. **Highest risk.** The placing authority must coordinate, provide, or ensure services that first address the client's highest risk and then must authorize additional treatment services to the degree that other dimensions can be addressed simultaneously with services that address the client's highest risk.

Subp. 8. **Service coordination.** The placing authority must either provide or authorize coordination services for clients who have a risk description of 3 or 4 under part 9530.6622, subpart 4, 5, or 6, or a risk description of 3 in part 9530.6622, subpart 3. The coordination must be sufficient to help the client access each needed service. The placing authority must not duplicate service coordination activity that is already in place for the client.

Subp. 9. **Client choice.** The placing authority must authorize chemical dependency treatment services that are appropriate to the client's age, gender, culture, race, ethnicity, sexual orientation, or disability according to the client's preference. The placing authority maintains the responsibility and right to choose the specific provider. The provider must meet the criteria in *Minnesota Statutes*, section 245B.05, and apply under part 9505.0195 to participate in the medical assistance program. The placing authority may deviate from the treatment planning decisions in part 9530.6622 if necessary to authorize appropriate services according to this subpart.

Subp. 10. **Distance exceptions.** The placing authority may authorize residential service although residential service is not indicated according to part 9530.6622, if the placing authority determines that a nonresidential service is not available within 30 miles of the client's home and the client accepts residential service.

Subp. 11. **Faith-based provider referral.** When the placing authority recommends services from a faith-based provider, the client must be allowed to object to the placement on the basis of the client's religious choice. If the client objects, the client must be given an alternate referral.

Subp. 12. **Adolescent exceptions.** An adolescent client assessed as having a substance use disorder may be placed in a program offering room and board when one of the criteria in item A or B can be documented.

A. The adolescent client has participated in a nonresidential treatment program within the past year, and nonresidential treatment proved to be insufficient to meet the client's needs.

B. The adolescent client has a mental disorder documented by a mental health professional as defined in *Minnesota Statutes*, sections 245.462, subdivision 18, and 245.4871, subdivision 27, that in combination with a substance use disorder present a serious health risk to the client.

Subp. 13. **Additional information.** If a treatment provider identifies additional information about a client that indicates that the placing authority has not authorized the most appropriate array of services, the provider must provide the placing authority the additional information to consider in determining whether a different authorization must be made. The treatment provider must comply with confidentiality and data privacy provisions in part 9530.6615, subpart 6.

## **9530.6622 PLACEMENT CRITERIA.**

Subpart 1. **Dimension 1: acute intoxication/withdrawal potential.** The placing authority must use the criteria in Dimension 1 to determine a client's acute intoxication and withdrawal potential.

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# Proposed Rules

## RISK DESCRIPTION

0 The client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or diminishing signs or symptoms.

1 The client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. The client poses minimal risk of severe withdrawal.

2 The client has some difficulty tolerating and coping with withdrawal discomfort. The client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. The client displays moderate signs and symptoms with moderate risk of severe withdrawal.

3 The client tolerates and copes with withdrawal discomfort poorly. The client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive services. The client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detoxification at less intensive level.

4 The client is incapacitated with severe signs and symptoms. The client displays severe withdrawal and is a danger to self or others.

Subp. 2. **Dimension 2: biomedical conditions and complications.** The placing authority must use the criteria in Dimension 2 to determine a client's biomedical conditions and complications.

## RISK DESCRIPTION

0 The client displays full functioning with good ability to cope with physical discomfort.

1 The client tolerates and copes with physical discomfort and is able to get the services that the client needs.

2 The client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. The client neglects or does not seek care for serious biomedical problems.

3 The client tolerates and copes poorly with physical problems or has poor general health. The client neglects the client's medical problems without active assistance.

4 The client is unable to participate in chemical dependency treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.

## TREATMENT PLANNING DECISION

0 The client's condition described in the risk description does not impact treatment planning decision.

1 The placing authority should arrange for or provide needed withdrawal monitoring that includes at least scheduled check-ins as determined by a health care professional.

2 The placing authority must arrange for withdrawal monitoring services or pharmacological interventions for the client with on-site monitoring by specially trained staff for less than 24 hours. The placing authority may authorize withdrawal monitoring as a part of or preceding treatment.

3 The placing authority must arrange for detoxification services with 24-hour structure for the client. Unless a monitored pharmacological intervention is authorized, the detoxification must be provided in a facility that meets the requirements of parts 9530.6510 to 9530.6590 or in a hospital as a part of or preceding chemical dependency treatment.

4 The placing authority must arrange detoxification services for the client with 24-hour medical care and nursing supervision preceding substance abuse treatment.

## TREATMENT PLANNING DECISION

0 The client's risk does not impact treatment planning decisions.

1 The placing authority may refer the client for medical services.

2 Services must include arrangements for appropriate health care services, and monitoring of the client's progress and treatment compliance as part of other chemical dependency services for the client.

3 The placing authority must refer the client for immediate medical assessment services for the client as part of other treatment services for the client. The placing authority must authorize treatment services in a medical setting if indicated by the client's history and presenting problems.

4 The placing authority must refer the client for immediate medical intervention to secure the client's safety and must delay treatment services until the client is able to participate in

# Proposed Rules

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most treatment activities.

Subp. 3. **Dimension 3: emotional, behavioral, and cognitive conditions and complications.** The placing authority must use the criteria in Dimension 3 to determine a client's emotional, behavioral, and cognitive conditions and complications.

## RISK DESCRIPTION

## TREATMENT PLANNING DECISION

0 The client has good impulse control and coping skills and presents no risk of harm to self or others. The client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.

0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.

1 The client has impulse control and coping skills. The client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or cognitive problems. The client has a mental health diagnosis and is stable. The client functions adequately in significant life areas.

1 The placing authority may authorize monitoring and observation of the client's behavior to determine whether the client's stability has improved or declined along with other substance abuse treatment for the client.

2 The client has difficulty with impulse control and lacks coping skills. The client has thoughts of suicide or harm to others without means; however, the thoughts may interfere with participation in some activities. The client has difficulty functioning in significant life areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems. The client is able to participate in most treatment activities.

2 The placing authority must authorize treatment services for clients that include: consultation with and referral to mental health professionals as indicated, monitoring mental health problems and treatment compliance as part of other chemical dependency treatment for the client; and adjustment of the client's services as appropriate.

3 The client has a severe lack of impulse control and coping skills. The client also has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's participation in treatment activities.

3 The placing authority must authorize integrated chemical and mental health treatment services provided by a provider licensed under part 9530.6495 and 24-hour supervision.

4 The client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. The client also has intrusive thoughts of harming self or others. The client is unable to participate in treatment activities.

4 The placing authority must refer the client for acute psychiatric care with 24-hour supervision and must delay chemical dependency treatment services until the client's risk description has been reduced to number 3 in this dimension or refer the client to a mental health crisis response system.

Subp. 4. **Dimension 4: readiness for change.** The placing authority must use the criteria in Dimension 4 to determine a client's readiness for change.

## RISK DESCRIPTION

## TREATMENT PLANNING DECISION

0 The client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.

0 The placing authority may use the attributes in the risk description to support efforts in other dimensions.

1 The client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.

1 If services are authorized, they must include active support, encouragement, and awareness-raising strategies along with chemical dependency treatment services for the client.

2 The client displays verbal compliance, but lacks consistent behaviors; has low motivation for change; and is passively involved in treatment.

2 The placing authority must authorize treatment services for the client that include client engagement strategies.

# Proposed Rules

3 The client displays inconsistent compliance, minimal awareness of either the client’s addiction or mental disorder, and is minimally cooperative.

3 The placing authority must authorize treatment services that have specific client engagement and motivational capabilities.

4 The client is:

4 The placing authority must authorize treatment services that include:

(A) noncompliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the client’s illness and its implications; or

(A) service coordination and specific engagement or motivational capability; or

(B) the client is dangerously oppositional to the extent that the client is a threat of imminent harm to self and others.

(B) 24-hour supervision and care that meets the requirements of part 9530.6505.

**Subp. 5. Dimension 5: relapse, continued use, and continued problem potential.** The placing authority must use the criteria in Dimension 5 to determine a client’s relapse, continued use, and continued problem potential.

## RISK DESCRIPTION

## TREATMENT PLANNING DECISION

0 The client recognizes risk well and is able to manage potential problems.

0 The placing authority may facilitate peer support for the client.

1 The client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

1 The placing authority may promote peer support and authorize counseling services to reduce risk.

2 (A) The client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems.

2 (A) The placing authority must authorize treatment services for clients that include counseling services to reduce client relapse risk and facilitate client participation in peer support groups.

(B) The client has some coping skills consistently applied.

(B) The placing authority must promote peer support and authorize counseling services or service coordination programs that comply with part 9530.6500 or *Code of Federal Regulations*, title 42, part 8.

3 The client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. The client has few coping skills and rarely applies coping skills.

3 The placing authority must authorize treatment services for the client that include counseling services to help the client develop insight and build recovery skills.

4 The client has no coping skills to arrest mental health or addiction illnesses, or prevent relapse. The client has no recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems.

4 The placing authority must authorize treatment services that include service coordination and counseling services to help the client develop insight and may include room and board with 24-hour-a-day structure.

**Subp. 6. Dimension 6: recovery environment.** The placing authority must use the criteria in Dimension 6 to determine a client’s recovery environment.

## RISK DESCRIPTION

## TREATMENT PLANNING DECISION

0 The client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.

0 The placing authority may use the client’s strengths to address issues in other dimensions.

1 The client has passive social network support or family and

1 The placing authority may promote peer support and awareness

# Proposed Rules

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significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.

2 The client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant other, or in the client's living environment.

3 The client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.

4 The client has:

(A) a chronically antagonistic significant other, living environment, family, peer group, or long-term criminal justice involvement that is harmful to recovery or treatment progress; or

(B) the client has an actively antagonistic significant other, family, work, or living environment, with immediate threat to the client's safety and well-being.

raising for the client's significant other and family.

2 The placing authority must authorize treatment services for the client that help the client participate in a peer support group, engage the client's significant other or family to support the client's treatment, and help the client develop coping skills or change the client's recovery environment.

3 The placing authority must authorize the treatment planning decision described in 2 and service coordination, and help find an appropriate living arrangement.

4 The placing authority must authorize for the client:

(A) the treatment planning decision in 3 and appropriate ancillary services, and room and board within 24-hour structure authorized for the client if an appropriate living arrangement is not readily available; or

(B) treatment services that include service coordination and immediate intervention to secure the client's safety. Room and board with 24-hour structure must be authorized for the client if an appropriate living arrangement is not readily available.

## 9530.6655 APPEALS.

Subpart 1. **Client's right to a second assessment.** A client who has been assessed under part 9530.6615, and who disagrees with the ~~level of chemical dependency care treatment planning decision~~ proposed by the assessor, shall have the right to request a second chemical use assessment. ~~The county or the prepaid health plan placing authority~~ shall inform the client in writing of the right to request a second assessment at the time the client is assessed ~~for a program placement~~. ~~The county or the prepaid health plan placing authority~~ shall also inform the client that the client's request must be in writing or on a form approved by the commissioner, and must be received by the ~~county or the prepaid health plan placing authority~~ within five working days of completion of the original assessment or before the client enters treatment, whichever occurs first.

~~The county or the prepaid health plan shall provide~~ placing authority must authorize a second chemical use assessment by a different qualified assessor within five working days of receipt of a request for reassessment. If the client agrees with the ~~outcome of the second level of care determination~~ assessment, ~~the county or the prepaid health plan placing authority~~ shall place the client in accordance with ~~parts 9530.6625 to 9530.6650~~ part 9530.6622 and the second assessment. If the client disagrees with the outcome of the second assessment, the placing authority must place the client according to the assessment that is most consistent with the client's collateral information.

Subp. 2. **Client's right to appeal.** A client has the right to a fair hearing under *Minnesota Statutes*, section 256.045, if the client:

A. is denied an initial assessment ~~under~~ or denied an initial assessment within the timelines in part 9530.6615, subpart 1;

B. is denied a second assessment under subpart 1 or denied a second assessment within the timelines in part 9530.6615, subpart 1;

C. is denied placement or a placement within timelines in part 9530.6615, subpart 1;

D. disagrees before services begin with the ~~level of chemical dependency care services~~ or the length of placement services that the ~~county or the prepaid health plan placing authority~~ proposes to authorize; or

E. is receiving authorized services and is denied additional services that would extend the length of the current placement services beyond the end date specified in the placement service authorization;

F. is denied a placement that is appropriate to the client's race, color, creed, disability, national origin, marital status, sexual orientation, or sex; or

G. objects under part 9530.6622, subpart 11, and is not given an alternate referral.

~~Notice of the right to appeal must be given:~~ The placing authority must inform the client of the right to appeal under *Minnesota Statutes*, section 256.045. The placing authority must notify the client of these rights at the first in-person contact with the client. The notice must include a list of the issues in this part that entitle the client to a fair hearing. Clients who are enrolled in a prepaid health plan and clients who are not enrolled in a prepaid health plan have the same appeal rights.

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# Proposed Rules

Subp. 3. **Services during appeal of additional services.** ~~Appealing~~ Exercising the right to appeal under subpart 2, item E, does not entitle a client to continue receiving services beyond the end date specified in the placement service authorization while the appeal is being decided. A provider may continue services to the client beyond the end date specified in the placement service authorization ~~while the appeal is being decided~~ pending a final commissioner's decision, but the conditions in items A and B govern payment for the continued services.

A. The provider shall be financially responsible for all hours or days of service in excess of the amount of service to which ~~an appeals referee determines the final commissioner's decision finds~~ the client is entitled.

B. The provider shall not charge the client for any services provided beyond the end date specified in the placement authorization.

Subp. 4. **Considerations in granting or denying additional services.** The ~~county or the prepaid health plan~~ placing authority shall take into consideration the following factors in determining whether to grant or deny additional services:

A. ~~the usual and customary length of placement for the level of care received by the client;~~

~~B. whether the client has achieved the objectives stated in the client's individual treatment plan;~~

~~C. B. whether the client is making satisfactory progress toward achieving the objectives stated in the client's individual treatment plan; and~~

~~D. C. whether there is an aftercare a plan that reasonably addresses the client's needs for continued service; and~~

~~D. whether the client's risk description in the dimensions being addressed by the service provider is 2 or greater according to part 9530.6622, subpart 4, 5, or 6.~~

## 9530.7000 DEFINITIONS.

[For text of subps 1 and 2, see M.R.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means ~~licensed outpatient chemical dependency treatment programs and licensed chemical dependency rehabilitation programs~~ licensed according to parts 9530.6405 to 9530.6505 or certified according to parts 2960.0450 to 2960.0490.

[For text of subps 6 to 9, see M.R.]

Subp. 9a. [See repealer.]

[For text of subps 10 and 11, see M.R.]

Subp. 12. [See repealer.]

[For text of subp 13, see M.R.]

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under *Minnesota Statutes*, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements ~~and submit state invoices~~ under the Consolidated Chemical Dependency Treatment Fund.

[For text of subp 15, see M.R.]

Subp. 16. [See repealer.]

Subp. 17. [See repealer.]

[For text of subp 17a, see M.R.]

Subp. 18. [See repealer.]

[For text of subps 19 to 21, see M.R.]

## 9530.7010 COUNTY RESPONSIBILITY TO PROVIDE CHEMICAL DEPENDENCY TREATMENT SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients ~~residing within the county~~ who have been assessed and placed by the county ~~in accordance with~~ according to parts 9530.6600 to 9530.6655 and *Minnesota Statutes*, chapter 256G.

## 9530.7012 VENDOR AGREEMENTS.

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit ~~rehabilitation~~ chemical dependency treatment services costs.

For purposes of this part, "~~rehabilitation~~ chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a ~~category H, III, or IV rehabilitation program~~ as those categories are defined in part 9530.4100, subpart 22 program licensed according to parts 9530.6405 to 9530.6505 or certified according to parts 2960.0430 to 2960.0490.

B. The services meet the definition of ~~rehabilitation services in part 9530.4100, subpart 23~~ chemical dependency services in *Minnesota Statutes*, section 254B.01, subdivision 3.

C. The services meet the applicable service standards for ~~categories H, III, and IV rehabilitation programs~~ specified in parts

# Proposed Rules

~~9530.4320, 9530.4330, 9530.4380, 9530.4390, and 9530.4400~~ licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner.

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to *Minnesota Statutes*, sections 254B.03, subdivision 2, and 254B.05, subdivision 1.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

## **9530.7015 CLIENT ELIGIBILITY UNDER THE CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND.**

Subpart 1. **Client eligibility to have treatment totally paid under the Consolidated Chemical Dependency Treatment Fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the Consolidated Chemical Dependency Treatment Fund.

A. The client is eligible for MFIP as determined under ~~parts 9500.2000 to 9500.2880~~ *Minnesota Statutes*, chapter 256J.

*[For text of items B and C, see M.R.]*

D. The client's income is ~~less than 60 percent of the state median income~~ within current household size and income guidelines for entitled persons, as defined in *Minnesota Statutes*, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

~~Clients eligible under items A and B shall not be eligible for Consolidated Chemical Dependency Treatment Fund services, except for transitional residence, extended care programs, and culturally specific programs as defined in part 9530.6605, subpart 13, until medical assistance program waivers are secured under *United States Code*, title 42, section 1915(b), as authorized under *Minnesota Statutes*, section 254B.08, and shall continue to be eligible for Consolidated Chemical Dependency Treatment Fund services according to *Minnesota Statutes*, chapter 256B, until medical assistance program waivers are secured under *United States Code*, title 42, section 1915(b), as authorized under *Minnesota Statutes*, section 254B.08.~~

Subp. 2. [See repealer.]

Subp. 2a. **Third party payment source and client eligibility for the CCDTF.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third party payment source are eligible for the Consolidated Chemical Dependency Treatment Fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 3. [See repealer.]

Subp. 4. **Client ineligible to have treatment paid for from the Consolidated Chemical Dependency Treatment Fund CCDTF.** A client who meets the criteria in item A; ~~or B; C, or D~~ shall be ineligible to have chemical dependency treatment services paid for with Consolidated Chemical Dependency Treatment Funds.

A. The client has an income that exceeds ~~115 percent of the state median income~~ current household size and income guidelines for entitled persons as defined in *Minnesota Statutes*, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

B. ~~The client has an income between 60 and 115 percent of the state median income, as determined by the local agency under part 9530.7020, subpart 1, and the total cost of the client's treatment is equal to or less than the client's total obligation under the sliding fee scale established under part 9530.7020, subpart 3.~~

~~C. The client has an available third-party payment source that will pay the total cost of the client's treatment, or the client's copayment is equal to or less than the client's total obligation under the sliding fee scale established in part 9530.7020, subpart 3.~~

~~D. The client meets the criteria under subpart 2 or 3, but the county's allocation under *Minnesota Statutes*, section 254B.02, subdivisions 1 and 2, has been exhausted, the county's maintenance of effort has been met as required under *Minnesota Statutes*, section 254B.02, subdivision 3, and the local agency has been notified by the department that only clients who meet the criteria under subpart 1 are eligible to have their chemical dependency treatment services paid for under the Consolidated Chemical Dependency Treatment Fund.~~

Subp. 5. **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the Consolidated Chemical Dependency Treatment Funds (CCDTF), until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in items A and B. The client must:

A. be eligible according to subparts 1 and 2a; and

B. be determined eligible by a local agency under part 9530.7020.

Subp. 6. **County responsibility.** When a county commits a client under *Minnesota Statutes*, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the consolidated chemical dependency treatment fund, the county is responsible for the payment to the regional treatment center according to *Minnesota Statutes*, section 254B.05, subdivision 4.

## **9530.7020 COUNTY RESPONSIBILITY LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY FOR CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUNDS AND CLIENT'S ABILITY TO PAY FOR TREATMENT.**

Subpart 1. **Local agency duty to determine client eligibility and ability to pay.** The local agency shall determine a client's eligibility

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# Proposed Rules

for consolidated chemical dependency treatment funds and the client's or a responsible relative's ability to pay a fee (CCDTF) at the time the client seeks treatment and is assessed under parts 9530.6600 to 9530.6655. Client eligibility and the ability to pay a fee must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to E.C.

*[For text of items A and B, see M.R.]*

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment, and any special conditions or procedures the third-party payor requires clients and policyholders to follow.

D. The local agency must provide the required eligibility information to the department in the manner specified by the department.

(1) E. The local agency shall require the client and policyholder to:

(a) follow all special conditions or procedures established by the third-party payment source, including the third-party payment source's appeal and grievance procedure; and

(b) conditionally assign to the department his or her the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.

(2) The local agency shall require the policyholder to provide verification of the client's third-party payment source's approval or refusal to pay for chemical dependency treatment services before the local agency places the client:

(a) Approvals or refusals can be obtained verbally (for example, by phone) or in writing.

(b) When the policyholder reports a refusal that was obtained verbally, the local agency must confirm the refusal by speaking with a representative of the third-party payor.

(c) The local agency must record in the client's case file the representative's name, the date and time of the conversation, the reason given for the decision not to fund, and the steps that will be taken to appeal or grieve the payor's decision not to fund.

(3) If the client or policyholder is unable to provide verification of the third-party payment source's approval or refusal, the local agency must assist the client and policyholder to obtain the verification.

(4) If the client or policyholder, with the assistance of the local agency, is still unable to obtain verification from the third-party payment source, the local agency shall place the client:

D. The local agency shall determine a responsible relative's income.

E. The local agency shall apply the information on the client's and responsible relative's income and household size to the sliding fee scale established in part 9530.7022, and determine the fee for which the client or responsible relative is liable. The local agency shall record this information on a form supplied by the department, and send the form to the department.

Subp. 1a. **Redetermination of client eligibility and ability to pay a fee.** The local agency shall reassess redetermine a client's eligibility, redetermine the client's and responsible relative's ability to pay for chemical dependency treatment services, and redetermine the client's and responsible relative's fee as specified in items A to E for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program that is structured to provide rehabilitation services followed by outpatient nonresidential chemical dependency treatment services shall be treated as a single placement.

A. Except for a client whose fee is determined under part 9530.7024, the local agency shall redetermine a client's eligibility for consolidated chemical dependency treatment funds and the client's and responsible relative's ability and obligation to pay a fee for treatment services every six months after the initial eligibility determination if the client remains in the same placement.

B. The local agency shall reassess a client's eligibility, redetermine the client's and responsible relative's ability to pay for chemical dependency treatment services, and redetermine the client's and responsible relative's fee each time a client is placed for chemical dependency treatment services. The fee for a second or subsequent placement shall be added to any unpaid fee obligation of the client or responsible relative. Payments for a second or subsequent placement shall begin in the month following the last monthly billing from the previous fee obligation.

C. When two or more clients, for whom another client or responsible relative is financially responsible, are placed for chemical dependency treatment services, the local agency shall add the total fee obligation for the second or subsequent client to the unpaid fee obligation of the client or responsible relative. The payments for the second or subsequent client shall begin in the month following the last monthly billing from the previous fee obligation.

D. If a client who has no responsible relatives and who is not the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the client's obligation to make fee payments for a previous placement shall be suspended and the client's fee obligation while in the program shall be determined by the vendor according to part 9530.7024. The client's obligation to make payments on the fee obligation for a previous placement shall resume 30 days after the client is discharged from the program.

# Proposed Rules

E. If a client who has a responsible relative or who is the custodial parent of a minor child is placed in a category III or IV rehabilitation program licensed under parts 9530.4100 to 9530.4450, the local agency shall reassess the client's and responsible relative's ability to pay for chemical dependency treatment services and redetermine the client's and responsible relative's fee obligation. The client and the responsible relative must continue to make monthly payments according to item B.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, information on any special procedures required by the client's or policyholder's third-party payment source, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have Consolidated Chemical Dependency Treatment Funds pay for his or her chemical dependency treatment, and the client and responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

## **9530.7021 PAYMENT AGREEMENTS.**

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the third-party payor is obligated to pay for services provided to the client plus the amount of any fee owed by the client as determined under part 9530.7022. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered. The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

## **9530.7022 PAYMENTS BY A CLIENT OR RESPONSIBLE RELATIVE; FEE SCHEDULE CLIENT FEES.**

Subpart 1. **Payments by a client or responsible relative Income and household size criteria.** The fee to be paid by a client or responsible relative for chemical dependency treatment shall be determined according to this subpart and the fee schedule specified in subpart 2, and shall be redetermined according to part 9530.7020, subpart 1a:

A. A client or responsible relative whose household income falls between zero and 60 percent of the annual state median income, as defined in subpart 2 is within current household size and income guidelines for entitled persons as defined in *Minnesota Statutes*, section 254B.04, subdivision 1, shall pay no fee.

B. A client or responsible relative whose household income falls between 60 and 115 percent of the annual state median income, as defined in subpart 2, must pay a fee to the department toward the cost of the client's chemical dependency treatment. The total amount a client or responsible relative is obligated to pay shall not exceed the total cost of the client's chemical dependency treatment services for a treatment placement, including room and board costs.

C. A client or responsible relative whose household income is at or above 115 percent of the annual state median income is not eligible for consolidated chemical dependency fund subsidy of treatment costs, and is obligated to pay for the full cost of treatment.

Subp. 2. [See repealer.]

## **9530.7030 ELIGIBLE VENDOR'S DUTY TO VENDOR MUST PARTICIPATE IN A CLIENT INFORMATION DAANES SYSTEM.**

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the Consolidated Chemical Dependency Treatment Fund, a vendor must participate in DAANES, or another client information system that collects data on all individuals who are served by the vendor, is approved by the commissioner, and meets the criteria in subpart 2 the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

**REPEALER.** *Minnesota Rules*, parts 2960.0020, subparts 12, 13, 41, and 52; 2960.0460, subpart 6; 2960.3010, subpart 10; 9530.6405, subpart 19; 9530.6535, subparts 6 and 7; 9530.6600, subpart 2; 9530.6605, subparts 6, 7, 10a, 15, 15a, 16, 17, 18, 19, 20, 21, 22, 23, 24; 9530.6610, subpart 4; 9530.6625; 9530.6630; 9530.6631; 9530.6635; 9530.6640; 9530.6641; 9530.6645; 9530.6650; 9530.6660; 9530.7000, subparts 3, 4, 9a, 12, 16, 17, and 18; 9530.7015, subparts 2 and 3; 9530.7022, subpart 2; 9530.7024; 9530.7030, subparts 2, 3, and 4; and 9530.7031, are repealed.

**EFFECTIVE DATE.** The amendments to chapters 2960 and 9530 are effective July 1, 2008.

## Minnesota Board of Teaching

### Proposed Permanent Rules Relating to Paraprofessional Credential

#### DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, And Notice of Hearing If 25 or More Requests For Hearing Are Received

#### Possible Rules Governing Credentialing for Paraprofessionals, Minnesota Rules, 8710.9000

**Introduction.** The Board of Teaching intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules by 4:30 p.m. on February 22, 2008, the Board will hold a public hearing in Room 14, Conference Center A, MN Department of Education, 1500 Highway 36 West, Roseville, Minnesota, 55113, starting at 8:30 a.m. on Wednesday, March 12, 2008. To find out whether the Board will adopt the rules without a hearing or if it will hold the hearing, you should contact the agency contact person after February 22, 2008, and before March 12, 2008.

**Board Contact Person.** Comments or questions on the rules and written requests for a public hearing on the rules must be submitted to the board contact person. The Board contact person is: Karen Balmer at MN Board of Teaching, 1500 Highway 36 West, Roseville, MN 55113. Phone: (651) 582-8888; Fax: (651) 582-8872; E-mail: [karen.balmer@state.mn.us](mailto:karen.balmer@state.mn.us). TTY users may call the Board of Teaching at (651) 582-8201.

**Subject of Rules and Statutory Authority.** The proposed rules are about implementing a voluntary statewide credential for education paraprofessionals who assist a licensed teacher in providing student instruction. The statutory authority to adopt the rules is Minnesota Session Laws 2007, Chapter 146, Article 2, Section 34. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

**Comments.** You have until 4:30 p.m. on Friday, February 22, 2008, to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the Board contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change that you desire. You must also make any comments about the legality of the proposed rules during this comment period.

**Request for a Hearing.** In addition to submitting comments, you may also request that the Board hold a hearing on the rules. You must make your request for a public hearing in writing and must be received by the Board contact person by 4:30 p.m. on Friday, February 22, 2008. You must include your name and address in your written request. In addition, you must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the agency cannot count it when determining whether it must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

**Withdrawal of Requests.** If 25 or more persons submit a valid written request for a hearing, the Board will hold a public hearing unless a sufficient number of persons withdraw their requests in writing. If enough requests for hearing are withdrawn to reduce the number below 25, the Board must give written notice of this to all persons who requested a hearing, explain the actions the Board took to effect the withdrawal, and ask for written comments on this action. If a public hearing is required, the Board will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

**Alternative Format/Accommodation.** Upon request, the Board can make this Notice available in an alternative format, such as large print, Braille, or cassette tape. To make such a request or if you need an accommodation to make this hearing accessible, please contact the agency contact person at the address or telephone number listed above.

**Modifications.** The Board may modify the proposed rules, either as a result of public comment or as a result of the rule hearing process. It must support modifications by data and views submitted to the Board or presented at the hearing. The adopted rules may not be substantially different than these proposed rules unless the Board follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Board encourages you to participate in the rulemaking process.

# Proposed Rules

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**Cancellation of Hearing.** The Board will cancel the hearing scheduled for March 12, 2008, if the Board does not receive requests for a hearing from 25 or more persons. If you requested a public hearing, the Board will notify you before the scheduled hearing whether the hearing will be held. You may also call the Board contact person at (651) 582-8888 after February 22, 2008, to find out whether the hearing will be held.

**Notice of Hearing.** If 25 or more persons submit valid written requests for a public hearing on the rules, the Board will hold a hearing following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The Board will hold the hearing on the date and at the time and place listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Kathleen D. Sheehy is assigned to conduct the hearing. Judge Sheehy can be reached at the Office of Administrative Hearings, P.O. Box 64620, St. Paul, Minnesota 55164-0620, telephone (651) 361-7848, and Fax: (651) 361-7936.

**Hearing Procedure.** If the Board holds a hearing, you and all interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the hearing record closes. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing the Administrative Law Judge may order that this five-day comment period is extended for a longer period but not more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period when the Board and any interested person may respond in writing to any new information submitted. No one may submit additional evidence during the five-day rebuttal period. The Office of Administrative Hearings must receive all comments and responses submitted to the Administrative Law Judge no later than 4:30 p.m. on the due date. All comments or responses received will be available for review at the Office of Administrative Hearings. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.2000 to 1400.2240, and *Minnesota Statutes*, sections 14.131 to 14.20. You may direct questions about the procedure to the Administrative Law Judge.

The Board requests that any person submitting written views or data to the Administrative Law Judge before the hearing or during the comment or rebuttal period also submit a copy of the written views or data to the Board contact person at the address stated above.

**Statement of Need and Reasonableness.** The statement of need and reasonableness contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. It is now available from the Board contact person. You may review or obtain copies for the cost of reproduction by contacting the Board contact person.

**Lobbyist Registration.** *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. Ask any questions about this requirement of the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone: (651) 296-5148 or 1-800-657-3889.

**Adoption Procedure if No Hearing.** If no hearing is required, the Board may adopt the rules after the end of the comment period. The Board will submit the rules and supporting documents to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date the rules are submitted to the office. If you want either to receive notice of this, to receive a copy of the adopted rules, or to register with the Board to receive notice of future rule proceedings, submit your request to the Board contact person listed above.

**Adoption Procedure After a Hearing.** If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date that the Administrative Law Judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date that the Board adopts the rules and the rules are filed with the Secretary of State by requesting this at the hearing or by writing to the Board contact person stated above.

**Order.** I order that the rulemaking hearing be held at the date, time, and location listed above.

Dated: 18 December 2007

Karen Balmer, Executive Director  
Minnesota Board of Teaching

## **8710.9000 VOLUNTARY CREDENTIAL FOR EDUCATION PARAPROFESSIONALS.**

**Subpart 1. In general.** The Board of Teaching shall grant a credential, which is not considered a license, to applicants who meet all requirements of this part. An applicant must provide evidence of satisfactory demonstration of the nine core competencies listed in subpart 4. A credential is valid on the date issued by the Department of Education and does not expire. Submission of an application for

a paraprofessional credential is voluntary and is not a requirement for employment.

**Subp. 2. Scope of practice.** A paraprofessional holding a credential under this part is recognized by the state of Minnesota as having demonstrated advanced training and preparation to assist a licensed teacher in providing student instruction for all state and federally funded birth through grade 12 programs including transition programs.

**Subp. 3. Credential requirements.** A candidate for a paraprofessional credential must demonstrate:

- A. the nine competencies in subpart 4; and
- B. passing of a state-approved examination in reading, writing, and mathematics for paraprofessionals.

**Subp. 4. Competencies.** A candidate for a paraprofessional credential under subpart 3 must demonstrate competency in items A to I:

- A. competency 1: philosophical, historical, and legal foundations of education;
- B. competency 2: characteristics of students;
- C. competency 3: assessment, diagnosis, and evaluation;
- D. competency 4: instructional content and practice;
- E. competency 5: supporting the teaching and learning environment;
- F. competency 6: managing student behavior and social interaction skills;
- G. competency 7: communication and collaboration partnerships;
- H. competency 8: professionalism and ethical practices; and
- I. competency 9: academic instructional skills in reading, writing, and mathematics.

**Subp. 5. State-approved local process of assessing core competencies.** The validation of an applicant's demonstration of the nine core competencies under subpart 4 must be performed through a process established locally, regionally, or by a consortium of districts. The process for assessment may accept multiple types of experiences and information including academic coursework, professional development and training experiences, workshops, work experiences, examinations, and other professional activities.

**Subp. 6. Procedures for issuance of a paraprofessional credential.** An applicant for a paraprofessional credential must:

- A. complete a local process of assessment that is approved by the commissioner of the Department of Education; and
- B. submit an application for a credential including the official verification from a state-approved entity that the applicant has met the requirements under subpart 4.

An application for the issuance of a paraprofessional credential must be accompanied by a processing fee.

**Subp. 7. Paraprofessional credential.** A credential must include the date it was granted.

# Executive Orders

The governor has the authority to issue written statements or orders, called Executive Orders, as well as Emergency Executive Orders. The governor's authority is specified in the *Constitution of the State of Minnesota*, Article V, and in *Minnesota Statutes* § 4.035. Emergency Executive Orders, for protection from an imminent threat to health and safety, become effective immediately, are filed with the secretary of state, and published in the *State Register* as soon as possible after they are issued. Other Executive Orders become effective 15 days after publication in the *State Register* and filing with the secretary of state. Unless otherwise specified, an executive order expires 90 days after the date the governor who issued the order vacates office.

## Office of the Governor

### Emergency Executive Order # 07-22: Providing for Emergency Shelter Assistance to Freeborn County

I, **TIM PAWLENTY, GOVERNOR OF THE STATE OF MINNESOTA**, by virtue of the authority vested in me by the Constitution and applicable laws, do hereby issue this emergency executive order:

**WHEREAS**, on December 23, 2007, a snow storm, high winds and ice covered roads caused white-out conditions and extremely dangerous travel across much of Minnesota; and

**WHEREAS**, motorists traveling along Interstates 90 and 35 in far southern Minnesota were stranded in the Albert Lea area due to the extreme weather conditions; and

**WHEREAS**, the Freeborn County Sheriff does not have adequate local resources for providing emergency shelter for stranded motorists; and

**WHEREAS**, the Freeborn County Sheriff requested use of the Albert Lea Training and Community Center to provide emergency shelter for stranded motorists in far southern Minnesota;

**NOW, THEREFORE**, I hereby order that:

1. The Adjutant General of Minnesota order to state active duty on or about December 23, 2007, in the service of the State, such personnel and equipment of the military forces of the State as required and for such period of time as necessary to provide emergency shelter for travelers stranded due to severe winter weather conditions in the Albert Lea area.

2. The Adjutant General is authorized to purchase, lease or contract goods or services necessary to accomplish the mission.

3. The cost of subsistence, transportation, fuel, pay and allowances of said individuals shall be defrayed from the general fund of the State, as provided for in *Minnesota Statutes* 2006, Sections 192.49, 192.52 and 192.54.

Pursuant to *Minnesota Statutes* 2006, Section 4.035, Subdivision 2, this Order is effective immediately and shall remain in effect until such date as elements of the military forces of the State are no longer required.

**IN TESTIMONY WHEREOF**, I have set my hand this 26<sup>th</sup> day of December, 2007.

Signed: **TIM PAWLENTY**  
**Governor**

Filed According to Law:

Signed: **MARK RITCHIE**  
**Secretary of State**

## Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

## Using the Official Notices

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## Minnesota Department of Agriculture Agricultural Chemical Response Compensation Board Notice of Scheduled Meeting Change from January 16 to January 30, 2008

The ACRRRA Board meeting originally scheduled for January 16, 2008, has been RESCHEDULED to Wednesday, January 30, 2008 at 9:30 a.m. The meeting location is: Minnesota Department of Agriculture, 625 Robert Street North, St. Paul, in Room OLF-B555.

Contact: Carol Logan, Program Administrator, (651) 201-6490

## Governor's Residence Council Notice of Meetings during 2008

**NOTICE IS HEREBY GIVEN** that the Governor's Residence Council will meet on the below dates at 9:30 a.m. at the Minnesota State Arts Board, 400 Sibley Street, Suite 200, St. Paul, MN to consider matters which may properly come before the Council in accordance with *Minnesota Statutes* 16B.27.

January 9, 2008  
March 12, 2008  
May 14, 2008  
July 9, 2008  
September 10, 2008  
November 12, 2008

# Official Notices

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## Department of Health

### Infectious Disease Epidemiology, Prevention and Control Division STD and HIV Section

#### **This is Not an Announcement for the Availability of Funding for HIV Prevention Programs; that Announcement is Expected in April 2008**

The STD and HIV Section at the Minnesota Department of Health (MDH) has developed Allocation and Funding Principles that will be used in the development of the 2008 Community HIV Prevention Request for Proposals (RFP) process, and for making subsequent funding decisions.

To review the Allocation and Funding Principles, please go to:

<http://www.health.state.mn.us/divs/idepc/diseases/hiv/rfp/fundingprinciples.html>

or contact Gary Novotny at 651.201.4029 or via e-mail at: [gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us)

## Department of Human Services

### Health Care Purchasing and Delivery Systems Division Health Care Administration

#### **Public Notice of Maximum Allowable Costs of Medical Assistance Outpatient Prescribed Drugs**

**NOTICE IS HEREBY GIVEN** to recipients, providers of services, and to the public of additions to the state Medical Assistance maximum allowable cost (state MAC) list for certain outpatient prescribed drugs.

At least once each calendar year, the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services, publishes a federal upper limit (FUL) payment schedule for many commonly prescribed multiple-source drugs. The federal upper limit is set at a rate equal to 150 percent of the published price for the least costly therapeutic equivalent that can be purchased by pharmacists. This FUL payment schedule constitutes the federal MAC list. For many multiple-source drugs that are not on the federal MAC list, the Department establishes a state MAC list. Additionally, the Department imposes a state MAC for many multiple-source drugs that are on the federal MAC list, as long as the savings are at least as much as the savings would be using the federal MAC list.

The Department requires Medical Assistance pharmacy providers to submit their usual and customary costs. Pharmacy providers are reimbursed at the lower of: 1) the federal or state MAC, plus a dispensing fee; 2) the submitted usual and customary charge to the general public; or 3) a discount off of average wholesale price, plus a dispensing fee.

On January 13, 2003 at 27 SR 1117-1130, the Department published the MAC list, listing the federal and state MACs. Additional changes to the state MAC list were published on February 18, 2003 (27 SR 1331-1334), March 3, 2003 (27 SR 1386-1393), April 21, 2003 (27 SR 1583-1584), August 4, 2003 (28 SR 102-103), October 13, 2003 (28 SR 505-506), October 20, 2003 (28 SR 528-529), December 15, 2003 (28 SR 784-785), January 26, 2004 (28 SR 934-935), March 8, 2004 (28 SR 1089-1090), April 5, 2004 (28 SR 1232), April 19, 2004 (28 SR 1313-1314), May 3, 2004 (28 SR 1367-1368), August 9, 2004 (29 SR 173), August 23, 2004 (29 SR 224-225), November 8, 2004 (29 SR 510), November 15, 2004 (29 SR 534-535), February 7, 2005 (29 SR 923-924), February 14, 2005 (29 SR 951-952), March 7, 2005 (29 SR 1038-1039), April 11, 2005 (29 SR 1174-1175), June 27, 2005 (29 SR 1607), July 18, 2005 (30 SR 49-50), August 15, 2005 (30 SR 147), August 29, 2005 (30 SR 226-227), October 17, 2005 (30 SR 402-403), November 14, 2005 (30 SR 511-512), December 12, 2005 (30 SR 617-618), January 9, 2006 (30 SR 770-771), January 30, 2006 (30 SR 833), February 13, 2006 (30 SR 884), February 27, 2006 (30 SR 926-927), March 20, 2006 (30 SR 1006-1007), April 10, 2006 (30 SR 1109), May 30, 2006 (30 SR 1249-1250), July 31, 2006 (31 SR 138-139), August 21, 2006 (31 SR 268), September 18, 2006 (31 SR 380 - 381), October 2, 2006 (31 SR 474-477), October 16, 2006 (31 SR 519-520), November 6, 2006 (31 SR 614), January 2, 2007 (31 SR 867-868), January 29, 2007 (31 SR 958-959), February 26, 2007 (31 SR 1169-1170), April 23, 2007 (31SR 1444-1445), April 30, 2007 (31 SR 1523), June 18, 2007 (31 SR 1810-

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## Official Notices

1811), July 23, 2007 (32 SR 219-220), August 6, 2007 (32 SR 301-302), August 27, 2007 (32 SR 380-381), September 24, 2007 (32 SR 572-573), October 8, 2007 (SR 32 667-668), November 5, 2007 (32 SR 811- 812) and November 19, 2007 (32 SR 909-910).

Effective December 31, 2007 the Department will add the following outpatient prescribed drugs to the state MAC list:

<u>Drug Name</u>	<u>Strength</u>	<u>MAC Price</u>
CIPROFLOXACIN ER	500 MG	\$6.50
CIPROFLOXACIN ER	1000 MG	\$9.50
CEFDINIR	125 MG/5ML	\$0.58
ALBUTEROL SULFATE	1.25 MG/3ML	\$0.55
ALBUTEROL SULFATE	0.63 MG/3ML	\$0.52

These additions are made to bring Medical Assistance reimbursement to pharmacists more closely in line with the actual acquisition cost of the drugs listed above. The Department estimates that there will be a state savings of \$60,000 for State Fiscal Year 2006 (July 1, 2007 through June 30, 2008).

This notice is published pursuant to *Code of Federal Regulations*, Title 42, section 447.205, which requires publication of a notice when there is a rate change in the methods and standards for setting payment rates for Medical Assistance services.

Written comments and requests for information may be sent to Kristin Young, Pharmacy and Program Manager, Health Care Purchasing and Delivery Systems Division, Health Care Administration, Minnesota Department of Human Services, P.O. Box 64984, St. Paul, Minnesota 55164-0984; **phone:** (651) 431-2504 or **email:** [kristen.c.young@state.mn.us](mailto:kristen.c.young@state.mn.us)

## Department of Human Services Notice of Outreach Incentive Program

The Minnesota Department of Human Services wants to partner with a variety of community agencies through a new outreach program. This new program, called the MN Community Application Agent (MNCAA) Program, provides an incentive for community agencies willing to assist uninsured Minnesotans with the Minnesota Health Care Program application process. As stated in *Minnesota Statutes* §256.962 Subd. 5. the financial bonus will be contingent upon successful enrollment in Medical Assistance, General Assistance Medical Care or MinnesotaCare. A MNCAA will earn \$20 for each successfully enrolled applicant. Beyond the \$20 bonus, sites enrolled in the MNCAA program will have access to new tools and resources. DHS will offer outreach materials and application supplies to enrolled sites along with training, technical support and designated liaisons.

Organizations interested in enrolling in the incentive program should have ongoing contact with an uninsured population. All organizations interested in the MNCAA program can submit a letter of interest. All letters should be submitted on the agency letterhead and signed by the CEO, Executive Director or President. Letters should be no longer than 3 pages. There is no deadline for the submission of a letter of interest; all letters are received on a rolling basis and will be considered at any time. Letters should identify the primary contact and include contact information as well as answer the following questions:

1. Is the organization for-profit or not-for-profit?
2. What kind of organization is it? (ex. Hospital, School, WIC, Provider, etc.)
3. Explain the mission of your organization and how application assistance is part of or complements your mission
4. Describe the population(s) your agency serves
5. Estimate the number of uninsured clients you encounter
6. Briefly describe the process, if any, used to identify uninsured clients in your agency
7. Briefly disclose any other State and/or Federal funds your agency receives specifically for application assistance

All letters should be submitted via mail or fax to:

Sarah Kelsea, Outreach Strategic Planner  
Department of Human Services  
Health Care Eligibility and Access  
PO Box 64989

# Official Notices

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St. Paul, MN 55164-0989  
Phone: (651) 431-4935  
Fax: (651) 431-7423  
**E-mail:** [sarah.l.kelsea@state.mn.us](mailto:sarah.l.kelsea@state.mn.us)

## Department of Human Services Vacancies on Medicaid Citizens' Advisory Committee

Pursuant to title 42, part 431, section 12 (42 CFR §431.12) of the *Code of Federal Regulations* governing the Medicaid Program, the Minnesota Department of Human Services seeks applications from Medicaid (Medical Assistance) clients and others interested in serving on the Medicaid Citizens' Advisory Committee. The purpose of the committee is to ensure that continued high quality health and medical services are provided to low-income persons. The committee, representing Medicaid clients, advises the Department and helps define what the Medicaid Program should be in relationship to future technological needs. Specifically, the committee explores designated problem areas, evaluates Department programs, makes specific recommendations and resolutions, and contributes to the formulations of Department policy and standards.

In the past two years, the committee heard presentations about and advised the Department on many state and federal topics including: the Department's legislative health care proposals in 2006 and 2007 and final state legislative session outcomes; Quality Care and Rewarding Excellence initiatives; the Long-term Care Partnership program; federal citizenship documentation changes; National Provider Identification numbers; the PMAP + Waiver renewal process; proposed federal regulations governing Medicaid, and the federal Transformation Grant for a web-based communication system linking DHS and health care providers for improved client health care.

New members will be appointed for the years 2007-2008. Committee meetings are typically held quarterly at the Department of Human Services, 540 Cedar St., St. Paul, Minnesota. Employees of the State of Minnesota (except for employees of the Department of Health) and private persons or organizations under contract to the Department of Human Services for administrative services will not be appointed to the committee.

For further information, contact Lisa Knazan, Minnesota Department of Human Services at (651) 431-2298. TTY/TDD users can call the Minnesota Relay Service at 711 or 1-800-627-3529. Letters of interest should be sent to: Lisa Knazan, Federal Relations, Health Care Administration, Minnesota Department of Human Services, P.O. Box 64983, St. Paul, Minnesota 55164-0983. Letters of interest will be accepted until Monday, January 28, 2008.

## State Board of Investment Notice to Institutional Investment Management Firms for Consideration to Potentially Manage a Portion of the Pension Assets and Other Accounts

The Minnesota State Board of Investment (MSBI) retains institutional investment management firms to manage a portion of the pension assets and other accounts under its control. Periodically, the MSBI will conduct a search for institutional investment management firms on an as needed basis. For additional information on the domestic stock, international stock, or domestic bond portfolio programs for the MSBI, firms are asked to write to the following address for additional information:

External Manager Program  
Minnesota State Board of Investment  
60 Empire Drive, Suite 355  
St. Paul, MN 55103-3555  
**Phone:** (651) 296-3328  
**Fax:** (651) 296-9572  
**E-mail:** [minn.sbi@state.mn.us](mailto:minn.sbi@state.mn.us)

Please refer to this notice in your written request.

**Department of Labor and Industry  
Labor Standards Unit****Notice of Correction to Highway/Heavy Prevailing Wage Rates**

A correction has been made to the Highway/Heavy Prevailing Wage Rates certified 10/22/07, for Labor Code 412, Ironworkers in all Regions, and Labor Code 414, Millwright in Regions 2, 3, 4, 5, 6, 7, 8, 9, 10.

Copies with the corrected certified wage rate may be obtained by writing the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road North, St. Paul, Minnesota 55155-4306, or by calling (651) 284-5091, or accessing our web site at [www.doli.state.mn.us](http://www.doli.state.mn.us). Charges for the cost of copying and mailing are \$.25 per page for the first 100 pages, \$.65 per page after that. Make check or money order payable to the State of Minnesota.

Steve Sviggum, Commissioner  
Department of Labor and Industry

**Minnesota Pollution Control Agency  
Regional Division****Notice of Availability of Draft Fecal Coliform and Turbidity TMDL Assessment for  
Rock River and Request for Comment**

**Public Comment Period Begins: December 31, 2007**

**Public Comment Period Ends: January 31, 2008**

The Minnesota Pollution Control Agency (MPCA) is requesting comments on the Fecal Coliform and Turbidity Total Maximum Daily Load (TMDL) Assessment for the Rock River watershed. The aquatic life use and aquatic recreation use of the Rock River watershed is impaired because it does not meet state water quality standards for turbidity and fecal coliform. The draft TMDL Report is available for review at: <http://www.pca.state.mn.us/water/tmdl/project-rockriver.html>

Written comments on the draft TMDL Report must be sent to the MPCA contact person listed below by January 31, 2008, by 4:30 pm. The MPCA will prepare responses to comments received, make any necessary revisions of the draft TMDL Report and submit it to the U.S. Environmental Protection Agency (EPA) for approval.

In 1994, the MPCA determined the Rock River, from south of Luverne to Minnesota/Iowa border was impaired for fecal coliform. In 2002, the MPCA further listed this reach as impaired for turbidity. In 2006, a reach on the Rock River and a reach on Elk Creek were also listed as impaired for turbidity. Thus, the report provides TMDL assessments for one fecal coliform and three turbidity impaired reaches. Fecal coliform levels in the Rock River exceeded water quality standards during the months of August and September. To meet water quality standards, fecal coliform levels will need to be decreased up to 60 percent during these months. The highest levels were found during and after storm runoff. Concentrations of fecal coliform bacteria were an average of ten times higher during storm runoff than during dry periods.

Turbidity was the most excessive in Rock River following storm runoff and high flow periods. During high flow periods, reductions of up to 68 percent will be required to meet turbidity standards. Turbidity levels during mid-range and low flows are at or near the water quality standard.

There has been a strong local component including local, state, and federal agency representation involved with completing this TMDL. These local efforts will proceed with determining further implementation strategies and obtaining public input. The draft TMDL report outlines possible strategies.

There will be two public meetings on Thursday, January 24, 2008 at Edgerton and Luverne. The Edgerton meeting will be at the ambulance garage, 1000 S. Main, starting with an informal open house at 2:30 p.m. followed by a presentation at 3 p.m. The Luverne

# Official Notices

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meeting will be at the Rock County Family Services building, 2 Roundwind Road, with an open house at 6:30 p.m. and presentation at 7 p.m.

**Agency Contact Person:** Written comments and requests for more information should be directed to:

Kelli Daberkow  
Minnesota Pollution Control Agency  
1420 East College Drive, Suite 900  
Marshall, Minnesota 56258  
**Phone:** (507) 537-6497 (direct)  
**MN Toll Free:** 1-800-657-3864  
**Fax:** (507) 537-6001  
**E-mail:** [Kelli.Daberkow@pca.state.mn.us](mailto:Kelli.Daberkow@pca.state.mn.us)  
**TTY** users may call the MPCA teletypewriter at (651) 282-5332 or 1-800-657-3864.

**Preliminary Determination on the draft TMDL Report:** The MPCA Commissioner has made a preliminary determination to submit this TMDL Report to the EPA for final approval. A draft TMDL Report and fact sheet are available for review at the MPCA office at the address listed below and at the MPCA Website: <http://www.pca.state.mn.us/water/tmdl/project-rockriver.html> Suggested changes will be considered before the final TMDL Report is sent to the EPA for approval.

**Written Comments:** You may submit written comments on the conditions of the draft TMDL Report or on the Commissioner's preliminary determination.

Written comments must include the following:

1. A statement of your interest in the draft TMDL Report;
2. A statement of the action you wish the MPCA to take, including specific references to sections of the draft TMDL that you believe should be changed; and
3. The reasons supporting your position, stated with sufficient specificity as to allow the Commissioner to investigate the merits of your position.

**Petition for Public Informational Meeting:** You also may request that the MPCA Commissioner hold a public informational meeting. A public informational meeting is an informal meeting that the MPCA may hold to solicit public comment and statements on matters before the MPCA, and to help clarify and resolve issues.

A petition requesting a public informational meeting must include the following information:

1. A statement identifying the matter of concern;
2. The information required under items 1 through 3 of "Written Comments," identified above;
3. A statement of the reasons the MPCA should hold a public informational meeting; and
4. The issues that you would like the MPCA to address at the public informational meeting.

**Petition for Contested Case Hearing:** You also may submit a petition for a contested case hearing. A contested case hearing is a formal evidentiary hearing before an administrative law judge. In accordance with Minn. R. 7000.1900, the MPCA will grant a petition to hold a contested case hearing if it finds that: (1) there is a material issue of fact in dispute concerning the application or draft TMDL Report; (2) the MPCA has the jurisdiction to make a determination on the disputed material issue of fact; and (3) there is a reasonable basis underlying the disputed material issue of fact or facts such that the holding of the contested case hearing would allow the introduction of information that would aid the MPCA in resolving the disputed facts in making a final decision on the draft TMDL Report. A material issue of fact means a fact question, as distinguished from a policy question, whose resolution could have a direct bearing on a final MPCA decision.

A petition for a contested case hearing must include the following information:

1. A statement of reasons or proposed findings supporting the MPCA decision to hold a contested case hearing according to the criteria in *Minnesota Rules* 7000.1900, as discussed above; and
2. A statement of the issues proposed to be addressed by a contested case hearing and the specific relief requested or resolution of the matter.

In addition and to the extent known, a petition for a contested case hearing should also include the following information:

1. A proposed list of prospective witnesses to be called, including experts, with a brief description of proposed testimony or summary of evidence to be presented at a contested case hearing;
2. A proposed list of publications, references, or studies to be introduced and relied upon at a contested case hearing; and
3. An estimate of time required for you to present the matter at a contested case hearing.

**MPCA Decision:** You may submit a petition to the Commissioner requesting that the MPCA Citizens' Board consider the TMDL Report approval. To be considered timely, the petition must be received by the MPCA by 4:30 p.m. on the date the public comment period ends, identified on page 1 of this notice. Under the provisions of *Minnesota Statutes* § 116.02, subd 6(4), the decision whether to submit the TMDL Report and, if so, under what terms will be presented to the Board for decision if: (1) the Commissioner grants the petition requesting the matter be presented to the Board; (2) one or more Board members request to hear the matter before the time the Commissioner makes a final decision on the TMDL Report; or (3) a timely request for a contested case hearing is pending. You may participate in the activities of the MPCA Board as provided in *Minnesota Rules* 7000.0650.

The written comments, requests, and petitions submitted on or before the last day of the public comment period will be considered in the final decision on this TMDL Report. If the MPCA does not receive written comments, requests, or petitions during the public comment period, MPCA staff as authorized by the Board, will make the final decision on the draft TMDL Report.

## State Grants & Loans

In addition to requests by state agencies for technical/professional services (published in the State Contracts Section), the *State Register* also publishes notices about grants and loans available through any agency or branch of state government. Although some grant and loan programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself. Agencies are encouraged to publish grant and loan notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

## Get that Grant

The person listed as the contact for each agency is the one you want to connect with. They give you all the information you need.

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# State Grants & Loans

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## Department of Human Services

### Aging and Adult Services Division

#### Community Service/ Community Services Development (CS/SD)

#### Notice of Request for Proposals to Expand Home and Community-Based Services for Older Adults

**NOTICE IS HEREBY GIVEN** that The Minnesota Department of Human Services (DHS), Aging and Adults Services Division, is seeking proposals from qualified responders for state fiscal year 2009, July 1, 2008-June 30, 2009, to expand and integrate home and community-based services for older adults that allow local communities to rebalance their long-term care service delivery system, support people in their own homes, expand the caregiver support and respite care network and promote independence, as directed by *Minnesota Statutes*, sections 256.9754 and 256B.0917, subd.6 and 13.

**Funds available:** Approximately \$6.4 million is available annually. **Request per application may not exceed \$250,000 per year.** An optional Responders Videoconference will be held Friday, January 4, 2008, 9:30 a.m. and repeated at 1:30 p.m. Central Standard Time. Responders interested in attending the Responder's Videoconference must register online at: <http://www.wagingtraining.dhs.state.mn.us> no later than 2 p.m., January 3, 2008.

The complete RFP and application including directions is available online on the DHS Community Service/Community Services Development Web site at: <http://www.dhs.state.mn.us/cssd>

The deadline for receipt of proposals is February 29, 2008, 4:00 p.m. Central Standard Time. Late, faxed and emailed proposals will not be considered. For more information contact:

Jacqueline Peichel  
Community Program Policy Consultant  
Aging and Adult Services  
Department of Human Services  
PO Box 64976  
St. Paul, MN 55164-0976  
**Phone:** (651) 431-2583  
**E-mail:** [Jacqueline.s.peichel@state.mn.us](mailto:Jacqueline.s.peichel@state.mn.us)

This is the only person designated to answer questions regarding the request for proposal.

Other department personnel are NOT allowed to discuss the Request for Proposal with anyone, including responders, before the proposal submission deadline.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

## State Contracts

**Informal Solicitations:** Informal solicitations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be published in the *State Register* or posted on the Department of Administration, Materials Management Division's (MMD) Web site. Interested vendors are encouraged to monitor the P/T Contract Section of the MMD Web site at [www.mmd.admin.state.mn.us](http://www.mmd.admin.state.mn.us) for informal solicitation announcements.

**Formal Solicitations:** Department of Administration procedures require that formal solicitations (announcements for contracts with an estimated value over \$50,000) for professional/technical contracts must be published in the *State Register*. Certain quasi-state agency and Minnesota State College and University institutions are exempt from these requirements.

**Requirements:** There are no statutes or rules requiring contracts to be advertised for any specific length of time, but the Materials Management Division strongly recommends meeting the following requirements:

- \$0 - \$5000 does not need to be advertised. Contact the Materials Management Division: (651) 296-2600
- \$5,000 - \$25,000 should be advertised in the *State Register* for a period of at least seven calendar days;
- \$25,000 - \$50,000 should be advertised in the *State Register* for a period of at least 14 calendar days; and
- anything above \$50,000 should be advertised in the *State Register* for a minimum of at least 21 calendar days

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## Minnesota State Colleges and Universities

### Minneapolis Community & Technical College

#### Notice of Intent to Solicit Bids for a Used Arri SR11 Super 16 Camera Package and Accessories

**Description:** Arri SR11 Super 16 Package to include PL mount, two 400' magazines, two onboard batteries, charger, right handgrip, S16 (1.66) ground glass.

Additional accessories to include:

- One VP Color CCD video tap
- One Zeiss 16mm T2.1 in PL mount
- One Zeiss 50mm T2.1 in PL mount
- One additional SR onboard battery
- One Arri SR left handgrip
- One 80mm Series 9 clamp-on shade
- One Pelican 1620 case (new)

F.O.B. destination via insured ground shipping. Bid to include warranty and discounts (educational, government, etc.) if offered

**Contact:** For complete specifications contact Guy Chase at (612) 659-6126 or by email at [guy.chase@minneapolis.edu](mailto:guy.chase@minneapolis.edu)

**Deadline for Bids:** Tuesday January 8, 2008 at 2:00 pm

# State Contracts

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## Minnesota Historical Society

### Notice of Request for Bids for PRINTING SERVICES – *Our Blood Runs Cold* (tentative title)

The Minnesota Historical Society, on behalf of the Minnesota Historical Society Press, is seeking bids from qualified firms for the printing of a book tentatively entitled *Our Blood Runs Cold* [6,000 casebound books, plus additional 500s and 1,000 jackets (to be shipped trimmed and flat with bulk to warehouse)].

The schedule is as follows:

- June 1, 2008 - all to printer; and
- October 1, 2008 - finished books at the Society's warehouse and Press.

The Request for Bids is available by calling or writing Mary Green-Toussaint, Purchasing Coordinator, Minnesota Historical Society, 345 Kellogg Boulevard West, Saint Paul, Minnesota 55102. Telephone: (651) 259-3176; e-mail: [mary.green-toussaint@mnhs.org](mailto:mary.green-toussaint@mnhs.org).

Bids must be received no later than 2:00 p.m., Local Time, Thursday, January 17, 2007. A public bid opening will be conducted at that time. No late bids will be accepted.

Dated: December 31, 2007

## Department of Human Services

### Children's Mental Health Division

### Notice of Request for Proposals to Increase the Availability of Mental Health Services for Children from Cultural Minority Populations

The Minnesota Department of Human Services, through its Children's Mental Health Division (State), is seeking Proposals from qualified Responders to increase the availability of mental health services for children from cultural minority populations, to develop and enhance the capacity of providers who serve these populations, and to support members of cultural and ethnic minority communities to become qualified mental health professionals and practitioners.

A complete Request for Proposals and application can be obtained from:

Antonia Wilcoxon  
DHS/Children's Mental Health Division  
**E-mail:** [antonia.wilcoxon@state.mn.us](mailto:antonia.wilcoxon@state.mn.us)

Proposals should be mailed to:

Antonia Wilcoxon  
Elmer Andersen Building  
540 Cedar Street  
P.O. Box 64985  
St. Paul, MN 55164-0985

The deadline for receipt of proposals is Friday, March 7<sup>th</sup> 2008, 4:00 pm Central Standard time. Late proposals **will NOT** be considered. Faxed or e-mailed proposals **will NOT** be considered.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Other department personnel are NOT authorized to discuss this RFP with anyone, including responders, before the proposal submission deadline.

**Department of Human Services  
Continuing Care Administration****Notice of Request for Proposals to Complete Minnesota State Long-Term Care Profile**

The Minnesota Department of Human Services, through its Continuing Care Administration, is seeking Proposals from qualified Responders to work with DHS staff and key stakeholders to complete a *State Long-Term Care Profile*, using a Long Term Care Profile tool that was developed under contract with CMS. The State Profile describes the state's long-term care delivery system for the population groups that account for the majority of people who need home and community-based services in Minnesota: 1) Older adults, 2) Adults with physical disabilities, 3) Adults with mental retardation/developmental disabilities, 4) Children and adults with mental illness, 5) Adults living with HIV/AIDS infections, 6) Adults with traumatic brain injuries, and 7) Children with special needs. This information and process will enable the Department of Human Services (DHS) to develop performance measures and standards for home and community based services that can be used by consumers and those who are purchasing services on their behalf, to make more informed purchasing decisions.

The successful applicant will work in collaboration with DHS staff to complete the State Profile Tool for Minnesota as outlined in *Technical Assistance Guide to Assessing a State Long-Term Care System* (Thomson Medstat Research Division, Cambridge, MA, December 2006). The successful applicant will develop a description of the current service system capacity and gaps in service for each population group, as well as demographic and utilization data to show the demand for and use of long-term supports within that sub-group, and following the guidelines in the State Profile Tool, describe Minnesota's system in relation to eight dimensions identified as critical to future long term care administration. The deliverables include: (a) Completed draft of *State Long-Term Care Profile*, meeting DHS and CMS expectations as outlined in the RFP and the *Technical Assistance Guide to Assessing a State Long-Term Care System*, (b) Cooperation with National Balancing Indicator Contractor on development of national long-term care indicators, and (c) Candidate *HCBS Provider Measures* to allow purchasers the ability to compare options for both value and price, and (c) Proposed process for evaluating the list for maximum feasibility and usefulness across LTC purchasers.

The full text of the RFP, which includes requirements and all application forms, is available on the Internet at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000102](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000102)

It is also available by contacting:

Hal Freshley  
MN Department of Human Services  
P.O. Box 64976,  
St. Paul, MN 55164-0976  
**Phone:** (800) 882-6262  
**TTY:** (800) 627-4529  
**E-mail:** [hal.b.freshley@state.mn.us](mailto:hal.b.freshley@state.mn.us)

**Department of Transportation (Mn/DOT)  
Engineering Services Division  
Notice of Potential Availability of Contracting Opportunities for a Variety of  
Highway Related Technical Activities ("Consultant Pre-Qualification Program")**

This document is available in alternative formats for persons with disabilities by calling Juanita Voigt at (651) 366-4774 for persons who are hearing or speech impaired by calling Minnesota Relay Service at (800) 627-3529.

Mn/DOT, worked in conjunction with the Consultant Reform Committee, the American Council of Engineering Companies of Minnesota (ACEC/MN), and the Department of Administration, to develop the Consultant Pre-Qualification Program as a new method

# State Contracts

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of consultant selection. The ultimate goal of the Pre-Qualification Program is to streamline the process of contracting for highway related professional/technical services. Mn/DOT awards most of its consultant contracts for highway-related technical activities using this method, however, Mn/DOT also reserves the right to use Request for Proposal (RFP) or other selection processes for particular projects. Nothing in this solicitation requires Mn/DOT to use the Consultant Pre-Qualification Program.

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT's Consultant Services web site, indicated below, to see which highway related professional/technical services are available for application. Applications are accepted on a continual basis. All expenses are incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

Consultant Pre-Qualification Program information, application requirements and applications forms are available on Mn/DOT's Consultant Services web site at: <http://www.dot.state.mn.us/consult>.

Send completed application material to:

Juanita Voigt  
Consultant Services  
Office of Technical Support  
Minnesota Department of Transportation  
395 John Ireland Blvd. Mail Stop 680  
St. Paul, Minnesota 55155

**Note: DUE DATE: APPLICATION MATERIAL WILL BE ACCEPTED ON A CONTINUAL BASIS.**

## Department of Transportation (Mn/DOT) Engineering Services Division Notice Concerning Professional/Technical Contract Opportunities

**NOTICE TO ALL:** The Minnesota Department of Transportation (Mn/DOT) is now placing additional public notices for professional/technical contract opportunities on Mn/DOT's Consultant Services **website** at: [www.dot.state.mn.us/consult](http://www.dot.state.mn.us/consult).

New public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice.

## Non-State Bids, Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *State Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector. It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of commodity, project or tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from the date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact editor for further details.

## Hennepin County Designer Selection Committee (DSC) Advertisement for Architectural and Engineering (A/E) Services

The Hennepin County Designer Selection Committee (DSC) will be selecting architectural/engineering firms for design and construction administration services for the following projects:

- Adult Corrections Facility HVAC Renovations
- Sheriff's Crime Lab Remodeling
- New Excelsior Library
- Southdale Regional Center Expansion and Remodeling
- Ridgedale Regional Center Expansion and Remodeling

To obtain a Request for Proposal, please access the Hennepin County internet site at [www.hennepin.us](http://www.hennepin.us). From the County home page, search for "DSC" in the search box in the upper right corner. From the Hennepin County Designer Selection Committee page, you may view and print the RFP for your use.

A letter of interest is not required for RFP noted above. All proposals received by the deadline noted in the RFP will be reviewed by the Designer Selection Committee. If you experience difficulty locating or downloading the RFP, you may call Brett Bauer, Hennepin County Property Services, at (612) 348-9671.

## Metropolitan Council - Metro Transit Request for Proposals for Master Contracts for Real Estate Appraisal Services Reference No. 7625

Metro Transit, a division of the Metropolitan Council, is seeking proposals for real estate appraisal services to support future projects on an as-needed basis over the next three years. Metro Transit intends to award two Master Contracts for real estate appraisal services. Specific services, deliverables, and time of service will be identified within each work order as issued.

Proposals are due no later than 2 PM on January 18, 2008.

Firms interested in receiving the Request for Proposals document should contact:

Candace Osiecki  
Metro Transit  
515 N. Cleveland Avenue  
St. Paul, MN 55114  
**Phone:** (612) 349-5070  
**Fax:** (612) 349-5069  
**E-mail:** [candace.osiecki@metc.state.mn.us](mailto:candace.osiecki@metc.state.mn.us)

## Non-State Bids, Contracts & Grants

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### University of Minnesota Subscribe to Bid Information Service (BIS)

The University of Minnesota offers 24 hour/day, 7day/week access to all Request for Bids/Proposals through its web-based Bid Information Service (BIS). Subscriptions to BIS are free. Visit our website at [bidinfo.umn.edu](http://bidinfo.umn.edu) or call the BIS Coordinator at (612) 625-5534.

Request for Bids/Proposals are also available to the public each business day from 8:00 a.m. to 4:30 p.m. in the Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Minneapolis, Minnesota 55454.

### *State Register Binders*

Specially designed binders with the State Register logo for storing your State Registers. Two binders typically hold one-year's subscription. Order Stock # 91-8, \$12.00 + tax

## ***Minnesota's Bookstore***

660 Olive Street (Williams Hill Business Development), St. Paul, MN 55155

(1 block east of I-35E Bridge, 1 block north of University Ave.)

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Phone: (651) 297-3000; Fax: (651) 215-5733

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- **The Dakota War of 1862** - Minnesota's Other Civil War, by Kenneth Carley, \$14.95
- **Minnesota Treasures** - Stories Behind the State's Historical Places, by Richard Moe, \$39.95
- **No More Gallant a Deed** - A Civil War Memoir of the First Minnesota Volunteers, by James A. Wright, edited by Steven J. Keillor, \$34.95
- **Minnesota's Indian Mounds and Burial Sites:** A Synthesis of Prehistoric and Early Historic Archaeological Data, by Constance M. Arzigian and Katherine P. Stevenson, \$44.95
- **Mike Lynch's Minnesota Starwatch** - The Essential Guide to Our Night Sky, \$24.95
- **Minnesota's State Capitol** - The Arts and Politics of a Public Building, \$16.95
- **A Birders's Guide to Minnesota**, by Kim R. Eckert, \$20.00
- **Celebrate Saint Paul** - 150 Years of History, \$49.95
- **Minnesota Guidebook to State Agency Services** - Owners manual for Minnesotans, \$14.95

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**County Plat Books**

**(PRIM) Public Recreation Information Maps**

**County Highway Maps**

**Lake Depth Maps**

**Hiking and Biking Maps**

**Minnesota Atlas and Gazetteer**

**Minnesota Highway and Recreational Atlas**

**Fishing/Hunting Maps**

**Fishing Hot Spots**

