Minnesota State Register

(Published every Monday (Tuesday when Monday is a holiday.)



Proposed, Adopted, Emergency, Expedited, Withdrawn, Vetoed Rules; Executive Orders; Appointments; Commissioners' Orders; Revenue Notices; Official Notices; State Grants & Loans; State Contracts; Non-State Public Bids, Contracts & Grants

> Monday 21 October 2013 Volume 38, Number 17 Pages 519 - 548

Minnesota State Register =

Judicial Notice Shall Be Taken of Material Published in the Minnesota State Register

The Minnesota State Register is the official publication of the State of Minnesota's Executive Branch of government, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes*, Chapter 14, and *Minnesota Rules*, Chapter 1400. It contains:

- Proposed Rules
- Adopted Rules
- Exempt Rules
- Expedited Rules
- Withdrawn Rules

- · Vetoed Rules
- Executive Orders of the Governor
- Appointments
- Proclamations

- · Commissioners' Orders
- Official Notices
- State Grants and Loans

- Revenue Notices

- Contracts for Professional, Technical and Consulting Services
- Non-State Public Bids, Contracts and Grants

Printing Schedule and Submission Deadlines								
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Minnesota Rules: Amendments and Additions

NOTICE: How to Follow State Agency Rulemaking in the State Register

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. 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, but 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.

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 #40-52 inclusive, with final index (#1-52, or 53 in some years). 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, phone: (612) 297-3000, or toll-free 1-800-657-3757. TTY relay service phone number: (800) 627-3529.

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2911 .0100; .0200; .0300; .0330; .0340; .0360; .0370; .0400; .0600;
.0700; 0800; 0900; .1000; .1100; .1200; .1300; .1350; 1400; .1500;
.1800; .1900; .2000; .2100; .2200; .2300; .2400; .2500; .2525; .2550;
.2600; .2700; .2750; .2800; .2850; .2900; .3100; .3200; .3300; .3400;
.3500; .3600; .3650; .3675; .3700; .3800; .3900; .4000; .4100; .4200;
.4300; .4400; .4500; .4600; .4700; .4800; .4900; .4950; .5000; .5100;
.5200; .5300; .5400; .5450; .5500; .5550; .5700; .5800; .5900; .6000;
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.2000; .2800 s. 3, 5; .3000; .3900 s. 5, 9; .4800 s. 2, 3, 4; .5000 s. 2;

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A rule becomes effective after the requirements of *Minnesota Statutes* §§ 14.05-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule. If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed. If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

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

Minnesota Department of Corrections Adopted Permanent Rules Relating to County Jail Facilities

The rules proposed and published at *State Register*, Volume 37, Number 44, pages 1531-1571, April 29, 2013 (37 SR 1531), are adopted with the following modifications;

2911,5800 AVAILABILITY OF MEDICALAND DENTAL RESOURCES.

Subp. 6. **Medical screening.** A facility shall have a written policy and procedure that requires medical screening is performed and recorded by trained staff on all inmates on adminssion to the facility. The findings are to be recorded in a manner approved by the health authority. The screening process shall include procedures relating to:

A. Inquiry into:

(6) signs and symptoms of active tuberculosis to include weight loss. night sweats,, persistent cogh <u>lasting three weeks of longer</u>, coughing up blood. low grade fever, <u>test with last three months fatique</u>, <u>chest pain</u>, <u>prior history of active tuberculosis disease</u>, and results, <u>and tuberculin skin test</u> of previous tuberculin skin or blood testing.

Minnesota Department of Human Services (DHS) Adopted Permanent Rules Relating to Certification of Integrated Dual Diagnosis Treatment

The rules proposed and published at *State Register*, Volume 37, Number 26, pages 973-990, December 24, 2012 (37 SR 973), are adopted with the following modifications:

CERTIFICATION OF INTEGRATED DUAL DIAGNOSIS TREATMENT

9533.0010 APPLICABILITY.

Subpart 1. **Purpose and applicability.** Parts 9533.0010 to 9533.0180 provide methods, procedures, and practice standards relating to the establishment and operation of certified integrated dual diagnosis treatment programs for providers who elect to become certified.

- Subp. 2. <u>Certification option Optional certification</u>. A program that provides integrated <u>dual diagnosis</u> treatment, <u>dual disorders cooccurring disorder</u> treatment, co-occurring capable treatment, or other forms of treatment designed to address co-occurring mental illness and <u>substance-related substance use</u> disorders in adults or children is not required to obtain an integrated <u>dual diagnosis</u> treatment certification.
- Subp. 3. Requirements supersede Substitution of requirements. For certified integrated dual diagnosis treatment programs, A certificate holder must substitute the requirements of this chapter for requirements in other department rules in accordance with parts 9533.0090, subpart 1, and 9533.0100, subpart 2. A certificate holder that is also licensed as a chemical dependency program in accordance with Minnesota Statutes, chapter 245A, and part 9530.6415, must substitute the requirements of parts 9533.0010 to 9533.0140 supersede requirements of other department rules, except when other applicable rules establish a more stringent standard for the requirements in part 9530.6495.

Adopted Rules =

9533.0020 **DEFINITIONS.**

Subp. 3. Care coordination.

A. "Care coordination," for an adult, means helping the client obtain the services and supports needed by the client, and ensuring coordination and consistency of care across these services and supports, ensuring ongoing evaluation of treatment progress and client needs to establish a lifestyle free from the harmful effects of substance abuse use and oriented toward ongoing recovery from a co-occurring substance-related substance use disorder and mental illness. Examples of services and supports include medical, social, educational, and vocational services. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."

- B. "Care coordination," for a child, means a community intervention to ensure the consistency of care and coordination of services and supports across the child's medical, social service, school, probation, and other services, oriented toward aiding the child in refraining from substance use and ongoing recovery from mental disorders. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."
- Subp. 4. **Certificate holder.** "Certificate holder" means a controlling <u>individual person</u> for the corporation, partnership, or other organization <u>that, who</u> is legally responsible for the operation of the integrated <u>dual diagnosis</u> treatment program certified under this chapter.
- Subp. 5. **Certification.** "Certification" means the commissioner's written authorization that the program meets the conditions to be certified under this chapter as an integrated dual diagnosis treatment program.
- Subp. 6. **Certified integrated dual diagnosis** treatment program. "Certified integrated dual diagnosis treatment program" means a program that meets the requirements of parts 9533.0010 to 9533.0170.
 - Subp. 8. Chemical dependency. "Chemical dependency" means a substance-related substance use disorder.
- Subp. 9. Chemical dependency treatment. "Chemical dependency treatment" means assistance or support by a qualified professional of a client's efforts to recover from a substance-related disorder. This is accomplished through a process to:

A. assess a client's needs;

B. develop planned interventions or services to address those needs;

C. provide services;

D. document services provided;

E. facilitate services provided by other service providers; and

F. reassess the client.

- Subp. <u>40 9</u>. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6.
- Subp. <u>41_10</u>. Client. "Client" means an individual a person accepted by a certified integrated dual diagnosis treatment program for assessment or treatment of co-occurring disorders. An individual A person remains a client until the program no longer provides or plans to provide the individual with integrated dual diagnosis treatment services to that client.
- Subp. <u>12 11</u>. Cognitive-behavioral approaches, techniques, and strategies. "Cognitive-behavioral approaches, techniques, and strategies" means therapeutic approaches, techniques, and strategies founded in the theories of cognitive-behavioral counseling, which is a general approach to psychotherapy based on the systematic application of theories about learning to human problems. Cognitive-behavioral counseling emphasizes development of new skills and competencies for overcoming problems and achieving life goals.
 - Subp. 13 12. Collateral sources. "Collateral sources" means persons who possess knowledge of clinically relevant information about

Adopted Rules

the client, including family members, caregivers, teachers, community agencies, and previous treatment providers.

- Subp. <u>14_13</u>. **Commissioner.** "Commissioner" means the commissioner of <u>the Department of Human Services</u> or the commissioner's <u>designated representative designee</u>.
 - Subp. 15_14. Competency. "Competency" means possession of the requisite abilities to fulfill work obligations.
- Subp. 16 15. Co-occurring substance-related substance use disorder and mental illness or co-occurring disorders. "Co-occurring substance-related substance use disorder and mental illness" or "co-occurring disorders" means a dual diagnosis of at least one substance-related substance use disorder that involves alcohol or drug use, excluding the use of nicotine, and at least one form of mental illness.
- Subp. <u>47 16</u>. **Counseling.** "Counseling" means the use of skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; the examination of attitudes and feelings; the consideration of alternative solutions; and decision making.
 - Subp. 18 17. **Department.** "Department" means the Department of Human Services.
- Subp. 19 18. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in part 9505.0370, subpart 11. A diagnostic assessment must be provided according to part 9505.0372, subpart 1.
 - Subp. 20. Dual diagnosis or dual disorder. "Dual diagnosis" or "dual disorder" means diagnosed with co-occurring disorders.
- Subp. <u>21_19</u>. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15, as applied to a child.
- Subp. 22_20. **Evidence-based practices.** "Evidence-based practices" means nationally recognized treatments, techniques, and therapeutic approaches that are supported by substantial research and shown to be effective in helping individuals with serious mental illness and substance-related substance use disorders obtain specific treatment goals.
- Subp. 23 21. Illness management and recovery or IMR. "Illness management and recovery" or "IMR" means the mental health evidence-based best practice that helps clients manage their illness more effectively in the context of pursuing their personal recovery goals.
- Subp. 24.22. Integrated assessment. "Integrated assessment" means an assessment that identifies the interaction between substance use and mental health symptoms and disorders and how this relates to treatment during periods of both stability and crisis. The assessment analyzes and uses data on one disorder in light of data related to another disorder, which includes the history of both disorders and the interactions between them. The integrated assessment is a formal process of conducting clinical interviews, using standardized instruments, and reviewing existing information. The integrated assessment results form the basis for a summary and recommendations used to establish the integrated treatment plan.
- Subp. 25 23. Integrated dual diagnosis treatment. "Integrated dual diagnosis treatment" means the integration of delivery systems, documented clinical services; and documented treatment for substance-related substance use disorders and mental illness to produce better patient outcomes for dually diagnosed clients that is documented. It includes changes and treatment coordination, organizational policy, and treatment practice within an entire agency to help practitioners provide integrated treatment. The overall vision of an integrated system is to effectively serve individuals with co-occurring disorders no matter where they enter the system.
- Subp. <u>26_24</u>. **Integrated treatment plan.** "Integrated treatment plan" means a single treatment plan that addresses both the client's mental health and substance-related substance use disorders, and integrates information obtained during the screening, diagnostic assessment, functional assessment, and contextual analysis into a set of actions to be taken by the treatment team. The plan is an evolving document that the certificate holder continues to review and refine throughout treatment.
- Subp. 27 25. **Level of care.** "Level of care" means the intensity of services being provided based on the assessed needs of the client. The number of hours of care and the credentials of the individual providing the care reflect the level of care.

Adopted Rules =

- Subp. 28 26. Mental illness.
- Subp. 29 27. **Program of origin.** "Program of origin" means the licensed or certified program eligible for certification as an integrated dual diagnosis treatment program under part 9533.0030, subpart 1.
 - Subp. 30 28. Protocol. "Protocol" means a set of steps or actions to be taken to implement a process or standard procedure.
- Subp. 31_29. **Psychoeducation.** "Psychoeducation" means individual, family, or group services designed to educate and support the individual and family in understanding symptoms, treatment components, and skill development; prevent_preventing relapse and the acquisition of comorbid disorders; and achieve achieving optimal mental and chemical health and long-term resilience.
- Subp. 32 30. **Recovery coach.** "Recovery coach" means an individual who has a mental health disorder, substance use disorder, or co-occurring disorder, or an individual who has experience with addiction or mental illness in the individual's family, or in close friendships, and has had experience that supports the individual's understanding of the complications of the disorders. Recovery coaches provide a set of nonclinical, peer-based activities that engage, educate, and support an individual with co-occurring disorders, using the coach's own personal, lived experiences of recovery.
- Subp. 33_31. **Recovery philosophy.** "Recovery philosophy" means a philosophical framework for organizing health and human service systems that affirms hope for recovery, exemplifies a strength-based orientation, and offers a wide spectrum of services and supports aimed at promoting resilience and long-term recovery from co-occurring disorders successful treatment and ongoing long-term treatment success, and includes a significant reduction in acute and chronic symptoms, a focus on client strengths, and the availability of a wide spectrum of services and supports that promote resilience and reduce the risk of relapse and its harmful effects.
- Subp. 34_32. Screening. "Screening" means a brief process that occurs soon after an individual seeks services and indicates whether the individual is likely to have co-occurring mental health and substance-related substance use disorders.
- Subp. 35_33. **Staff or staff member.** "Staff" or "staff member" means an individual who works under the direction of the certificate holder regardless of the individual's employment status. Examples include interns, consultants, and other individuals who work part time or who volunteer, and individuals who do not provide direct contact services as defined in *Minnesota Statutes*, section 245C.02, subdivision 11.
- Subp. 3634. **Stage of change.** "Stage of change" means an individual process involving progress through a series of psychological stages that relate to treatment readiness and acceptance of one's problems. These stages are typically described as:
 - Subp. 37.35. Stage of treatment. "Stage of treatment" means specific, identifiable phases of treatment that include:
- Subp. 38_36. Stage-wise treatment. "Stage-wise treatment" means interventions tailored to a client's stage of treatment by considering a client's readiness for and attitudes toward change, and whether the client is at the engagement, persuasion, active treatment, or relapse-prevention stage of treatment that is documented. The objective is to maintain a productive working relationship by avoiding pressure on the client to change too much, too quickly. Stage-wise treatment is based on research that shows that interventions appropriate at one stage may be ineffective or contraindicated at another stage.
- Subp. 39_37. Substance-related Substance use disorder. "Substance-related 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_Disorders, 5th edition (DSM), and subsequent editions of the DSM. The section of the DSM-IV-TR_DSM that defines "substance-related substance use disorder" is incorporated by reference. The current DSM was published by the American Psychiatric Association in 1994 in Washington, D.C 2013. It is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.
- Subp. 40_38. **Telehealth Telemedicine.** "Telehealth" means the exchange of medical information from one site to another via electronic communications for use to improve a client's health status. An example is videoconferencing. Telehealth does not include electronic mail or telephone text transmissions. For integrated treatment, "telemedicine" has the meaning given to the phrase "mental health telemedicine" in *Minnesota Statutes*, section 256B.0625, subdivision 46, when telemedicine is used to provide integrated treatment.
 - Subp. 41. Treatment for a substance-related disorder. "Treatment for a substance-related disorder" has the same meaning as that

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given for "chemical dependency treatment."

9533.0030 ELIGIBILITY FOR CERTIFICATION.

Subpart 1. **Eligibility.** An eligible provider must meet the requirements of parts 9533.0010 to 9533.0170, and be one or more of the following:

C. licensed by tribal government as an American Indian program that provides treatment for <u>substance-related substance use</u> disorders or mental health services;

9533.0040 TARGET POPULATION.

The certificate holder must design its program to be capable of furnishing services to the relatively intensive needs of the target population, although the certificate holder may elect to serve a broader spectrum of clients in its program. The target population is persons individuals experiencing problems with a substance-related substance use disorder and mental illness whose acute or chronic symptoms would be best served through integrated dual diagnosis treatment services. The certificate holder must be capable of providing integrated treatment for the target population, but the certificate holder may elect to treat a broader continuum of individuals in its program. The target population typically includes the following:

A. an individual assessed as having both a <u>substance-related_substance use</u> disorder and, for an adult, a diagnosis of schizophrenia, schizoaffective disorder, or a major mood disorder, including major depressive disorder and bipolar disorder; or, for a child, an emotional disturbance or severe emotional disturbance according to Minnesota Statutes, section 245.4871, subdivisions 6 and 15; or

B. an individual with co-occurring disorders and impaired role functioning demonstrated by one or more of the following characteristics:

- (3) a persistent pattern of nonengagement in mental health services or treatment for a <u>substance-related substance use</u> disorder, despite continuing outreach directed at the client;
 - (5) presentation with chronic symptoms of mental health disability, a substance-related substance use disorder, or both.

9533.0050 POLICIES, PROCEDURES, AND PROTOCOLS.

Subpart 1. **Policies, procedures, and protocols.** In accordance with *Minnesota Statutes*, section 245A.04, subdivision 14, the certificate holder must develop have written program policies, procedures, and protocols necessary to maintain compliance with parts 9533.0010 to 9533.0140 and must adhere to these policies, procedures, and protocols. The certificate holder must keep make program policies, procedures, and protocols readily accessible to staff and index these list the policies, procedures, and protocols with a table of contents or another method approved by the commissioner that enables staff to readily find the policies, procedures, and protocols.

- Subp. 3a. **Illness management and recovery principles.** The certificate holder must describe in its policies and procedures how principles of illness management and recovery will be infused throughout integrated treatment.
- Subp. 4. **Training and implementation.** <u>In accordance with *Minnesota Statutes*, section 245A.04, subdivision 14, the certificate holder shall:</u>

A. <u>provide training to train</u> program staff <u>related</u> to <u>implement</u> their duties <u>in implementing according to</u> the program's policies, procedures, and protocols;

9533.0060 PROGRAM STRUCTURE AND PRACTICE PRINCIPLES.

Subpart 1. **Program structure.** The certificate holder must:

A. adopt a program mission statement stating that the certificate holder is able to provide and offer integrated dual diagnosis treatment;

B. establish an integrated dual diagnosis treatment organizational structure that facilitates which reflects the practice principles defined in subpart 2 and supports the provision of services according to parts 9533.0070 to 9533.0170 to facilitate the integration of substance-related substance use disorder and mental health clinical treatment services; and

C. provide integrated dual diagnosis services treatment through a multidisciplinary team according to part 9533.0110; and

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D. use a billing structure that is amenable to reimbursement of integrated dual diagnosis treatment, if funding becomes available.

- Subp. 2. **Practice principles.** The certificate holder must establish its integrated dual diagnosis treatment program based on a set of core practice principles. These principles require the certificate holder to:
 - D. provide mental illness and substance-related substance use disorder treatment within the same episode of care;
- G. involve family, guardians, or other support figures in the treatment process through input to and feedback from such support figures, before, during, and after treatment, except when this involvement is counter-therapeutic or such figures are unable or unwilling to participate;
- H. provide psychoeducation for the client, the client's family, guardians, and other support figures regarding the interaction of mental health and substance-related substance use disorders;
 - I. provide treatment tailored to the individual's client's developmental and cognitive level;
- J. incorporate evidence-based treatment practices shown to be effective in treating mental illness, substance-related substance use disorders, and co-occurring disorders;
- L. endorse a recovery philosophy reflected in a formal mechanism for follow-up care, with an equal focus on treatment for substance-related substance use disorders and mental illness;
- M. recognize that although full recovery from both substance-related substance use and mental health disorders is an ideal goal, repeated interventions may be needed over the long term and symptom reduction is considered progress; and
- N. recognize and remain sensitive respond to issues related to culture, ethnicity, race, acculturation, and ethnic diversity, historical trauma, and recognize the client's cultural beliefs and values through culturally responsive, trauma-informed services.

9533.0070 SCREENING REQUIREMENTS.

- Subpart 1. **Screening required.** The certificate holder must ensure that staff who perform chemical dependency assessments must screen clients for mental health disorders: and staff who perform mental health diagnostic assessments must screen for substance-related substance use disorders.
 - Subp. 2. **Protocol.** The certificate holder must adopt a <u>written</u> screening protocol that sets out the requirements in items A to C.
- B. Screening <u>for co-occurring disorders</u> is required at least annually for each client, and when staff perform a mental health diagnostic assessment or a <u>substance-related substance use</u> disorder assessment. Notwithstanding this requirement, screening is not required when:

9533.0080 DIAGNOSIS.

The certificate holder must make a preliminary determination and document whether the client has a co-occurring substance-related substance use disorder and mental illness. The certificate holder must obtain the diagnosis or diagnoses in one of the following two ways:

A. document existing diagnoses determined by the referral source, as long as if the diagnoses:

9533.0090 INTEGRATED ASSESSMENT.

- Subpart 1. **Integrated assessment required.** When the certificate holder has made a preliminary determination that the client has a co-occurring substance-related substance use disorder and mental illness, the certificate holder must complete an integrated assessment that includes all of the information required in subparts 34 to 56 and parts 9505.0372, subpart 1, and 9530.6422, subpart 1. The certificate holder must substitute the requirements of this part for the requirements in parts 2960.0450, subpart 2, item A; 9505.0372, subpart 1; 9520.0790, subpart 3; and 9530.6422, subpart 1; as applicable, for a client who is receiving integrated treatment.
- Subp. 2. Second assessment not required. Notwithstanding the requirement in subpart 1, if the certificate holder has performed a diagnostic assessment for the purpose of complying with part 9533.0080, then the certificate holder does not need to comply a second time with the requirements in part 9505.0372, subpart 1, as part of the integrated assessment.

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- Subp. 23. **Timing.** For residential programs, the integrated assessment must be completed no more than ten days after admission. For outpatient programs, the integrated assessment must be completed within the first three client sessions. For all programs that provide treatment for children, the certificate holder must prepare a new integrated assessment for a child client every six months.
 - Subp. 3_4. Supplemental information. The integrated assessment must be supplemented to include:
- Subp. 4_5. **Integrated assessment summary.** The certificate holder must use the comprehensive information gathered during the assessment <u>process</u> to culminate in an integrated assessment summary that will later lead to the creation of a single integrated treatment plan. This integrated assessment summary must include:
- C. a description of situational factors in which the client's substance use behavior does and does not occur is typically triggered or is typically absent;
- Subp. 5_6. **Post-assessment determination about program suitability.** When the client is confirmed through the assessment process to have co-occurring disorders, the certificate holder must review the assessment results and conclusions and document whether the integrated dual diagnosis treatment program is appropriate to meet the client's needs. If not, the certificate holder must refer the client to an appropriate program or provider for treatment.
- Subp. 67. **Integrated assessment updates.** For adult clients, the integrated assessment must be updated annually. Notwithstanding this requirement, the integrated assessment must be promptly updated if the multidisciplinary treatment team determines that the client's co-occurring condition has significantly changed. The integrated assessment update must:
- A. update the most recent integrated assessment information referred to in subparts 1, 3, and 4, and 5 based on an interview with the client;

9533.0100 INTEGRATED TREATMENT PLAN.

Subpart 1. Integrated treatment plan requirements. The certificate holder must:

- C. adopt a protocol that requires <u>review of and updates</u> to the integrated treatment plan to <u>reflect the client's individual needs</u> <u>relevant to the client's stage of change and stage of treatment based on client progress and response to treatment</u>:
- Subp. 2. **Substitution of requirements.** The certificate holder must substitute the requirements of this part for the requirements in parts 2960.0490, subparts 1, 2, 2a, 3, and 5; 9505.0371, subpart 7, item C; 9520.0790, subpart 4; and 9530.6425, subparts 1, 2, 3, item B, and 3a; as applicable, for a client who is receiving integrated treatment.

9533.0110 STAFFING REQUIREMENTS.

- Subpart 1. **Multidisciplinary team.** The certificate holder must provide integrated dual diagnosis treatment through a multidisciplinary team of persons who are either employed by or have a written agreement to provide services for the certificate holder. The multidisciplinary team must include:
- B. an integrated treatment team leader who meets the requirements of part 9505.0371, subpart 5, item D, subitems (1) to (6), or 9530.6450, subpart 4, and who:
- (1) holds a current credential in the realm of integrated dual diagnosis treatment from a nationally recognized certification body approved by the commissioner; or
- (2) is approved by the commissioner or the commissioner's designated representative as having demonstrated knowledge of both substance-related substance use disorders and serious mental illnesses and the complexity of interactions between them, and skills that have been found to be effective in treating individuals with co-occurring disorders;

Subp. 2. Staffing.

- A. Each multidisciplinary team member must provide an average of at least eight hours per week of integrated dual diagnosis treatment service within the program.
 - B. If a team member meets fulfills the requirements for more than one item of the types of multidisciplinary team professionals

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<u>required</u> in subpart 1, items A to F, then the team member may <u>satisfy</u> the <u>requirements for a maximum of two items fulfill the roles of two multidisciplinary team professionals</u>. Only one team member may <u>satisfy</u> the <u>requirements for fulfill</u> two <u>items roles</u>.

- C. Team members may provide services integrated treatment through telehealth telemedicine.
- Subp. 3. **Competency.** Screening, assessment, and integrated dual diagnosis treatment services must be provided by staff who have demonstrated competency in their scope of practice.

9533.0120 STAFF RESPONSIBILITIES DURING ASSESSMENT AND TREATMENT.

- Subp. 2. Staff role in integrated assessment. The certificate holder must establish a protocol for the multidisciplinary team to:
- A. participate in information gathering to inform an integrated assessment that addresses both the <u>substance-related substance use</u> disorder and mental illness, and the interaction of the disorders; and
- B. share responsibility be accountable for the <u>collaborative</u> development of an integrated assessment through formal interaction and cooperation in initial assessment, ongoing reassessment, treatment plan updates, and treatment.
 - Subp. 3. Staff role in integrated treatment. The certificate holder must establish a protocol for the multidisciplinary team to:
- A. participate in the development of a single treatment plan that addresses both the <u>substance-related substance use</u> disorder and mental illness, and the interaction of the disorders; and
- B. share responsibility be accountable for the <u>collaborative</u> implementation of the treatment plan through formal interaction and cooperation in ongoing reassessment and treatment of the client.
- Subp. 4. **Integrated case consultation.** The certificate holder must perform integrated case consultation for collaborative review of the client's progress and response to treatment. During the integrated case consultation, the certificate holder must:
 - E. update the integrated treatment plan based on client progress and response to treatment: in accordance with part 9533.0100. (1) in residential programs, every 14 days; or
 - (2) in outpatient programs, every 30 days.
 - Subp. 5. Monitoring during treatment. The certificate holder must:
- A. document that staff monitor and assess the interactive courses of both the mental health and substance-related substance use disorders during treatment;

9533.0130 CORE TREATMENT SERVICES.

- Subpart 1. **Required services.** Unless the certificate holder has documented clinical contraindication of a service for the client and the rationale for the contraindication, the certificate holder must offer, or have a written agreement in place to offer, and must document the provision of the services in subparts 2 to <u>41.9</u> to program clients.
 - Subp. 2. Stage-based individual and group counseling modalities.
 - A. The certificate holder must adopt and routinely use a protocol to assess and reassess stage of treatment and stage of change.
- <u>B.</u> The certificate holder must offer individual and group <u>counseling modalities</u> that <u>considers consider</u> the client's stage of <u>change</u> <u>orientation treatment</u> to help the client:
 - A.
- (1) identify and address problems related to substance-related substance use disorders, mental health disorders, and the interaction between them;
 - B.
- (2) develop strategies to avoid inappropriate substance use; and

С.

- (3) maintain mental health gains and stability after discharge.
- C. Treatment delivered in a group modality must provide each individual in the group with stage-appropriate treatment and must include:
 - (1) a same-stage or mixed-stage treatment group; and
 - (2) a social skills training group.

Subp. 3. Motivational interviewing. The certificate holder must:

A. adopt and routinely use a protocol for assessment of treatment stage and motivation for change;

B. use a tool approved by the commissioner to assess motivation for change; and

C. use motivational interviewing to help the client recognize how the client's substance-related disorder and mental illness symptoms interfere with the client's ability to achieve personally valued goals, and become motivated to work on symptom management to pursue these goals.

- Subp. 4_3. Engagement and outreach techniques. The certificate holder must offer an array of assertive engagement outreach techniques. The techniques must be appropriate to the individual's stage of change and designed to:
- Subp. 5_4. Evidence-based procedures practices for delivering treatment. The certificate holder must offer use evidence-based procedures practices for delivering treatment, which may include cognitive-behavioral approaches, techniques, or strategies that address the interaction of the co-occurring disorders. The procedures must address the needs of the client based on the client's stage of treatment when clinically indicated for the client in the judgment of the treatment team (clinically indicated).
 - A. When clinically indicated, the certificate holder must use motivational interviewing to help the client:
- (1) recognize how the client's substance use disorder and mental illness symptoms interfere with the client's ability to achieve personally valued goals; and
 - (2) become motivated to work on symptom management to pursue these personally valued goals.
- B. When clinically indicated, the certificate holder must use at least one other permissible evidence-based practice. Other permissible evidence-based practices include cognitive-behavioral approaches and other practices supported by the professional literature and appropriate for the client's particular mental illness.
- Subp. 6_5. **Family-based interventions.** The certificate holder must offer family-based interventions that use evidence-based practices, when the certificate holder determines these <u>interventions</u> are available for the client's particular disorders.
- Subp. 7<u>6</u>. **Psychoeducation.** The certificate holder must offer psychoeducation about mental health and substance-related disorders, including treatment information and the characteristics, features, and interactive course of both types of disorders: the possible interactions between mental health disorders and substance use disorders, including how the disorders may worsen one another, to:
- A. the client. Psychoeducation must also include information about the specific disorders experienced by the client, including treatment information, characteristics, and the interactive course of the disorders; and
 - B. the client's family.
- Subp. 8. Dual disorder groups. The certificate holder must offer dual disorder groups that meet the client's needs based on the client's stage of treatment, including:
 - A. a stage-based treatment group; and
 - B. a social skills training group.
 - Subp. 97. Access to peer support. The certificate holder must facilitate client access to peer support. The certificate holder must offer

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individual interventions to clients that include:

- D. routine facilitation intended to engage patients in mental health peer support groups, or groups specific to the client's mental health and substance-related substance use disorders;
- Subp. 40 8. **Recovery coaching.** The certificate holder must offer recovery coaching that includes nonclinical, peer-based activities to engage, educate, and support the client in making life changes necessary to recover from co-occurring disorders. This subpart is effective July 1, 2016.
- Subp. <u>11-9</u>. **Psychopharmacological treatment.** The certificate holder must offer psychopharmacological treatment and adopt a protocol that states the prescribing provider must collaborate with the clinical team to:
 - C. eonsider prescribing prescribe and manage medications used in the treatment of substance-related substance use disorders.
- Subp. 10. Continuity of care. The certificate holder must provide continuity of care through follow-up, with a focus on a long-term view of addiction recovery and mental health management. The certificate holder must:
 - A. have a formal protocol to coordinate mental health and substance use disorders needs after high-intensity services are completed;
- B. include in the protocol requirements for client follow-up at six months and one year after completion of high-intensity services; and
 - C. document the specific actions taken in compliance with the protocol for each client.

9533.0140 REQUIRED ANCILLARY SERVICES.

- Subpart 1. Ancillary services. The certificate holder must provide or have a written agreement in place to provide the ancillary services in subparts 2 to 4.
- Subp. 2. Family psychoeducation. The certificate holder must provide family psychoeducation that includes education about the possible interactions between mental health disorders and substance-related disorders, including how the disorders may worsen one another:
- Subp. 3. Illness management and recovery principles. Illness management and recovery principles must be infused throughout treatment, and not provided as a discrete care session. The certificate holder must help the client:

A. set meaningful goals;

- B. acquire information and skills to develop a greater sense of mastery over the client's psychiatric illness and substance-related disorder; and
 - C. work toward progress in the client's personal recovery.
- Subp. 4. Continuity of care. The certificate holder must provide continuity of care through follow-up, with a focus on a long-term view of addiction recovery and mental health management. The certificate holder must:
- A. have a formal protocol to coordinate mental health and substance-related disorders needs after high-intensity services are completed;
- B. include in the protocol requirements for client follow-up at six months and one year after completion of high-intensity services; and
 - C. document the specific actions taken in compliance with the protocol for each client.

9533.0150 ORIENTATION AND TRAINING.

- Subpart 1. **Plan for orientation and training.** The certificate holder must develop a plan to ensure that staff receive orientation and training. The plan must include the following requirements:
 - A. a formal process procedure to provide orientation to all staff at the time the person begins work that includes:

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- B. a formal <u>process procedure</u> to evaluate the training needs of each staff person. The evaluation of training needs must occur when the staff person begins work and at least annually thereafter;
- Subp. 3. **Specialized training for treatment services staff.** The certificate holder must ensure that all staff who conduct individual or group sessions, or who provide clinical supervision or medication management:
- B. have or obtain appropriate competencies and working knowledge of the specific integrated dual diagnosis treatment services provided by the staff member and specific to the staff member's position description.

9533.0160 QUALITY ASSURANCE AND IMPROVEMENT.

- Subp. 2. **Quality improvement plan.** The certificate holder must adopt a quality improvement plan that requires the activities in items A to C. The quality improvement plan must include processes to perform these activities and to review the data or information obtained at least quarterly.
 - C. The certificate holder must monitor compliance by:
- (3) based on the results of self-monitoring, documenting reasonable efforts and action taken to improve the program's compliance with parts 9533.0010 to 9533.0170 based on the results of self-monitoring.

9533.0180 STANDARDS FOR PROPOSED ADDITIONAL SCREENING TOOLS.

- Subpart 1. **Consideration by commissioner.** On a semiannual basis, the commissioner shall <u>must</u> consider for potential approval any additional screening tools proposed. The commissioner shall consider screening tools for approval based on the criteria in subparts 2 and 3
 - Subp. 2. Required characteristics. The screening tool must:
 - F. predict a range of diagnosable mental health conditions, or the likelihood of substance-related substance use disorders.
- Subp. 3. **Preferred characteristics.** The commissioner shall <u>must</u> also evaluate the proposed tool according to whether it meets preferred characteristics. A tool receives a more favorable evaluation when it:

EFFECTIVE DATE. Parts 9533.0110, subpart 1, item F, and 9533.0130, subpart 10 8, are effective July 1, 2016. All other provisions of parts 9533.0010 to 9533.0180 are effective according to the time frame established in *Minnesota Statutes*, chapter 14.

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 says 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, state grants and loans, and state contracts

Executive Council

Notice of Special Executive Council Meeting 25 October 2013

NOTICE IS HEREBY GIVEN that the executive council will conduct a special meeting on Friday, October 25, 2013 at 9:00 a.m. in Room 318, State Capitol, Saint Paul, Minnesota to consider the Department of Natural Resources' request to approve issuance of 31 nonferrous metallic minerals leases as authorized under *Minnesota Statutes*, Section 93.25, subdivision 2.

For additional information contact: Winnie Sullivan, Executive Assistant

Department of Administration

E mail: Winnie.Sullivan@state.mn.us

Phone: (651) 201-2556

Minnesota Interagency Council on Homelessness Notice of Meeting 29 October 2013

A meeting of the Minnesota Interagency Council on Homelessness has been scheduled for Tuesday, October 29, 2013 from 2:00 p.m. – 4:00 p.m. in Room 2040 of the Minnesota Department of Revenue, 600 North Robert Street, St. Paul, Minnesota, 55146.

If you would like to attend the meeting or would like more information, please send an e-mail to *becky.schack@state.mn.us* with your name, organization (if applicable), email address and day time telephone number.

Minnesota Pollution Control Agency (MPCA)

Resource Management and Assistance Division
REQUEST FOR COMMENTS on Planned Amendments to *Minnesota Rules*Chapters 7000, 7001, 7035, 7045, 9210 and 9215; Revisor's ID Number 04155

Subject of Rules. The Minnesota Pollution Control Agency (MPCA) is requesting comments on its plans to amend *Minnesota Rules* chapters 7000 (Procedural Rules), 7001 (Permits and Certifications), 7035 (Solid Waste), 7045 (Hazardous Waste), 9210 (Solid Waste Grants and Loans Program) and 9215 (Solid Waste Planning; Certificate of Need). The MPCA is considering amendments that can generally be classified as "housekeeping" in this rulemaking.

In its 2012 Legislative Report on Obsolete Rules, the MPCA identified several obsolete rules that should be repealed. In addition to those identified obsolete rules, the MPCA has identified a number of additional errors, omissions, inconsistencies, and updates that must be corrected or updated through rulemaking. The MPCA believes that it is appropriate to conduct a "housekeeping" rulemaking to make the necessary corrections or changes. In this Request the MPCA is seeking comments on housekeeping amendments to rules that generally relate to the MPCA's procedural rules and the MPCA's land programs. Although this Request specifically identifies the following procedural and land-related amendments being considered at this time, the MPCA will consider comments and suggestions for additional changes and corrections for any of the rules administered by the MPCA.

Official Notices

Areas of Proposed Amendment:

- MPCA Procedural Rules in ch. 7000 (considering changes to correct errors and clarifications to more accurately reflect the handling of contested cases)
- Permits and Certification in ch. 7001 (considering the addition of relevant cross-references)
- Solid Waste in ch. 7035 (considering a number of updates, corrections and clarifications relating to the requirements regarding

 (1) infectious waste transportation, (2) ground water intervention limits) and (3) incorporating existing approved variances for mixed-municipal solid waste (MMSW) ash testing into rule)
- Hazardous Waste in ch. 7045 (considering a number of corrections to cross references, the removal/replacement of obsolete requirements, and adding conforming language for consistency with federal rules related to Hazardous Air Pollutant Standards for Hazardous Waste Combustors 64 FR 52828-53077, September 30, 1999, as amended November 19, 1999, at 64 FR 63209-63213 for permitting efficiency and to allow the Agency and regulated parties to more easily determine compliance)
- Solid Waste Grant and Loan Programs in ch. 9210 (considering expanding the options for providing notice of grant opportunities)
- Solid Waste Planning; Certificate of Need in 9215 (considering the correction of a cross reference)

The housekeeping amendments being considered will make a number of minor, unrelated changes to rules governing the MPCA's administrative procedures, permits, solid waste management, hazardous waste management and the administration of solid waste capital assistance grants. The changes being considered in the housekeeping segment of this rulemaking are all in the nature of corrections, streamlining, updates to reflect federal law or approved variances, and clarifications and the MPCA believes that the only effect of the changes will be to eliminate obsolete or somewhat duplicate requirements and improve the understanding and accuracy of the existing requirements.

The Agency has also identified two areas where amendments are necessary to incorporate existing practices into law:

- The Resources Conservation and Recovery Act (RCRA) program contains requirements for air emissions from hazardous
 waste incinerators. The amendments would enable regulated parties to demonstrate compliance with RCRA air permit
 standards by demonstrating compliance with Clean Air Act Maximum Achievable Control Technology (MACT)
 requirements. This option is allowed under federal law and requires adoption of specific language at the state level for
 implementation.
- The solid waste program has approved variances to MMSW ash testing requirements for regulated parties. Because every
 facility has a variance, it makes sense to modify the rule to reflect current practice and requirements.

These amendments are not expected to add costs to existing requirements and are still considered housekeeping amendments.

In this Request, the MPCA is providing notice of its intent to clarify, update, amend and correct the rules it is charged with implementing and is seeking input from the public regarding these changes and the identification of additional changes that would correct or clarify existing rules. If rules in additional chapters relating to other MPCA programs are identified as being obsolete or requiring minor correction or clarification, those amendments may also be conducted with this rulemaking.

The state rulemaking process requires agencies to consider the economic effect and also the cumulative impact of proposed amendments. The MPCA does not expect that the minor rule changes that will be proposed will result in any economic effect. However, with this Request the MPCA is also providing notice that it will be addressing economic and cumulative impact as part of this rulemaking and encouraging parties who may be interested or have information pertaining to the expected economic effect and the cumulative effect of this rule to provide that information to the MPCA and to register with the MPCA to receive notice when rules are proposed. (Cumulative effect means the impact that results from incremental impact of the proposed rule in addition to other rules, regardless of what state or federal agency has adopted the other rules.)

Persons Affected. The MPCA is aware of six categories of persons who might be affected by the changes being considered.

- The first category are persons who are interested in receiving notice of Clean Water Partnership grants and who would have an objection to being provided notice by a means other than publication in the *State Register*.
- The second category are those transporters of used oil that would, under the proposed changes, be required to provide a
 notification of their activities to the MPCA instead of to the U.S. Environmental Protection Agency.
- · The third category are persons who generate MMSW ash.

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- The fourth category are owners and operators of hazardous waste treatment, storage, and disposal facilities wishing to comply with 40 CFR Part 264, Subpart O.
- The fifth category are persons who are regulated under chs. 7001 and 7035 who may be interested in clarifications, cross-references, etc.
- The sixth category are persons who have or may request contested case hearings under ch. 7000.

The MPCA does not expect that any of the other changes being considered will have any effect on any other persons other than to clarify requirements and improve their understanding of the rules. Persons who might potentially be interested in, although not affected by the changes, are the transporters of infectious waste, hazardous waste generators and transporters, persons involved in the MPCA's contested case hearing process and those who prepare and implement solid waste management plans and plan amendments (i.e., counties, solid waste management districts and multicounty areas outside of the seven-county metropolitan areas).

Statutory Authority The statutory authority for making these corrections and changes is based on the authority granted for each of the rule chapters being amended. The MPCA has general authority to promulgate and/or revise the rules governing:

- · ch. 7000 (Procedural Rules) Minnesota Statutes §§ 116.07, subd. 3 and 14.06
- · ch. 7001 (Permits and Certifications) Minnesota Statutes § 116.07, subd. 4 and 115.03, subd. 1
- · ch. 7035 (Solid Waste) Minnesota Statutes § 116.07, subd. 4 (b)
- · ch. 7045 (Hazardous Waste) Minnesota Statutes § 116.07, subd. 4(g)
- · ch. 9210 (Solid Waste Grant Programs) Minnesota Statutes § 115A.06, subd. 2
- · ch. 9212 (Certificate of Need) Minnesota Statutes § 115A.06, subd. 2

Public Comment. The MPCA is interested in hearing comments from any interested or potentially affected persons or groups. Written comments or information may be submitted to the contact person identified below until 4:30 p.m. on Friday, November 22, 2013. The MPCA will consider all comments in the development of the rule amendments.

Rule Drafts. No draft of the rule is available at this time. Persons interested in being notified when a draft is available and other activities relating to this (or other MPCA rulemakings) are encouraged to register at

https://public.govdelivery.com/accounts/MNPCA/subscriber/new.

Information relevant to this rulemaking is located at the following Webpage: http://www.pca.state.mn.us/qxc9y89.

MPCA Contact. Comments, information and requests for more information on these planned rule amendments should be directed to:

Yolanda Letnes

Minnesota Pollution Control Agency 520 Lafayette Road North, St. Paul, MN 55155-4194

Telephone: (651) 757-2527 or

TTY: (651) 282-5332 **Toll-free:** 1-800-657-3864

E-mail: yolanda.letnes@state.mn.us

Alternative Format. Upon request, this Request for Comments can be made available in an alternative format, such as large print, Braille, or cassette tape. To make such a request, please contact the MPCA contact person at the number or address above.

Note. Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the administrative law judge if and when a proceeding to adopt rules is started. The MPCA is required to submit to the judge only those written comments received in response to the rules after they are proposed. If you submit comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Dated: 4 October 2013 John Linc St. Minnesota F

John Linc Stine, Commissioner Minnesota Pollution Control Agency

Official Notices

Minnesota Department of Revenue

Official Notice: Cigarette Sales Tax - Rate Change

Pursuant to 2013 Minnesota Laws, Chapter 143, article 5, section 26, the current cigarette sales tax rate is 49.3 cents per pack of 20 cigarettes. Pursuant to Minnesota Statutes, section 297F.25, the Commissioner of Revenue has determined that the new tax rate will be 51.2 cents per pack of 20 cigarettes. For packs of cigarettes with other than 20 cigarettes, the tax must be adjusted proportionally. This rate is effective for sales on or after January 1, 2014.

Publication Date: October 21, 2013

Minnesota Department of Transportation (MnDOT) Engineering Services Division, Office of Construction and Innovative Contracting Notices of Suspension and Debarment

NOTICE OF DEBARMENT

NOTICE IS HEREBY GIVEN that the Department of Transportation ("MnDOT") has ordered that the following vendors be debarred for a period of thirty (30) months, effective August 22, 2011 until February 22, 2014:

- · Marlon Louis Danner and his affiliates, South St. Paul, MN
- · Danner, Inc. and its affiliates, South St. Paul, MN
- · Bull Dog Leasing, Inc. and its affiliates, Inver Grove Heights, MN
- · Danner Family Limited Partnership and its affiliates, South St. Paul, MN
- · Ell-Z Trucking, Inc. and its affiliates, South St. Paul, MN
- · Danner Environmental, Inc. and its affiliates, South St. Paul, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective March 25, 2011 until March 25, 2014:

- · Philip Joseph Franklin, Leesburg, VA
- · Franklin Drywall, Inc. and its affiliates, Little Canada, MN
- · Master Drywall, Inc. and its affiliates, Little Canada, MN

NOTICE IS HEREBY GIVEN that MnDOT has ordered that the following vendors be debarred for a period of three (3) years, effective May 6, 2013 until May 6, 2016:

- · Gary Francis Bauerly and his affiliates, Rice, MN
- Gary Bauerly, LLC and its affiliates, Rice, MN
- · Watab Hauling Co. and its affiliates, Rice, MN

Minnesota Statute section 161.315 prohibits the Commissioner, counties, towns, or home rule or statutory cities from awarding or approving the award of a contract for goods or services to a person who is suspended or debarred, including:

- 1) any contract under which a debarred or suspended person will serve as a subcontractor or material supplier,
- any business or affiliate which the debarred or suspended person exercises substantial influence or control, and
- 3) any business or entity, which is sold or transferred by a debarred person to a relative or any other party over whose actions the debarred person exercises substantial influence or control, remains ineligible during the duration of the seller's or transfer's debarrent.

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.

SEE ALSO: Office of Grants Management (OGM) at: http://www.grants.state.mn.us/public/

Minnesota Department of Employment and Economic Development (DEED)

Available Funding for Foreign Trained Health Care Professionals Grant Program State Fiscal Years 2014 – 2015

Deadline: Applications are due 4:00 p.m., Friday, November 1, 2013.

Notice of Contract

The Minnesota Department of Employment and Economic Development re-announces the availability of funding to help foreign trained health care professionals earn state licensure in their profession. \$427,500 of funding is available in state fiscal years 2014 and 2015 under this solicitation.

A previously released RFP closed 9/24/13. DEED is releasing this revised RFP to allow applicants to apply for up to 5% administrative funding and to increase the total amount a party can apply for to \$275,000 (up from \$250,000).

Request for Proposal

To obtain a copy of the RFP, or if you have any questions, contact Ryan Merz at:

E-mail: Ryan.Merz@state.mn.us

Phone: (651) 259-7589

Department of Employment and Economic Development

Adult Program – Attn: Ryan Merz First National Bank Building 332 Minnesota Street, Suite E200 St. Paul, MN 55101-1351

Additionally, the RFP can be downloaded at:

 $http://www.PositivelyMinnesota.com/About_Us/Competitive_Contract_Opportunities/Foreign_Trained_Health_Care_Professionals_Grant_Program.aspx$

Application Deadline

The deadline for submission of applications is 4:00 p.m., Friday, November 1, 2013. No late proposals will be considered. Send applications via e-mail per the RFP instructions. Provide a PDF of application as an e-mail attachment. Send e-mail to: Ryan.Merz@state.mn.us

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.

Minnesota Department of Health (MDH)

Medical Education and Research Costs (MERC) Grant Announcement Re-opened MERC Fund Application (for Specific Provider Types ONLY):

Earlier this year, the Minnesota Legislature passed new legislation which expands the MERC Fund for new categories of clinic training. Specifically, it is now available for facilities that provided clinical training in **fiscal year 2011** through the following accredited teaching

State Grants & Loans

programs: clinical social workers, community health workers, community paramedics, dental therapists, advanced dental therapists and psychologists. The application for this data year closed in October 2012; however, since this is a new opportunity for provider types not eligible to apply in the past, the Minnesota Department of Health has **re-opened the fiscal year 2011** MERC application until **4 p.m. on November 15, 2013** for only these provider types.

The MERC Fund provides support for certain medical education activities in Minnesota that have historically been supported in significant part by patient care revenues. The first distribution of MERC Fund grant occurred in May of 1998, and funds have been distributed to clinical training sites around the state through the MERC program.

Programs wishing to apply for a grant from the MERC Fund must submit their application through their sponsoring institution. A sponsoring institution may be a hospital, school or consortium that supports accredited teaching programs. These sponsoring institutions typically provide funding and accounting for the programs. Applications submitted by any entity other than a sponsoring institution will not be accepted.

Grant application materials can be found on the Minnesota Department of Health website:

http://www.health.state.mn.us/divs/hpsc/hep/merc/mcapinfo.html.

Contact: Diane Reger at (651) 201-3566 or

E-mail: diane.reger@state.mn.us.

Minnesota Department of Health (MDH) Medical Education and Research Costs (MERC) Medical Education and Research Costs (MERC) Grant Announcement

The Minnesota Department of Health is accepting MERC grant applications until 4 p.m. on December 15, 2013. The online application is available to sponsoring institutions with accredited programs providing training in fiscal year 2012 for advanced practice nursing, clinical social workers, community health workers, community paramedics, dental students/residents, dental therapists/advanced dental therapists, chiropractic students, medical students/residents, pharmacy students/residents, physician assistants and psychologists.

The MERC Fund provides support for certain medical education activities in Minnesota that have historically been supported in significant part by patient care revenues. The first distribution of MERC Fund grant occurred in May of 1998, and funds have been distributed to clinical training sites around the state through the MERC program.

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Grant application materials can be found on the Minnesota Department of Health website:

http://www.health.state.mn.us/divs/hpsc/hep/merc/mcapinfo.html.

Contact: Diane Reger at (651) 201-3566 or diane.reger@state.mn.us.

Minnesota Housing Finance Agency (MHFA)

Notice of Request for Proposals for the Homeless Management Information System Metro Shelters Bed Coverage Initiatives

The Minnesota Housing Finance Agency announces the anticipated availability of grant funds through the Homeless Management Information System (HMIS) Metro Shelters Bed Coverage Initiatives.

State Grants & Loans =

Amount of Funds Available:

\$ 100,000 in grant funds are anticipated for the period of January 1, 2014 - June 30, 2015. The actual availability and amount of funds is contingent upon the 2014 Minnesota State Budget

Eligible Applicants:

Eligible applicants are metro Continuums of Care (CoC) that have: 1) significant need to increase non-mandated shelter bed coverage in HMIS, and; 2) technical capacity to develop and maintain the plan to improve the HMIS shelter bed coverage.

The implementation is expected to be available in 7 metro areas and sustainable after the grant period. The applicant must understand housing information system and develop partnerships with various housing programs and other housing information providers.

To Apply:

Contact Ji-Young Choi of Minnesota Housing at (651) 296-9839 for application information.

Minnesota Housing Finance Agency (MHFA) Request for Proposals for Housing Trust Fund: Re-Entry Rental Assistance Initiative

Application deadline: 4:30 p.m., Monday, November 25, 2013

Minnesota Housing announces the availability of funds of up to \$500,000 through a one-time Request for Proposal (RFP).

This initiative is designed to help persons who are formerly incarcerated re-integrate into communities, through the funding of rental assistance. This assistance will help ex-offenders to secure stable housing and to reduce recidivism. Eligible uses are to fund temporary rental assistance, security deposits and housing related expenses for individuals being released from a Minnesota Correctional Facility to community supervision. The funds will be provided in the form of a grant for the term of two years.

The deadline for applications is 4:30 p.m., Monday, November 25, 2013.

Current rental assistance administrators under Minnesota Housing's Housing Trust Fund program or Bridges program are eligible to apply. Current administrators are encouraged to partner with other organizations to apply for and implement this program. Grants are anticipated to be awarded throughout the state. The lists of current administrators are online:

http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006222.pdf http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006044.pdf

Priority will be given to applicants who:

- 1. Demonstrate experience promoting housing stability for high risk individuals.
- 2. Express a commitment to collaborate with Corrections staff and other organizations on a program, particularly with respect to referrals, services, and data collection for purposes of evaluation.
- 3. Identify a need for housing assistance for the target population.

RFP Process:

One original and one copy of the application should be submitted to Minnesota Housing at 400 Sibley Street, Suite 300, Saint Paul, MN 55101, no later **than 4:30 p.m.**, **on Monday, November 25, 2013**. Emailed submissions are also required as described in the application materials. Late proposals will not be accepted. Faxed proposals will not be accepted.

Application materials can be found at *www.mnhousing.gov* (Home

Multifamily Rental Partners

Programs & Funding

Open RFPs).

Questions should be directed to: Carrie Marsh, Minnesota Housing, Carrie.Marsh@state.mn.us, (651) 215-6236.

Additional requirements can be found in the **Housing Trust Fund Program and Ending Long-Term Homelessness Initiative Fund Rental Assistance Program Guide**, (http://bit.ly/194LNGb)

State Contracts

In addition to the following listing of state contracts, readers are advised to check the Statewide Integrated Financial Tools (SWIFT) Supplier Portal at: http://supplier.swift.state.mn.us as well as the Office of Grants Management (OGM) at:

http://www.grants.state.mn.us/public/

Informal Solicitations: Informal soliciations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be advertised in the Supplier Portal (see link above) or posted on the Department of Administration, Materials Management Division's (MMD) Web site at: http://www.mmd.admin.state.mn.us/solicitations.htm.

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 advertised in the SWIFT Supplier Portal or alternatively, in the Minnesota State Register if the procuments is not being conducted in the SWFT system.

Minnesota State Colleges and Universities (MnSCU) **Bemidji State University**

Notice of Request for Proposals for Development of Bemidji State University Website

NOTICE IS HEREBY GIVEN that Bemidji State University will receive sealed proposals for Development of the Bemidji State University Website. Specifications will be available October 21, 2013, at the following website:

http://www.bemidjistate.edu/offices/procurement_logistics/rfps_bids/

Instructions for delivering proposals, as well as all other requirements and contact information, will be contained in the RFP to be posted at the above website.

Sealed proposals must be received by Belinda Lindell, Director of Procurement & Logistics, Bemidji State University & Northwest Technical College, Deputy 204, Box 8, 1500 Birchmont Drive NE, Bemidji, MN 56601, by 2:00 PM, Tuesday, November 12, 2013. Late proposals will not be considered.

Bemidji State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received. This Request for Proposal does not obligate the University to complete a proposed contract, and the University reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Central Lakes College-Brainerd Campus Request for Proposal for Small Business Consulting Services

Central Lakes College is requesting proposals for Small Business Consulting Services at the Brainerd Campus. A copy of the Request for Proposals may be obtained by contacting Greg Bergman, 501 West College Drive, Brainerd, MN 56401. (218) 855-8145

Proposals must be submitted no later than Wednesday, October 30, 2013 at 3:00 pm CST. All proposals must be sealed and marked "RFP for Small Business Consulting Services". Submit proposals to:

> Central Lakes College Attn: Greg Bergman 501 West College Drive Brainerd, MN 56401

E-mail: gbergman@clcmn.edu

The college reserves the right to reject any or all proposals, to waive any information or irregularities in the bidding and to make the award serving the best interest of the college.

Central Lakes College is an affirmative action/equal opportunity employer and educator. These materials are available in alternative

State Contracts -

formats to individuals with disabilities upon request. If you use a TTY, call the Minnesota Relay Service at 1-800-627-3529 and request to contact Central Lakes College.

Minnesota Department of Education (MDE)

Request for Proposals for the Provision of Software Solutions with Web-based User Interfaces to Conduct Administrative Reviews for the National School Lunch Program, School Breakfast Program and other Federal School Nutrition Programs

NATURE OF CONTRACT:

The goal is to streamline the current coordinated review effort process incorporating the updated federally mandated 2013 administrative review process, which includes evaluation of meal access and reimbursement, nutritional quality and meal pattern, afterschool snack program, fresh fruits and vegetable program, seamless summer option and special milk program, general compliance areas and resources management. This will result in a proactive model of identifying at-risk schools and/or programs.

Streamlining the administrative review process will reduce the potential of human error and focus resources where they are most needed.

DESCRIPTION OF PROJECT:

The contractor will accomplish a streamlined administrative review process that will provide software solutions that automate the following processes:

- 1. Off-site administrative review at the school district level
- 2. On and off-site administrative review at the state agency level per the most current administrative review forms, tools and worksheets defined by the United States Department of Agriculture (USDA)
- 3. Nutrient analysis and validation assessment as approved by USDA.

Responders must meet pass/fail criteria and complete information related to their ability and understanding of compliance with applicable 508 and Web Content Accessibility Guidelines. The due date for questions is October 29, 2013, 3:30, p.m., Central Time. Please refer to the full solicitation for additional information.

ESTIMATED CONTRACT PERIOD:

The term of this contract is anticipated to begin December, 2013, or upon full execution of the contract, whichever is later, and extend through November 30, 2014 with the option for additional one-year extensions resulting in no more than a 5 year total contract. However, software solutions must be implemented during the initial contract period. Extensions to contract will be based on contractor performance, continued funding, a reasonable negotiated cost and budget.

AGENCY'S ESTIMATED COST OF SERVICES:

The department estimates that the initial project for the first contract period will cost an estimated **maximum** of \$350,000. Responders will prepare a cost proposal based on the initial contract period. Cost will be part of the evaluation factors.

PROPOSAL DUE DATE:

Received by (not postmarked by) November 13, 2013, at 3:30 p.m., Central Time. Proposals should be mailed or delivered, NOT submitted into the SWIFT system.

Requests for copies of the solicitation may be submitted through email to the contact person below.

AGENCY CONTACT PERSON FOR QUESTIONS:

Deb Lukkonen

E-mail: Debra.j.lukkonen@state.mn.us

Telephone (if email is not working): (651) 582-8228

TTY: (651) 582-8201

State Contracts

Minnesota Department of Health (MDH) MN.IT Services at the Minnesota Department of Health Notice of Request for Proposals for Electronic Messaging Services

NOTICE IS HEREBY GIVEN that the Minnesota Department of Health (MDH) is requesting proposals for the purpose of having a vendor provide the agency with a subscription service for secure electronic information exchange based on a directed push approach using the Direct Project specifications and standards (Direct). The vendor/service provider must also have the capability or be willing to develop the capability to provide future secure electronic information exchange service to MDH, via subscription, based on a query & response approach using the CONNECT open source software solution (CONNECT). The vendor/service provider will also develop an automated, secure electronic interface between the Direct implementation and MDH's internal messaging infrastructure and have the capability to extend the interface to support query and response.

CONNECT and Direct are protocols defined and supported by the Office of the National Coordinator for Health Information Technology (ONC) at the US Department of Health and Human Services (HHS), which has created a set of standards, services, and policies that enables the secure exchange of health information over the Internet.

Work is proposed to start January 6, 2014.

Prospective responders may request a copy of the Request for Proposals via email through November 25, 2013. A request must be sent via e-mail to receive the Request for Proposals.

The Request for Proposals can be obtained from:

D. William O'Brien, Project Manager

MN.IT Services at the Minnesota Department of Health

E-mail: william.obrien@state.mn.us

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the email address above no later than 4:30 p.m., Central Standard Time, November 27, 2013. **Late 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.

Minnesota Judicial Branch

Fourth Judicial District

Notice of Request for Proposals for Technology Infrastructure Assessment

The Fourth Judicial District is seeking a highly qualified technical consultant specializing in network resource management, data infrastructure and architecture solutions and data center management that can provide an overall assessment and provide recommendations to improve the efficiency and cost-effectiveness of the current data center model; offer a technical assessment of the shared infrastructure environment between the STATE (through the 4th Judicial District) and Hennepin County Information Technology Department; and recommend infrastructure improvements leading to a more responsive and cost-effective infrastructure support model.

A copy of the full RFP is posted on the **Fourth Judicial District's website.** RFP Submission Deadline Date is **Monday, November 25, 2013**. All proposers are encouraged to thoroughly read the entire RFP solicitation.

Questions may be directed to: John Erar, Chief Information Officer, 4th Judicial District, C-1250 Government Center, 300 South Sixth Street, Minneapolis, MN 55487-0421. E-mail: john.erar@courts.state.mn.us

State Contracts =

Minnesota State Lottery

Notice of Request for Proposals for Consultant for Online Gaming System Services

The Minnesota State Lottery intends to issue a Request for Proposal on or about October 21, 2013, for a consultant to provide assistance to the Lottery in drafting an RFP for Online Gaming System Services; reviewing and evaluating proposals submitted to the Lottery as a result of that RFP; and assisting the Lottery with acceptance testing and conversion to a new system. Consultant or consulting firm submitting a proposal must have at least five (5) years' experience relating to online lottery gaming system software testing and development. The RFP can be found at: http://www.mnlottery.com/vendor_opportunities/ or to have a copy emailed to you, contact:

Carolyn Ross

Contracts & Purchasing Manager

2645 Long Lake Road

Roseville, MN 55113

Phone: (651) 635-8102 **Fax:** (651) 635-8188

E-mail: carolynr@mnlottery.com

Minnesota 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 Kelly Arneson 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 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 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:

Kelly Arneson Consultant Services Office of Technical Support Minnesota Department of Transportation 395 John Ireland Blvd. - Mail Stop 680 St. Paul, MN 55155

State Contracts

Minnesota Department of Transportation (Mn/DOT)

Engineering Services Division

Notice Concerning Professional/Technical Contract Opportunities and Taxpayers' Transportation Accountability Act Notices

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

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. Mn/DOT is also posting notices as required by the Taxpayers' Transportation Accountability Act on the above referenced website.

Non-State Public 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 futher details.

Besides the following listing, readers are advised to check: http://www.mmd.admin.state.mn.us/solicitations.htm as well as the Office of Grants Management (OGM) at: http://www.grants.state.mn.us/public/.

City of Newport

Advertisement for Proposals for Qualified Consultants to Purchase, Re-platt and Develop City Owned Land

The City of Newport is seeking proposals from qualified individuals, firms, partnerships, and corporations interested in purchasing and re-platting and developing City owned 2.2 acres of land. The property is located between 4th Avenue and 5th Avenue at 11th Street and consists of two parcels with PIDs 36.028.22.32.0061 and 36.028.22.33.0049.

This site was home to the former Public Works site (1101 - 5th Avenue). Washington County conducted a Phase 1 environmental Audit on the site in 2005. The Estimated Market Value of the land for property tax purposes is shown as \$169,000.

The property can be subdivided into as many as nine lots as a PUD. Municipal water and sewer are available along both streets. Proposals must include a narrative of your redevelopment intensions, a realistic proposed purchase price, examples structure types (photos and plans), a \$5,000 escrow, and other information that may help the City determine a qualified purchaser of this land.

Non-State Public Bids, Contracts & Grants =

Proposals must be presented by 11 a.m. on November 5, 2013. in a sealed package addressed to City Administrator, City Hall, 596 - 7th Avenue, Newport, MN 55055.

The City Council may select the proposer best suited for the needs of the City solely, and may choose to waive any irregularities.

Interested persons are encouraged to call or email Deb Hill, City Administrator, at (651) 556-4600 or dhill@newportmn.com.

The escrow from unsuccessful proposers will be returned following Council decision to begin negotiations with a selected proposer.

Dated this 9th day of October, 2013

Deb Hill, City Administrator City of Newport

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Published by the Department of Human Services, 6" x 9", perfect bound, 205-pages, Stock No. 149, \$19.95 + tax

DATA PRACTICES LAWS & RULES - NEW EDITION

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FAMILY IN-HOME DAY CARE LAWS & RULES - NEW EDITION

Published by the Department of Human Services, 6"x9", perfect bound, 193-pages, Stock No. 148, \$19.95 + tax



LIQUOR LAWS & RULES - NEW EDITION

Published by the Department of Public Safety, 6"x9", perfect bound, 102-pages, Stock No. 126, \$18.95 + tax



PHARMACY LAWS - NEW EDITION

Published by the Pharmacy Board, 6"x9", perfect bound, 160-pages, Stock No. 114, \$18.95+ tax.

ALSO

Minnesota Session Laws

Set is two volumes (3,193 pages) and includes laws passed during the 2013 regular session as well as the 2012 first special session. A set (state copy) is now on display in the store. NO QUANTITY DISCOUNTS. **Stock No. 989. Cost:** \$52 + tax, includes shipping.

Health Care Facilities Directory 2013

This new directory updates the 2012 edition. Features comprehensive listing of hospitals, nursing homes, supervised living facilities, outpatient clinics, home health agencies, hospices, etc. within the state of Minnesota. Lists are organized both by county and alphabetically. **Stock Number:** 72. **Price:** \$28.95. **Binding:** Plastic Spiral Binding. 554-pages.

Learning Objectives for Professional Peace Officer Education

Features techniques of criminal investigation and testifying to include traffic, law enforcement, use of firearms, interrogation tactics, and more. Produced by the P.O.S.T Board. **Stock Number:** 414. **Price:** \$18.95. **Pages:** 109. **Binding:** Looseleaf-no binder. Fits in this binder (Stock No. 398).

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Cooking with Wild Berries & Fruit	Stock Number 13712	\$12.95
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of a Public Building,	20012.0110019.0	Ψ10.50
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- Phone (credit cards): 8 a.m. 5 p.m. Monday Friday, 651.297.3000 (Twin Cities) or 1.800.657.3757 (nationwide toll-free)
- On-line orders: www.minnesotasbookstore.com
- Minnesota Relay Service: 8 a.m. 5 p.m. Monday Friday, 1.800.627.3529 (nationwide toll-free)
- Fax (credit cards): 651.215.5733 (fax line available 24 hours/day)
- Mail orders: Orders can be sent to Minnesota's Bookstore, 660 Olive Street, St. Paul, MN 55155

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