

**CHAPTER 4700**  
**DEPARTMENT OF HEALTH**  
**COMMUNITY HEALTH SERVICES**

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**4700.0100 DEFINITION OF TERMS.**

**Subpart 1. Scope.** The terms in subparts 2 to 18, used in parts 4700.0100 to 4700.1800 shall have the meanings given them.

**Subp. 2. Act.** "Act" means the Minnesota Community Health Services Act of 1976, Laws of Minnesota 1976, chapter 9, coded Minnesota Statutes, section 145.911 et. seq.

**Subp. 3. Activity.** "Activity" means public health/community health services described in the grant or subsidy application and approved by the commissioner for fiscal support.

**Subp. 4. Application.** "Application" means a written request for funds submitted by the applicant on forms provided by the commissioner pursuant to parts 4700.0100 to 4700.1800 and applicable statutes.

**Subp. 5. Award.** "Award" means the authorization by the commissioner for an applicant to receive and expend grant or subsidy funds for an activity.

**Subp. 6. Commissioner.** "Commissioner" means the state commissioner of health.

**Subp. 7. Community health services.** "Community health services" means those services designed to protect and improve the people's health within a geographically defined community by emphasizing services to prevent illness, disease, and disability, by promoting effective coordination and use of community resources, and by extending health services into the community. These services include community nursing services, home health services, disease prevention and control services, family planning services, nutritional services, dental public health services, emergency medical services, health education, and environmental health services.

Subp. 8. **Consumer.** "Consumer" means a person who is not a licensed or credentialed health professional or the spouse of such person, a person who does not have a material financial interest in the provision of professional health services, and a person who is not directly related to health services planning and development, except as a consumer member of health-related boards.

Subp. 9. **Fiscal management officer.** "Fiscal management officer" means the chief fiscal officer for the recipient of funds who has primary responsibility and accountability for expenditure of and reporting on grant and subsidy funds.

Subp. 10. **Fiscal year.** "Fiscal year" for subsidies to the commissioner of health means January 1 through December 31. The fiscal year for grants may differ dependent upon funding source requirements.

Subp. 11. **Key administrative personnel.** "Key administrative personnel" means those persons functioning under an approved community health services plan, including:

- A. the community health services administrator;
- B. the nursing director;
- C. the home health services director;
- D. the disease prevention and control director;
- E. the emergency medical services director;
- F. the health education director; and
- G. the environmental health services director.

Subp. 12. **Local agency.** "Local agency" means a nonprofit institution or organization or a general purpose subdivision of state government or combinations thereof authorized under joint powers agreement.

Subp. 13. **Local government officials.** "Local government officials" means members of a board of county commissioners, or a city council, or a township board, or a school board, or other such officials who have responsibility for decision making concerning health and related human services.

Subp. 14. **Local match.** "Local match" means the local agency's share of the cost of activities funded by grants and which share complies with the eligibility requirements of the funding source.

Subp. 15. **Local participation.** "Local participation" means those funds expended by a general purpose subdivision of state government or combinations thereof authorized under a joint powers agreement to support community health services, which are identified in the community health services plan and which qualify for subsidy, including funds derived from tax levies, gifts, fees for services, revenues from contracts, and federal general revenue sharing funds.

Subp. 16. **Notice of availability.** "Notice of availability" means a written announcement by the commissioner noting the availability of funds.

Subp. 17. **Project director.** "Project director" means the person responsible for administration of a funded activity.

Subp. 18. **Provider.** "Provider" means any individual who is a licensed or credentialed health professional; an employee or representative of a licensed or certified health care institution or agency, health care insurer, or health professional school; or a person with a material financial interest in the provision of health services.

**Statutory Authority:** *MS s 145.925; 145A.12*

**History:** *L 1977 c 305 s 39*

#### 4700.0200 PURPOSE OF RULES.

The purpose of parts 4700.0100 to 4700.1800 is to establish a process for allocating federal and state funds in the form of grants and subsidies to assist in establishing and maintaining community health services.

**Statutory Authority:** *MS s 145.925; 145A.12*

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## COMMUNITY HEALTH SERVICES 4700.0700

### 4700.0300 SCOPE OF RULES.

Parts 4700.0100 to 4700.1800 apply generally to all grants and subsidies awarded by the commissioner which are not governed by other specific procedural rules. The moneys available for the grant and subsidy awards governed by parts 4700.0100 to 4700.1800 come from both state and federal sources. Parts 4700.0100 to 4700.1800, therefore, do not prescribe the exclusive procedures and requirements applicable to grants and subsidies governed by them, but are in addition to any procedures and requirements specified in the enabling and authorizing laws establishing subsidies and grants programs, as well as any other applicable rules.

**Statutory Authority:** *MS s 145.925; 145A.12*

### 4700.0400 TYPE OF FUNDS.

Funds shall be available for the following purposes:

- A. planning grants for the development of a community health service agency or system;
- B. demonstration grants of the appropriateness, effectiveness, or feasibility of a community health service, or for the integration of existing community health services;
- C. special projects grants for the delivery of community health services to specified target populations; and
- D. community health services subsidies for the delivery of community health services.

**Statutory Authority:** *MS s 145.925; 145A.12*

## AVAILABILITY OF FUNDS AND APPLICATION PROCESS

### 4700.0500 NOTICE OF AVAILABILITY.

The commissioner shall mail a notice of availability of grant and subsidy funds to interested parties and local agencies who have requested the commissioner in writing to be so notified. The notice of availability shall include at least the following information:

- A. specific purposes for which funds are available;
- B. the format of the notice of intent to apply for funds;
- C. the final dates for submission of notice of intent and for submission of applications;
- D. the expected timetable for review of applications by the commissioner; and
- E. regional review requirements.

**Statutory Authority:** *MS s 145.925; 145A.12*

### 4700.0600 NOTICE OF INTENT.

Interested parties shall notify the commissioner in writing of intent to apply for funds in accordance with the timetables and format specified in the commissioner's notice of availability.

**Statutory Authority:** *MS s 145.925; 145A.12*

### 4700.0700 PROVISION OF APPLICATION FORMS.

Upon receipt of the notice of intent, the commissioner of health shall transmit application forms and instructions to the agency, institution, or organization submitting the notice of intent.

**Statutory Authority:** *MS s 145.925; 145A.12*

**History:** *L 1977 c 305 s 39*

**4700.0800 SUBMISSION OF APPLICATION.**

Applications shall be submitted to the commissioner no later than the date specified in the notice of availability. Information addressed in the application shall include, but not be limited to the following items:

- A. name and address of the applicant;
- B. names of the project director and the fiscal management officer who will be responsible for the activity for which funding is sought;
- C. identification of the significant community health services needs of the community and a description of the way the proposed activity will affect these needs, including:
  - (1) statement of the community health problem to which the activity is addressed;
  - (2) statement of goal(s) of the activity;
  - (3) objective(s) to be accomplished by the activity;
  - (4) methods by which each objective will be achieved;
  - (5) evaluation criteria to be used for periodic assessment of the activity;
  - (6) completed budget and budget justification;
  - (7) identification of local match and/or local participation; and
  - (8) original signature on face sheet and budget form;
- D. assurances of compliance with applicable state and federal laws pertaining to the administration of funds, and where applicable, documentation of approval by the county board(s) or city council(s) of the proposed community health services plan;
- E. the community health services plan submitted to the commissioner for fiscal year 1977 may be for funding for any remaining portion of fiscal year 1977.

Thereafter, the annual community health services plan shall be submitted to the commissioner no later than August 15 of each year for funding for the following fiscal year.

**Statutory Authority:** *MS s 145.925; 145A.12*

**4700.0900 ADDITIONAL INFORMATION.**

To enable the commissioner to make an adequate evaluation, the commissioner may request the submission of additional information consistent with parts 4700.0100 to 4700.1800 and any applicable statutes. The commissioner may refuse to award a grant or subsidy for failure of the applicant to submit requested additional information.

**Statutory Authority:** *MS s 145.925; 145A.12*

**REVIEW AND DISPOSITION OF APPLICATIONS****4700.1000 REGIONAL REVIEW.**

The applicant shall submit one copy of the completed application form to the commissioner by the date specified in the notice of availability and concurrently to the regional development commission(s) for the area in which the funded activity will take place. Such regional development commissions shall review and comment on the proposed community health service plans within 40 days after receipt, and shall review and comment on grant applications within 20 days after receipt. In addition, one copy of the completed application form shall be submitted to the appropriate health systems agencies for review and comment, or approval as appropriate. Any comments of the health systems agencies shall be submitted to the commissioner in accordance with the time schedule specified immediately above for regional development commissions.

**Statutory Authority:** *MS s 145.925; 145A.12*

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COMMUNITY HEALTH SERVICES 4700.1400

## **4700.1100 COMMISSIONER REVIEW.**

The commissioner shall review all applications in accordance with the time schedule specified in the notice of availability. The commissioner shall give consideration to the following criteria in determining which activities shall receive funds:

A. A determination that all legal conditions of eligibility are established. In the case of special grants authorized under Minnesota Statutes, section 145A.14, the following conditions shall apply:

(1) migrant agricultural workers shall include only those persons and their families whose principal occupation is or has been in agriculture on a seasonal basis during the preceding 12-month period, and who are required to establish a temporary place of abode for the purpose of such employment; and

(2) Native Americans without an established county of residence shall include only persons not residing on Indian land who are members of an organized tribe, band, or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as Native Americans by the group in which they claim membership.

B. The amount of funding available for a specific type of grant or subsidy.

C. Evidence that the proposed activity will positively affect identified community health problems in a cost effective manner.

D. Evidence of coordinated planning and of community support, including the availability of local match and/or local participation for the proposed activity.

E. Equitable distribution of funds throughout the state.

F. The findings submitted by the regional review agencies.

G. Clarity, specificity, and completeness of the application.

**Statutory Authority:** *MS s 145.925; 145A.12*

## **4700.1200 DISPOSITION.**

The commissioner shall inform each applicant in writing that one of the following actions has been taken with respect to its application.

A. approval of application as submitted;

B. approval of application with modifications;

C. conditional disapproval due to inadequate funds. Such applications shall be held by the commissioner pending availability of additional funds; and

D. disapproval of application with justification.

The commissioner's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and such conditions as are necessary for assuring the appropriate use of public funds.

**Statutory Authority:** *MS s 145.925; 145A.12*

## **ADMINISTRATION**

### **4700.1300 MONITORING.**

A member of the Department of Health staff will be designated to act as monitor for each grant or subsidy awarded. The person designated shall provide or arrange for technical assistance and shall monitor progress toward the goals and objectives of the activity.

**Statutory Authority:** *MS s 145.925; 145A.12*

### **4700.1400 LOCAL AGENCY RESPONSIBILITIES.**

The local agency, in addition to fulfilling the goals and objectives of the activity, shall:

A. Comply with the terms and conditions of the commissioner's award notice and with the requirements of parts 4700.0100 to 4700.1800 and other applicable laws and rules and regulations.

B. Maintain such records, including program and accounting records, as are necessary to make the required reports and to permit assessment of the activity by the commissioner.

C. Provide access to records relating to the funded activity.

D. Provide progress reports in accordance with a schedule specified in the award notification.

E. Assure that:

(1) the treasurer or an official exercising similar functions shall receive and provide for the custody of all funds paid by the commissioner;

(2) all local funds that are expended by the agency used to match a directly awarded federal grant are reported on the budget/expenditure form;

(3) the local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the commissioner of health;

(4) funds are used solely for the purpose authorized in the award;

(5) accounting records are supported by source documents; and

(6) audits are conducted to determine at a minimum the fiscal integrity of financial transactions and reports.

**Statutory Authority:** *MS s 145.925; 145A.12*

**History:** *L 1977 c 305 s 39*

#### 4700.1500 DISQUALIFICATION.

The commissioner may withhold or terminate funding for failure to comply with the terms of the award, with the requirements of the applicable rules and statutes, or for other just cause. The commissioner may require reimbursement of unauthorized expenditures identified by fiscal audit.

**Statutory Authority:** *MS s 145A.12*

### SPECIAL RULES AUTHORIZED BY THE ACT

#### 4700.1600 PERSONNEL.

Subpart 1. **Application.** Part 4700.1600 establishes minimum standards for the training, credentialing, and experience requirements for key administrative personnel under Minnesota Statutes, section 145A.12, except that this rule shall not apply to employees of agencies having a personnel system approved by the United States Civil Service Commission. Except for the community health services administrator, this rule applies only when the local agency has the specific services program as a distinct organizational component. A person may perform more than one key administrative role.

Subp. 2. **Key administrative personnel skills.** Key administrative personnel shall have documented experience that includes skills necessary to:

A. prepare and manage budgets;

B. manage a planning process for the delivery of services;

C. prepare necessary reports;

D. evaluate programs for efficiency and effectiveness;

E. coordinate the delivery of community health services with other public and private services; and

F. advise and assist the commissioner of health in the selection, direction, and motivation of personnel.

Subp. 3. **Minimum standards for key administrative personnel.** Incumbent key administrative personnel shall have until January 1, 1980, to meet the

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## COMMUNITY HEALTH SERVICES 4700.1700

minimum training, credentialing, and experience standards. Minimum standards for key administrative personnel positions are as follows:

A. Community health services administrator: academic preparation in administration, public health, or a related field and two years of documented experience in an administrative or supervisory capacity.

B. Community nursing director: Minnesota certification as a public health nurse as defined in Minnesota Statutes, section 145A.02, subdivision 18, and two years of documented experience in nursing, preferably in public health and in an administrative or supervisory capacity.

C. Home health services director: licensure to practice as a registered nurse in Minnesota, preferably meeting certification standards for public health nursing, and two years of experience in nursing involving supervisory or administrative responsibilities.

D. Disease prevention and control director: baccalaureate degree in physical or biological sciences and one year of experience in disease prevention and control methods; or two years of documented experience in an administrative or supervisory position in a disease prevention and control program.

E. Emergency medical services director: two years of documented experience in an administrative or supervisory position in a health-related program and training and/or experience in emergency medical services.

F. Health education director: baccalaureate degree and one year of experience in relevant fields; or two years of documented experience in an administrative or supervisory capacity in a health education program.

G. Environmental health director: baccalaureate degree in physical or biological sciences and two years of experience relevant to the environmental health program operated by the commissioner of health; or six years of experience in a technical or professional capacity relevant to the environmental health program operated by the commissioner of health. A master's degree in the environmental health sciences or as much as two academic years of postsecondary environmental health course work may be substituted for up to two years of experience provided that, in any case, the environmental health director shall have at least one year of experience.

**Statutory Authority:** *MS s 145A.12*

**History:** *L 1977 c 305 s 39; L 1987 c 309 s 24*

### **4700.1700 UNIFORM REPORTS.**

The recipient of a subsidy award shall furnish uniform reports to the commissioner as follows. Reports of expenditures shall be filed on forms provided by the commissioner no later than 45 days following the close of each quarter of the fiscal year. Annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year. This will constitute compliance with the requirements of Minnesota Statutes, section 145A.12. Reports of evaluation of the activities conducted under the annual community health services plan shall be submitted in accordance with the instructions and on forms provided by the commissioner and shall include at least the following:

A. an analysis of the results including statistical data for each of the activities included in the annual community health services plan using the evaluation criteria specified in the plan;

B. a narrative identification and description of efforts made toward improved coordination and integration of activities conducted by the commissioner of health with other organizations, agencies, and groups providing similar or related services in the area;

C. a summary expenditure report including the amount of local match or local participation; and

D. statistical data to comply with the federal requirements.

**Statutory Authority:** *MS s 145A.12*

**History:** *L 1977 c 305 s 39*

#### **4700.1800 COMMUNITY PARTICIPATION PROCESS.**

**Subpart 1. Community health services plan.** The community health services plan shall be developed with full community participation. Such participation shall include the following:

A. Written notice shall be made to interested persons, including affected providers, consumers, and local government officials, of the initiation of a local community health services plan development process. Such notice shall include the procedures by which persons may participate in that process, and notification of dates, times, and location of meetings or hearings at which persons shall be given the opportunity to express their views.

B. A general roster shall be developed and maintained for mailings of materials relating to community health services plan development, implementation, or major revision.

C. A public meeting at which interested persons shall have the opportunity to comment on the proposed plan shall be held annually at least 15 days prior to approval by the county board(s) of a proposed community health services plan. A summary of the plan shall be made available to interested persons at least two weeks prior to this meeting. A complete copy of the proposed plan shall be available for public review at a designated place.

D. A summary of the approved community health services plan shall be distributed to interested persons and a copy of the approved community health services plan and periodic progress reports shall be made available for public review at a designated place.

**Subp. 2. Interim planning committee.** When a county board(s) or city council(s) initiates a planning process for the development of a community health services plan, and until the commissioner of health is formally established, an interim planning committee shall be appointed by the county board(s) or city council(s) to assist in the development of the community health services plan. The committee shall function in a manner identical to that specified for the community health services advisory committee in Minnesota Statutes, section 145A.10, subdivision 10. Nominations for appointments to the interim planning committee shall be solicited from affected and interested community provider and consumer organizations and/or constituencies. Appointments to the interim planning committee shall be broadly representative of the community. The interim planning committee shall elect officers and may establish special study groups and task forces which may include persons other than members of the interim planning committee. All meetings of the interim planning committee shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the county board(s), or city council(s) as appropriate. Staff to assist the committee and task forces shall be furnished by the county board(s) or city council(s).

**Subp. 3. Advisory committee.** The advisory committee required by Minnesota Statutes, section 145A.10, subdivision 10, to be established upon the formation of the commissioner of health shall be selected by the participating county board(s) or city council(s) from nominations solicited from interested and affected organizations, community groups, and/or constituencies. The advisory committee may at its discretion organize special study groups and task forces which may include persons other than members of the advisory committee. All meetings and records of the advisory committee and of study groups and task forces established by it shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the commissioner of health. Staff support to the advisory committee shall be provided by the commissioner of health.

**Statutory Authority:** *MS s 145A.12*

**History:** *L 1977 c 305 s 39*

### FAMILY PLANNING SPECIAL PROJECT GRANTS

#### 4700.1900 PURPOSE, SCOPE, AND APPLICABILITY.

The purpose and scope of parts 4700.1900 to 4700.2550 is to prescribe requirements applicable to family planning special project grants, to establish minimum standards for family planning services supported in whole or in part by family planning special project grant funds, and to provide criteria for the review of family planning special project grant applications. The following parts of parts 4700.0100 to 4700.1800 and no others also apply to family planning special project grants: parts 4700.0100; 4700.0200; 4700.0300; 4700.0400, item C; 4700.0500; 4700.0600; 4700.0700; 4700.0800, items A and B; 4700.0900; 4700.1000; 4700.1100, items C and E; 4700.1300; 4700.1400, items A to E, subitems (1), (4), (5), and (6); 4700.1500; and 4700.1700.

Minnesota Statutes, section 145.925, contains a provision prohibiting use of these funds for abortions, and for family planning services to unemancipated minors in an elementary or secondary school building; requiring notice to parents or guardians of unemancipated minors to whom abortion or sterilization is advised, except as provided in Minnesota Statutes, sections 144.341 and 144.342; and prohibiting coercing anyone to undergo an abortion or sterilization.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

#### 4700.2000 DEFINITIONS.

**Subpart 1. Family planning.** "Family planning" means voluntary planning and action by individuals to attain or prevent pregnancy.

**Subp. 2. Family planning methods.** "Family planning methods" means agents and devices for the purpose of fertility regulation prescribed by a licensed physician, and other agents and devices for the purpose of fertility regulation including, spermicidal agents, diaphragms, condoms, oral contraceptives, intrauterine devices, natural family planning methods, sterilizations, and the diagnosis and treatment of infertility by a licensed physician, which can be paid for in whole or in part by family planning special project grant funds.

**Subp. 3. Family planning services components.** "Family planning services components" means the public information, outreach, counseling, method, referral, and follow-up categories under which all services provided by family planning service providers must be described. The minimum standards in part 4700.2210 serve to define these components.

**Subp. 4. High risk person.** "High risk person" means an individual whose age, health, prior pregnancy outcome, or socioeconomic status increases her chances of experiencing an unplanned pregnancy or problems during pregnancy. High risk persons include, but are not limited to, women under 18 or over 35; women who have experienced premature labor and delivery; women with existing health problems such as diabetes, anemia, and obesity; and persons whose individual or family income is determined to be at or below 200 percent of the official income poverty line as defined by the Federal Office of Management and Budget and revised annually in accordance with United States Code, title 42, section 9902, as amended through December 31, 1982. The official income poverty guideline is published as provided by the Federal Register, volume 50, page 9517 (1985). A copy of the most current guideline is available from the Office of Planning and Evaluation, Department of Health and Human Services, Washington, D.C., 20201, (202) 245-6141.

**Subp. 5. Linkages.** "Linkages" means formal or informal arrangements between the applicant and other family planning providers including contracts, reciprocal referral agreements, and committees.

Subp. 6. **Provide.** "Provide" means to directly supply or render or to pay for in whole or in part.

Subp. 7. **Publicly subsidized.** "Publicly subsidized" means funded by federal, state, county, or city tax dollars, but does not include title XIX of the Social Security Act medical assistance funds.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

#### 4700.2100 CONTENT OF APPLICATION.

The application shall identify the geographic area to be served by the applicant and shall provide the following required information:

A. An inventory of existing family planning services provider agencies in the geographic area served by the applicant. The inventory shall include, for each provider agency, at least the agency name; addresses of all agency service sites; the target population served, including total number served if available (if unavailable, estimates will be acceptable); and the family planning service components provided.

B. An assessment of unmet needs of the geographic area to be served by the applicant. The assessment of unmet needs must, at least, identify unavailable family planning service components or unserved or underserved populations. A description of the method used in making the assessment shall be provided by the applicant.

C. A description of the family planning service components to be provided by the applicant. Each component to be provided with family planning special project funds must meet the standards for that component described in part 4700.2200. The application must include a budget and budget justification and summary of applicable training or experience of persons providing services relevant to these components. Also, for each component provided, the application must describe:

- (1) the goals;
- (2) the population to be served (target population);
- (3) the specific objectives to be achieved during the funding period;
- (4) the methods by which each objective will be achieved; and
- (5) the criteria to be used to evaluate the progress towards each

objective.

D. A description of the linkages between the applicant and other family planning services in the geographic area.

E. A description of fees to be charged individuals for any family planning services. Fees must be charged for services to individuals and must be in accordance with a sliding fee schedule for services and supplies based on the cost of such services or supplies and on the individual's ability to pay as determined by income, family size, and other relevant factors. Services shall not be denied based on ability to pay as specified in item H.

F. Assurance that services will be provided in accordance with state and federal laws and rules.

G. Assurance that the use of third-party sources of funding will be employed whenever possible.

H. Assurance that services will be provided without regard to age, sex, race, religion, marital status, income level, residence, parity, or presence or degree of disability except as otherwise required by law.

I. Assurance that arrangements shall be made for communication to take place in a language understood by the family planning service recipient.

J. Assurance that the privacy of the service recipient will be maintained in accordance with law.

K. Original signature on face sheet and budget forms.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** 12 SR 1562

**4700.2200** [Repealed, 12 SR 1562]

**4700.2210 MINIMUM STANDARDS FOR FAMILY PLANNING SERVICE COMPONENTS.**

An applicant is not required to provide all components to be eligible for funding. However, the applicant must make available the names and addresses of other family planning services provider agencies in the geographic area, if any, who offer components and services not offered by the applicant.

All funded projects must establish linkages to facilitate access to outreach, counseling, and other component services for service recipients.

Procedures for referral and follow-up must be incorporated into all services that are provided by the applicant on a one-to-one basis.

The provision of all service components except public information shall include information on family planning services available from the applicant.

Service components to be provided by the applicant shall be defined by, and shall meet or exceed, the following minimum standards:

A. Public information must include specific activities designed to inform the general population about family planning and how to obtain information on all family planning service components available in the geographic area.

B. Outreach must include specific activities designed to inform members of the target population about family planning and all the family planning service components available in the geographic area. Outreach activities shall include one-to-one or small group contacts with the target population.

Outreach must be conducted at times and places convenient to the target population. Persons conducting outreach shall have training or experience in family planning services.

C. Counseling must include utilization of nondirective techniques in a decision-making format which enables individuals to voluntarily determine their participation in family planning services and their family planning method of choice, if any. "Nondirective techniques" means techniques that employ open-ended questions to enable individuals to consider their feelings, attitudes, and values about alternatives and outcomes. A decision-making format means a format that allows individuals to consider alternatives and outcomes, weigh advantages and disadvantages, and make choices.

When individuals are seeking to prevent pregnancy, counseling shall include the provision and explanation of factual information on all family planning pregnancy prevention methods in a nonjudgmental manner. "Nonjudgmental manner" means a manner in which the counselor's personal values and beliefs do not interfere with the client's choices.

When individuals are seeking to attain pregnancy, counseling shall include the provision and explanation of factual information on infertility diagnosis and treatment and services for pregnant women available in the geographic area.

Counseling shall be available to any individual in the target population and shall be conducted at times and places convenient to the target population.

Counseling shall include documentation that information required in Minnesota Statutes, section 145.925, has been provided. Counseling shall be conducted by persons with training or experience in counseling and family planning services.

D. Method must include the provision to a service recipient of the recipient's family planning method of choice. Provision of any family planning method must include:

(1) procedures which document that the service recipient participated in counseling prior to selecting a family planning method to prevent pregnancy;

(2) voluntary selection of the family planning method by the service recipient;

(3) information on the advisability of females obtaining a gynecological examination with Pap smear prior to initiating any family planning method;

(4) education on the use of the selected family planning method, including the risks and benefits of the method; and

(5) medical/laboratory services prior to the provision of a family planning method when the selected method requires medical intervention for prescription, fitting, insertion, or for surgical or diagnostic procedures. When the selected method does not require medical intervention, as described herein, the applicant shall encourage service recipients to obtain medical/laboratory services, but provision by the applicant is not required. Medical/laboratory services shall include:

(a) social and medical/surgical history with emphasis on the reproductive system;

(b) height, weight, and blood pressure measures;

(c) bimanual pelvic examination for females;

(d) breast examination and instruction on self-examination for females;

(e) hemoglobin or hematocrit;

(f) urinalysis for sugar and protein;

(g) Pap smear; and

(h) when indicated by history or symptoms, for both male and female as appropriate, diagnosis and curative treatment of venereal disease, diagnosis and treatment of vaginitis, diagnosis of pregnancy, and for females, as appropriate, provision of rubella immunization.

Medical services shall be rendered by licensed physicians, or professional nurses with documentable training in gynecological care conducted under the supervision of a licensed physician, or nurse midwives certified by the American College of Nurse Midwifery, or physician's assistants, under the supervision of a licensed physician. Laboratory tests shall be conducted by personnel trained to conduct such tests.

E. Referral must include the provision, in writing, of information to service recipients which enables them to participate in family planning and other needed health and human services. Documentation of referrals must be maintained.

F. Follow-up must include specific procedures of continuing care designed to encourage safe and consistent utilization of family planning and other needed health and human services, using protocols based on accepted professional standards of care.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

#### **4700.2300 CRITERIA FOR AWARD OF FAMILY PLANNING SPECIAL PROJECT GRANTS.**

**Subpart 1. Application criteria.** Applications which meet the requirements of law and these rules shall be awarded in accordance with the notice of availability as specified in part 4700.0500, procedures specified in part 4700.0900, and the following criteria.

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## COMMUNITY HEALTH SERVICES 4700.2400

**Subp. 2. Priority.** Applications proposing to provide all family planning service components in counties with no other in county publicly subsidized family planning service will be given priority above all other applications.

**Subp. 3. Quality and content.** Applications will be evaluated on the basis of:

- A. part 4700.1100, items C and E;
- B. the extent the funds will be used to meet unmet needs in the geographic area as identified in the application;
- C. the extent the application proposes an identifiable expansion in the scope of the family planning service system in the geographic area to be served by the applicant;
- D. the extent the application proposes to coordinate family planning services with organizations, agencies, and individual providers in the geographic area to be served;
- E. the extent the application proposes to serve high risk persons; and
- F. the extent the application proposes to maximize use of alternative sources of funding.

**Subp. 4. Agency.** When equivalent and competing applications are submitted for a geographic area, award priorities will be in accordance with the following:

- A. first priority will be given to local boards of health; and
- B. second priority will be given to eligible nonprofit corporations.

**Subp. 5. Review and comment by board of health.** Prior to submission to the commissioner, the applicant shall submit the proposal to the board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2, for review and comment. Any comments of a board of health shall be submitted to the commissioner within 45 days of the date the proposal was received by the board of health.

**Statutory Authority:** *MS s 144.05 para (f); 145.925 subd 5*

**History:** *L 1977 c 305 s 39; 12 SR 1562; L 1987 c 309 s 24*

### 4700.2400 CONTINGENCY FUNDING.

**Subpart 1. Funding recommendations.** If after reviewing applications in accordance with part 4700.2300, the total amount of funds applied for in the applications exceeds the amount of family planning special project grant funds available, applications will be funded in accordance with the following:

- A. Budget recommendations must be made in accordance with the criteria for award of family planning special project funds stated in part 4700.2300.
- B. Applications must be funded in rank order according to the criteria for award of family planning special project funds stated in part 4700.2300, from highest to lowest as funds are available.

**Subp. 2. Contingency funding proration.** If department funds for family planning special project grants are reduced after awards have been made, awards must be reduced in accordance with the following:

A. **Step No. 1:** Approved applications proposing to provide all service components in counties with no other publicly subsidized in-county family planning service will receive first priority. Up to the first \$25,000 of the recommended budget in these applications will be awarded with no modification. Any portion in excess of \$25,000 will be awarded in accordance with item B as follows:

B. **Step No. 2:** All other applications and those unawarded portions of applications in item A will be prorated in an amount equal to their recommended budget, multiplied by the ratio of total available funds minus funds awarded under item A to total amount of the recommended budgets minus funds awarded under item A.

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Subp. 3. [Repealed, 12 SR 1562]

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

**4700.2500 USE OF STATE FUNDS AVAILABLE FOR FAMILY PLANNING SPECIAL PROJECT GRANTS.**

Family planning special project grant funds may not be used to supplant any existing federal, state, or local funds for family planning information or services. Applicants are not required to match funds available under family planning special project grants.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

**4700.2550 ALLOCATION SCHEME.**

Annual awards to current recipients of family planning special project funds shall not exceed \$30,000 or a percentage increase or decrease of the current award that is proportionate to the increase or decrease in the department's biennial allocation of these funds.

Annual awards to new applicants shall not exceed \$30,000.

**Statutory Authority:** *MS s 145.925 subd 5; 144.05 para (f)*

**History:** *12 SR 1562*

**GRANTS FOR MATERNAL AND CHILD HEALTH SERVICES****4700.2600 PURPOSE.**

The purpose of parts 4700.2600 to 4700.4000 is to establish a process for allocating federal maternal and child health funds and state funds in the form of grants to assist in establishing and maintaining maternal and child health services.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.2700 SCOPE.**

Parts 4700.2600 to 4700.4000 apply generally to maternal and child health project grants awarded by the commissioner under Minnesota Statutes, sections 145.88 to 145.889. The money available for the grant awards governed by parts 4700.2600 to 4700.4000 comes from federal sources, under United States Code, title 42, sections 701 to 709, as amended through July 18, 1984, and from state appropriations. Parts 4700.2600 to 4700.4000 do not prescribe the exclusive requirements uniformly applicable to federal and state grants, but are in addition to any requirements specified in the federal and state enabling and authorizing laws governing grant programs, as well as applicable federal regulations and directives.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.2800 DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of parts 4700.2600 to 4700.4000, the following terms have the meanings given them.

Subp. 2. **Application.** "Application" means a written request for funds submitted by the applicant on forms provided by the commissioner.

Subp. 3. **Award.** "Award" means the authorization by the commissioner for an applicant to receive and expend grant funds for an activity.

Subp. 4. **Competitive grant projects.** "Competitive grant projects" means

those maternal and child health activities selected by the commissioner on a competitive basis and funded under Laws of Minnesota 1985, First Special Session chapter 14, article 19, section 37, subdivision 4, paragraph (d).

**Subp. 5. Formula grant projects.** "Formula grant projects" means those maternal and child health activities approved by the commissioner and funded under Minnesota Statutes, section 145.882, subdivisions 3 and 4.

**Subp. 6. Local match.** "Local match" means the applicant's share of the cost of maternal and child health activities for which federal and state funds are awarded.

**Subp. 7. Notice of availability.** "Notice of availability" means a written announcement by the commissioner noting the availability of funds.

**Subp. 8. Notice of intent.** "Notice of intent" means a written response to a notice of availability that must be submitted to the commissioner by the applicant in accordance with the timetable specified in the notice of availability.

**Subp. 9. Preblock grant projects.** "Preblock grant projects" means those maternal and child health special projects funded in state fiscal year 1983 and continued under Minnesota Statutes, section 145.882, subdivision 1.

**Subp. 10. Technically completed applications.** "Technically completed applications" means applications that contain all the information specified in the notice of availability and in part 4700.3200 as well as any additional information that the commissioner considers necessary for the proper review of applications and award of funds.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

#### AVAILABILITY OF FUNDS AND APPLICATION PROCESS

##### 4700.2900 NOTICE OF AVAILABILITY.

The commissioner shall mail a notice of availability of grant funds to interested parties and local boards of health who have requested the commissioner in writing to be notified. The notice of availability must also be published in the State Register and must include at least the following information:

- A. the specific purposes for which funds are available;
- B. the eligibility requirements for applicants;
- C. the format of the notice of intent to apply for funds;
- D. the final dates for submission of notice of intent and for submission of applications;
- E. the expected timetable for review of applications by the commissioner; and
- F. the regional review requirements.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

##### 4700.3000 NOTICE OF INTENT.

Interested parties shall notify the commissioner in writing of intent to apply for funds in accordance with the timetables and format specified in the commissioner's notice of availability.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

##### 4700.3100 PROVISION OF APPLICATION FORMS.

Upon receipt of the notice of intent, the commissioner shall send application forms and instructions to interested parties who have submitted notices of intent.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.3200 SUBMISSION OF APPLICATION.**

Applications shall be submitted to the commissioner by the date specified in the notice of availability. Applicants for preblock grant projects, formula grant projects, and competitive grant projects shall provide the information specified in Minnesota Statutes, section 145.885, subdivision 1. Local boards of health applying for formula grant projects shall also provide the information specified in Minnesota Statutes, section 145.885, subdivision 2. Formula grant project applications may include the local component of projects of regional or statewide significance. The commissioner may require additional information that is necessary for the proper review of applications and award of funds consistent with the purposes of Minnesota Statutes, sections 145.88 to 145.889. The commissioner may refuse to award a grant for failure of an application to provide such information.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.3300 ADDITIONAL REQUIREMENTS FOR FORMULA GRANT PROJECT APPLICANTS.**

Local boards of health intending to apply for formula grant projects shall:

A. Notify local public and private providers of the availability of funding through the board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2, for maternal and child health services. The notification process shall include direct mailings to providers and publication of pertinent information in newspapers of general circulation in the community health services area.

B. Develop a written statement of the criteria to be applied to public and private agency requests for funding and make it available to providers and other interested parties.

C. Explain how priorities were established for selecting the requests to be included in the formula grant application and make information available to providers and other interested parties.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887; L 1987 c 309 s 24*

**REVIEW AND DISPOSITION OF APPLICATIONS**

**4700.3400 REGIONAL REVIEW.**

The applicant shall submit one copy of the completed application form to the commissioner by the date specified in the notice of availability and shall concurrently submit one copy of the completed application form to each of the following entities for the area in which the proposed activity will take place: regional development commission, and board of health as defined in Minnesota Statutes, section 145A.02, subdivision 2. Any comments of the regional development commission, or board of health shall be submitted to the commissioner within 45 days after receipt of the application.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887; L 1987 c 309 s 24*

**4700.3500 COMMISSIONER REVIEW.**

The commissioner shall review all applications in accordance with the time schedule specified in the notice of availability. Consideration shall be given by the commissioner to the following criteria in determining which activities shall receive funds:

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## COMMUNITY HEALTH SERVICES 4700.3800

A. a determination that all legal conditions of eligibility are established under Minnesota Statutes, sections 145.882, subdivisions 1, 3, 5, and 7 and 145.883, subdivision 3;

B. a determination that the application is technically completed;

C. in the case of formula grant project applicants, evidence of compliance with part 4700.3300 and Minnesota Statutes, section 145.885, subdivision 2;

D. evidence of the availability of local match consistent with Minnesota Statutes, section 145.888; and

E. the findings submitted by the regional review agencies and the advisory task force established under Minnesota Statutes, section 145.881.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

### 4700.3600 DISPOSITION.

The commissioner shall inform each applicant in writing that one of the actions in items A to D has been taken with respect to its application.

A. Approval of application as submitted.

B. Approval of application with modifications.

C. Conditional disapproval due to inadequate funds. In this case, the applications shall be retained by the commissioner pending availability of additional funds.

D. Disapproval of application with justification.

The commissioner's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and other conditions necessary for assuring the appropriate use of public funds.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

## ADMINISTRATION

### 4700.3700 MONITORING.

A staff member of the Department of Health shall be designated to act as monitor for each grant awarded. The person designated shall, in consultation with the award recipient, provide or arrange for administrative and technical support and shall monitor progress toward the goals and objectives of the activity.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

### 4700.3800 RESPONSIBILITIES OF AWARD RECIPIENTS.

In addition to fulfilling the goals and objectives of the activity, the award recipients shall:

A. comply with the terms and conditions of the commissioner's award notice and with the requirements of parts 4700.2600 to 4700.4000 and other applicable laws and rules;

B. maintain such records, including program and accounting records, as are necessary to make the required reports and to permit assessment of the activity by the commissioner;

C. provide the commissioner with access to records relating to the funded activity;

D. provide progress reports in accordance with a schedule specified in the commissioner's award notification;

E. assure that:

(1) the recipient's treasurer or an official exercising similar functions shall receive and provide for the custody of all funds paid by the commissioner;

(2) all local funds expended by the recipient in order to match a directly awarded federal grant are reported on the budget and expenditure form;

(3) the local funds identified as local match are used solely to match the specific grant awarded by the commissioner;

(4) funds are used solely for the purpose authorized in the award;

(5) accounting records are supported by source documents;

(6) audits are conducted to determine the fiscal integrity of financial transactions and reports;

(7) fiscal and programmatic accountability is maintained for all subcontracts;

(8) services will be provided in accordance with program standards of the commissioner and standards of accepted professional organizations such as the American Academy of Pediatrics; and

(9) funds will not be used for inpatient services except for high risk pregnant women and infants.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.3900 DISQUALIFICATION.**

The commissioner shall withhold or terminate funding for failure to comply with the terms of the award or with the requirements of the applicable rules or statutes. The commissioner shall require reimbursement of unauthorized expenditures identified by fiscal audit.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*

**4700.4000 UNIFORM REPORTS.**

Award recipients shall furnish uniform reports to the commissioner. Reports of expenditure, filed on forms provided by the commissioner, and annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year.

**Statutory Authority:** *MS s 145.884; 145.889*

**History:** *11 SR 1887*