

1 Minnesota Department of Health

2

3 Adopted Permanent Rules Relating to the Local Public Health Act

4

5 Rules as Adopted

6 4736.0010 DEFINITIONS.

7 Subpart 1. **Scope.** The following terms as used in this
8 chapter have the meanings given in this part.

9 Subp. 2. **Activities.** "Activities" mean the provision or
10 coordination of services to support the program categories
11 listed in subpart 10.

12 Subp. 3. **Commissioner.** "Commissioner" means the
13 commissioner of health or the commissioner's designees.

14 Subp. 4. **Community health board.** "Community health board"
15 means a board of health established, operating, and eligible for
16 a subsidy under Minnesota Statutes, sections 145A.09 to 145A.13.

17 Subp. 5. **Community health plan.** "Community health plan"
18 means the written plan described in Minnesota Statutes, section
19 145A.10 and part 4736.0030.

20 Subp. 6. **Community health services.** "Community health
21 services" means services designed to protect and promote the
22 health of the general population within a community health
23 service area. Community health services emphasize the
24 prevention of disease, injury, disability, and death through the
25 promotion of effective coordination and use of community
26 resources. Community health services extend health services
27 into the community. Program categories of community health
28 services include disease prevention and control, emergency
29 medical care, environmental health, family health, health
30 promotion, and home health care.

31 Subp. 7. **Fiscal year.** "Fiscal year," for subsidies to a
32 community health board, means January 1 through December 31.

33 Subp. 8. **Local match.** "Local match" means local tax
34 levies, gifts, fees for services, and revenue from contracts as
35 described in Minnesota Statutes, section 145A.13, and part

1 4736.0090.

2 Subp. 9. Plan. "Plan" means a community health plan as
3 described in subpart 5.

4 Subp. 10. Program categories. "Program categories" of
5 community health services include the following:

6 A. "Disease prevention and control" means activities
7 intended to prevent or control communicable diseases. These
8 activities include the coordination or provision of disease
9 surveillance, investigation, reporting, and related counseling,
10 education, screening, immunization, case management, and
11 clinical services.

12 B. "Emergency medical care" means activities intended
13 to protect the health of persons suffering a medical emergency
14 and to ensure rapid and effective emergency medical treatment.
15 These activities include the coordination or provision of
16 training, cooperation with public safety agencies,
17 communications, life-support transportation as defined under
18 Minnesota Statutes, section 144.804, public information and
19 involvement, and system management.

20 C. "Environmental health" means activities intended
21 to achieve an environment conducive to human health, comfort,
22 safety, and well-being. These activities include the
23 coordination or provision of education, regulation, and
24 consultation related to food protection, hazardous substances
25 and product safety, water supply sanitation, waste disposal,
26 environmental pollution control, occupational health and safety,
27 public health nuisance control, institutional sanitation
28 including swimming pool sanitation and safety, and housing code
29 enforcement for health and safety purposes.

30 D. "Family health" means activities intended to
31 promote optimum health outcomes as related to human reproduction
32 and child growth and development. These activities include the
33 coordination or provision of education, counseling, screening,
34 clinical services, school health services, nutrition services,
35 family planning services as defined in Minnesota Statutes,
36 section 145.925, and other interventions directed at improving

1 family health. Family health services must not include
2 arrangements, referrals, or counseling for, or provision of,
3 voluntary termination of pregnancy.

4 E. "Health promotion" means activities intended to
5 reduce the prevalence of risk conditions or behaviors of
6 individuals or communities to prevent chronic disease and affect
7 other definable advances in health status. These activities
8 include the coordination or provision of community organization,
9 regulation, targeted screening and education, as well as
10 informational and other scientifically supported interventions
11 to foster health by affecting related conditions and behaviors.

12 F. "Home health care" means activities intended to
13 reduce the ill effects and complications of existing disease and
14 to provide suitable alternatives to inpatient care in a health
15 facility. These activities include the coordination or
16 provision of health assessment, nursing care, education,
17 counseling, nutrition services, delegated medical and ancillary
18 services, case management, referral, and follow-up.

19 Subp. 11. **Public health nurse.** "Public health nurse"
20 means a person who is licensed as a registered nurse by the
21 Minnesota Board of Nursing under Minnesota Statutes, sections
22 148.171 to 148.285, and who meets the voluntary registration
23 requirements established by the Board of Nursing.

24 Subp. 12. **Special project grant.** "Special project grant"
25 means funds that are provided by the commissioner on a
26 categorical basis using procedures similar to those used when
27 the state enters into contracts.

28 Subp. 13. **Terminate funding.** "Terminate funding" means
29 the loss of funding for the time specified, with no
30 reinstatement of those funds at a later date.

31 Subp. 14. **Withhold funding.** "Withhold funding" means the
32 temporary loss of funding for the time specified, with
33 reinstatement of those funds at a later date.

34 4736.0020 PURPOSE OF RULES.

35 Parts 4736.0010 to 4736.0130 establish planning, reporting,

1 and personnel standards for the distribution of the community
2 health services subsidy under Minnesota Statutes, section
3 145A.13. This chapter also establishes planning and reporting
4 standards for the distribution of Indian health grants under
5 Minnesota Statutes, section 145A.14. Community health boards
6 must comply with parts 4736.0010 to 4736.0130 and other
7 requirements or procedures in statutes and other applicable
8 rules.

9 4736.0030 CONTENT AND APPROVAL OF COMMUNITY HEALTH PLAN.

10 Subpart 1. General. The community health board must
11 submit a community health plan in 1991 for the years 1992-1995
12 and must submit a plan covering the four successive years every
13 four years afterward. The commissioner shall send forms and
14 instructions for the community health plan, and the estimated
15 amount of subsidy available for the next two calendar years, to
16 community health boards no later than January 1 for plans due
17 that calendar year. The community health board must submit the
18 plan to the commissioner's office by October 31. The plan must
19 be in the format required in the forms and instructions.

20 Subp. 2. Community participation. The plan must describe
21 the process used to plan community health services. It must
22 include:

23 A. A narrative summary of the community assessment
24 process as described in Minnesota Statutes, section 145A.10,
25 subdivision 5.

26 B. A summary of the process used to encourage full
27 community participation in the development of the proposed
28 community health plan. Participation must include the following:

29 (1) Written notice of the initiation of the plan
30 development process made to interested persons, including
31 affected providers, consumers, and local government officials.
32 The notice must include the procedures by which persons may
33 participate in that process. It must describe how persons may
34 obtain a summary of the proposed plan and how they may review
35 the entire proposed plan. The notice must be published in a

1 local newspaper and sent to individuals listed on a general
2 roster for community health services mailings maintained by the
3 community health board.

4 (2) A public meeting at which interested persons
5 will have the opportunity to comment on the proposed plan. A
6 summary of the proposed plan must be made available to
7 interested persons at least 14 calendar days before this
8 meeting. A copy of the proposed plan must be available for
9 public review at a designated place. The public meeting must be
10 held at least 14 calendar days before approval of a proposed
11 community health plan by the county board or boards as described
12 in Minnesota Statutes, section 145A.11.

13 Subp. 3. **Administrative compliance.** The plan must include
14 documentation of the community health board's compliance with
15 applicable state and federal laws pertaining to the
16 administration of funds. The plan must include information
17 described in items A and B.

18 A. The community health board must provide
19 information that includes, but is not limited to, the following:

20 (1) identification of the board and authorization
21 to submit the plan and related documents to the commissioner,
22 including documentation of the legal status of the community
23 health board; and

24 (2) information about compliance with statutes
25 and rules, documentation of the community participation process
26 required by subpart 2, item B, and documentation that key
27 administrative personnel meet the standards of part 4736.0110.

28 B. The community health plan must include an annual
29 budget for each of the first two years covered by the plan. The
30 first year's budget must be approved according to Minnesota
31 Statutes, section 145A.11, subdivision 3, before the community
32 health board submits the plan. The second year's budget is a
33 projected budget and must be approved in a similar manner by
34 October 31 of the year before it is to take effect. The budget
35 shall categorize the planned expenditures by program category
36 and source of funds. The planned expenditures must be listed in

1 the same format as expenditures are listed in part 4736.0090,
2 subpart 3, item B.

3 Subp. 4. Community health services planning process. The
4 plan must thoroughly assess health status of the area served by
5 the community health board. The plan must review and analyze
6 current community health services. The plan must identify and
7 prioritize community health problems. The plan must also select
8 interventions to address the priority problems. The plan must
9 meet the requirements of this part, in addition to the
10 requirements of Minnesota Statutes, section 145A.10, subdivision
11 5.

12 A. The plan must describe the community health
13 services and the community health board's priority problems,
14 goals, and objectives. It must also describe the methods
15 designed to maintain the community's health. For a priority
16 problem, the plan must include:

17 (1) a statement of the problem, including a
18 description of supporting rationale;

19 (2) a goal that describes the outcome if the
20 problem is resolved or reduced;

21 (3) for each goal, one or more objectives that
22 measure the outcome, such as changes in morbidity, mortality,
23 behaviors, attitudes, knowledge, or improvements in the delivery
24 of services;

25 (4) a detailed description of how objectives will
26 be reached;

27 (5) a description of the techniques to be used to
28 evaluate the goal, the objectives, and the methods; and

29 (6) an identification of specific types of
30 administrative and program support that the community health
31 board will need from the commissioner to meet its goals or
32 objectives.

33 B. In the plan, the community health board may use
34 the following public health principles as criteria for
35 identifying and addressing problems, goals, objectives, and
36 methods:

1 (1) plans and interventions focus on the health
2 needs of aggregates;

3 (2) primary prevention is given priority over
4 secondary and tertiary prevention;

5 (3) community resources are organized to meet
6 health needs;

7 (4) consideration is given first to interventions
8 that provide for the greatest good for the greatest number of
9 people;

10 (5) public health interventions do what others
11 cannot or will not do;

12 (6) public health interventions are based on
13 scientific principles and epidemiology is the method of inquiry;
14 and

15 (7) public health interventions use resources
16 efficiently.

17 C. A community health board's plan must show:

18 (1) documentation that community assessment
19 results were considered in identifying priority problems in the
20 plan;

21 (2) methods of achieving objectives that are
22 consistent with the community health board's budget, staff, and
23 other resource allocations;

24 (3) targeted efforts to address specific problems
25 or populations identified in the plan;

26 (4) the amount and types of evaluation are
27 consistent with the goals, objectives, and methods;

28 (5) the personnel standards of part 4736.0110 are
29 met;

30 (6) program category activities consistent with
31 current scientific knowledge and applicable rules, guidelines,
32 and delegation agreements with the commissioner; and

33 (7) other community resources and services have
34 been identified and attempts have been made to coordinate them
35 with the plan, where appropriate.

36 Subp. 5. **Approved plan.** A summary of the approved

1 community health plan must be available from the board upon
2 request to interested persons. A copy of the approved community
3 health plan must be made available for public review at a place
4 designated by the community health board.

5 4736.0040 PLAN UPDATE.

6 Subpart 1. General. The community health board must
7 submit a community health plan update in 1993 for the years
8 1994-1995 and must submit a plan update every four years
9 afterward. The commissioner shall send forms and instructions
10 for the plan update and the estimated amount of subsidy
11 available for the next two calendar years to community health
12 boards no later than January 1 for plan updates due October 31
13 of the same calendar year. Plan updates due October 31 shall
14 cover the two successive calendar years. The plan update must
15 be in the format required in the forms and instructions.

16 Subp. 2. Community participation. A plan update must
17 contain an introduction that includes:

18 A. A narrative summary of the process used to update
19 the previous plan.

20 B. A summary of the process used to encourage full
21 community participation in the development of the proposed
22 community health plan update. Participation must include the
23 following:

24 (1) Written notice of the initiation of the plan
25 update development process made to interested persons, including
26 affected providers, consumers, and local government officials.
27 The notice must include the procedures by which persons may
28 participate in that process. It must describe how persons may
29 obtain a summary of the proposed plan and how they may review
30 the entire proposed plan. The notice must be published in a
31 local newspaper and sent to individuals listed on a general
32 roster for community health services mailings maintained by the
33 community health board.

34 (2) A public meeting at which interested persons
35 will have the opportunity to comment on the proposed plan

1 update. A summary of the proposed plan update must be made
2 available to interested persons at least 14 calendar days before
3 this meeting. A copy of the proposed plan update must be
4 available for public review at a designated place. The public
5 meeting must be held at least 14 calendar days before approval
6 of a proposed community health plan update by the county board
7 or boards as described in Minnesota Statutes, section 145A.11.

8 Subp. 3. **Administrative compliance.** The plan update must
9 include any changes to documentation in the plan of the
10 community health board's compliance with applicable state and
11 federal laws on the administration of funds.

12 A. In the updated plan the community health board
13 must describe changes to the following information:

14 (1) identification of the board and authorization
15 to submit the plan and related documents to the commissioner,
16 including documentation supporting the legal status of the
17 community health board; and

18 (2) statute and rule compliance information,
19 including documentation of the community participation process
20 required by subpart 2, item B, and documentation that key
21 administrative personnel meet the standards of part 4736.0110.

22 B. The community health plan update shall include an
23 annual budget for each year covered by the plan update. The
24 first year's budget must be approved according to Minnesota
25 Statutes, section 145A.11, subdivision 3, before submitting the
26 plan update. The second year's budget is a projected budget and
27 must be approved in a similar manner by October 31 of the year
28 before it is to take effect. The budget shall categorize the
29 planned expenditures by program category and source of funds.
30 The planned expenditures must be listed in the same format as
31 expenditures are listed in part 4736.0090, subpart 3, item B.

32 Subp. 4. **Community health services description.** The plan
33 update must describe changes to the previous plan, including
34 changes in the identification and prioritization of community
35 health problems, and the selection of interventions to address
36 the priority problems. In addition to changes to the materials

1 submitted two years previously to meet the requirements of
2 Minnesota Statutes, section 145A.10, subdivision 5, the plan
3 update must include, but not be limited to, the information
4 described in items A to C.

5 A. A plan update must contain a written description
6 of changes to the community health board's priority problems,
7 goals, and objectives designed to maintain the community's
8 health. Problems, goals, and objectives that have not changed
9 since the previous plan need not be restated in their entirety
10 but may be referenced to the page number where they appear in
11 the previous plan.

12 (1) A description of a change in a priority
13 problem must include:

14 (a) a statement of the problem, including a
15 description of supporting rationale;

16 (b) a goal that describes the outcome if the
17 problem is resolved or reduced or the current outcome if the
18 problem has been resolved;

19 (c) for each goal, one or more objectives
20 that measure the outcome, such as changes in morbidity,
21 mortality, attitudes, knowledge, or improvements in the delivery
22 of services;

23 (d) a detailed description of how objectives
24 will be reached; and

25 (e) a description of the techniques to be
26 used to evaluate the goal, the objectives, and the methods.

27 (2) A description of a change in a goal must
28 include:

29 (a) a goal that describes the outcome if the
30 problem the goal addresses is resolved or reduced or the current
31 outcome if the goal has been deleted;

32 (b) one or more objectives that are
33 measurable statements of outcome, such as changes in morbidity,
34 mortality, behaviors, attitudes, knowledge or improvements in
35 the delivery of services;

36 (c) a method statement that describes how

1 objectives will be reached; and

2 (d) a description of the techniques to be
3 used to evaluate the changed goal, the objectives, and the
4 methods.

5 (3) A change, addition, or deletion in an
6 objective must include:

7 (a) measurable statements of outcome, such
8 as changes in morbidity, mortality, behaviors, attitudes,
9 knowledge, or improvements in the delivery of services;

10 (b) a method statement that describes how
11 objectives will be reached; and

12 (c) a description of the techniques to be
13 used to evaluate the changed objectives and the methods.

14 (4) An identification of changes to the specific
15 types of administrative and program support that the community
16 health board will need from the commissioner to meet its goals
17 or objectives.

18 B. A plan update must include a summary of any
19 changes to problems, goals, or objectives that implementation of
20 prior plans may have effected.

21 C. A community health board's plan update must show:

22 (1) documentation that community assessment
23 results were considered in changing, adding, or deleting
24 problems in the plan update;

25 (2) methods of achieving objectives that are
26 consistent with the community health board's budget, staff, and
27 other resource allocations;

28 (3) targeted efforts to address specific problems
29 or populations identified in the plan update;

30 (4) the amount and types of evaluation are
31 consistent with the goals, objectives, and methods;

32 (5) that the personnel standards of part
33 4736.0110 are met;

34 (6) program category activities consistent with
35 current scientific knowledge and applicable rules, guidelines,
36 and delegation agreements with the commissioner; and

1 (7) other community resources and services have
2 been identified and attempts have been made to coordinate them
3 with the plan update, where appropriate.

4 Subp. 5. **Approved plan update.** A summary of the approved
5 plan update must be available upon request to interested persons
6 and a copy of the approved plan update must be made available
7 for public review at a place designated by the community health
8 board.

9 4736.0050 REVIEW OF COMMUNITY HEALTH PLAN OR PLAN UPDATE.

10 The commissioner shall review the community health plan or
11 update to determine a community health board's eligibility to
12 receive a subsidy. To receive a subsidy, the commissioner must
13 find that a community health board's plan or update has met the
14 requirements in parts 4736.0030 and 4736.0040.

15 4736.0060 NOTIFICATION OF DECISION.

16 Subpart 1. **Commissioner's notice of decision to approve or**
17 **refer.** After reviewing the community health plan or plan
18 update, the commissioner shall either approve the plan or plan
19 update, or refer the plan or plan update back to the community
20 health board with comments and instructions for further
21 consideration. The commissioner shall notify the community
22 health board of the decision in writing.

23 Subp. 2. **Referral back to community health board with**
24 **comments and instructions for further consideration.** If the
25 commissioner refers the plan or plan update back to the
26 community health board, the commissioner's comments and
27 instructions must include specific actions that the community
28 health board must take for the plan or plan update to be
29 approved.

30 A. If the actions required of the community health
31 board would not otherwise constitute a revision to the plan or
32 plan update as described in part 4736.0080, the community health
33 board must comply with the commissioner's instructions within 60
34 days of the day the instructions are issued and resubmit the
35 plan or plan update to the commissioner.

1 (1) The commissioner shall act on the
2 resubmission within 35 days by either approving the plan or plan
3 update or referring it back to the community health board with
4 comments and instructions. Failure to act within 35 days
5 constitutes approval.

6 (2) Two referrals of a plan or plan update back
7 to the community health board that do not result in an approved
8 plan or plan update constitutes a failure to comply with
9 instructions within the meaning of part 4736.0120, subpart 4,
10 and results in termination of subsidy funds under part 4736.0120.

11 B. If the actions required of the community health
12 board would otherwise constitute a revision to the plan as
13 described in part 4736.0080, then the community health board
14 must comply with parts 4736.0080 and 4736.0120.

15 4736.0070 REVIEW OF COMMUNITY HEALTH PLAN FOR ADMINISTRATIVE AND
16 PROGRAM SUPPORT.

17 The commissioner will review the community health plans to
18 coordinate statewide administrative and program support. As
19 described in parts 4736.0030, subpart 4, item A, and 4736.0040,
20 subpart 4, item A, a community health plan must identify
21 specific types of administrative and program support needed to
22 meet its goals and objectives. The commissioner will provide
23 statewide administrative and program support to community health
24 boards to:

25 A. identify and, if possible, fill unmet needs for
26 local program support;

27 B. coordinate or combine related activities for
28 maximum effectiveness at the least expense of time and funds;

29 C. provide a positive and supportive response to
30 local community health planning and program development; and

31 D. provide leadership to the statewide community
32 health services system.

33 4736.0080 REVISIONS.

34 Subpart 1. General. Revisions to the community health
35 plan or the annual budgets must follow the procedures in this

1 part. All references in this part to the community health plan
2 or plan also includes the plan update as described in part
3 4736.0040.

4 Subp. 2. **When a plan must be revised.** A community health
5 plan or annual budget must be revised when there is a
6 substantial change in the plan or budget. A substantial change
7 is a change or expected change that was not anticipated and
8 described in a community health board's plan or budget. The
9 change may result from:

10 A. a priority problem that was addressed in the plan
11 but that is no longer being addressed in the manner set forth in
12 the plan through objectives and methods;

13 B. a priority problem that has been added to the plan
14 and is being addressed through objectives and methods;

15 C. an objective in the plan that is no longer being
16 addressed, or is being dropped or added; or

17 D. change in a program category expenditure of
18 greater than ten percent of the community health board's total
19 budget.

20 Subp. 3. **Exceptions.** The following changes are not
21 substantial changes for purposes of subpart 2:

22 A. a delegation agreement under Minnesota Statutes,
23 section 145A.07;

24 B. receipt or loss of money that the commissioner
25 makes available to a community health board through special
26 project grants;

27 C. shifts in activities or budget as a result of new
28 public health initiatives called for by the commissioner;

29 D. receipt of new private grants or gifts;

30 E. receipt of new federal or state grants other than
31 through the commissioner; or

32 F. a modification consistent with the approved plan
33 and approved by the commissioner as not being a substantial
34 change.

35 Subp. 4. **Procedures for revising a plan.** A community
36 health board must revise its plan according to items A and B.

1 A. A community health board that determines a
2 substantial change to the plan has occurred must notify the
3 commissioner and revise the plan or budget within 120 days
4 following the process described in part 4736.0040, subparts 2,
5 3, 4, and 5.

6 B. If the commissioner determines a substantial
7 change has occurred in a community health plan or budget, the
8 commissioner shall notify the board that it must revise the plan
9 or budget.

10 (1) Within 35 days after the date the
11 commissioner issues the notice, the community health board must
12 provide the commissioner with written assurances that the board
13 will revise the plan pursuant to the process in part 4736.0030,
14 subparts 2 to 5, or 4736.0040, subparts 2 to 5, as applicable.
15 The board must also supply a timetable for complying. The
16 timetable shall not exceed 90 days from the date the community
17 health board provides the commissioner with the written
18 assurances.

19 (2) Within 125 days after the date the
20 commissioner issues the notice, the community health board must
21 submit the revised plan or budget to the commissioner for
22 approval.

23 (3) Within 35 days after the commissioner
24 receives the revised plan or budget, the commissioner shall
25 either approve the revisions or refer the revisions back to the
26 community health board according to part 4736.0060, subpart 2.
27 If the commissioner fails to act within 35 days after receiving
28 the revisions, the revisions are approved.

29 4736.0090 REPORTING STANDARDS.

30 Subpart 1. General. A community health board shall submit
31 to the commissioner activity reports and expenditure reports on
32 forms provided by the commissioner. The board must complete a
33 separate reporting form for each county that is a party to a
34 joint community health board and for each city within its
35 community health services area receiving a subsidy.

1 Subp. 2. Activities report. The community health board
2 must submit to the commissioner an annual activity report no
3 later than April 15 of the year following the close of each
4 fiscal year for which subsidy was received. A report form must
5 include data on reportable activities that are included in the
6 community health plan. Reportable activities are activities
7 funded by the community health board and its constituent
8 counties through the use of community health services subsidy,
9 local match or special project grants, and other sources of
10 funding for community health services. Reportable activities
11 are limited to program categories included in the approved
12 community health plan or revision.

13 Subp. 3. Report of expenditures. The community health
14 board must report expenditures according to the requirements in
15 items A and B.

16 A. ~~The community health board must submit to the~~
17 ~~commissioner a half-year expenditure report no later than August~~
18 ~~15 of each fiscal year.~~ The community health board must submit
19 to the commissioner an annual expenditure report no later than
20 April 15 of the year following the close of each fiscal year for
21 which a subsidy was received. ~~The half-year and annual reports~~
22 report must list total expenditures in program categories by
23 source of funds, including the community health services
24 subsidy, local match funds, vaccine allocations from the
25 commissioner, special project grant funding from the
26 commissioner, other sources of state funding, and other sources
27 of federal funding not eligible as local match.

28 B. The community health board must submit to the
29 commissioner an annual report of local sources of funds. This
30 report must include a detailed account of expenditures of local
31 match funds in program categories. The report must include, but
32 not be limited to:

33 (1) expenditure of revenue received from local
34 tax levies or from the federal government;

35 (2) local revenue received from third party
36 payers, including:

1 (a) revenue received from the federal
2 government under the Social Security Act, Health Insurance for
3 the Aged;

4 (b) revenue received for services to
5 low-income people for medical assistance and rehabilitation of
6 the aged, blind, disabled, and families with dependent children;

7 (c) revenue received from the federal
8 government based on Veteran's Administration legislation; and

9 (d) revenue received from private insurance
10 companies or prepaid health plans;

11 (3) expenditure of revenue received as a fee for
12 service;

13 (4) expenditure of revenue received under
14 contracts or grants; and

15 (5) expenditure of revenue received from gifts,
16 license fees, inspection fees, or other revenue from local
17 regulatory activity.

18 Subp. 4. **Special reports.** A community health board shall
19 submit to the commissioner data and activity reports that the
20 commissioner requests for the purpose of preparing special or
21 evaluation reports needed to evaluate the efficiency and
22 effectiveness of community health services under Minnesota
23 Statutes, section 145A.12, subdivision 5. The reports must be
24 on forms and follow instructions provided by the commissioner.

25 4736.0100 INDIAN HEALTH GRANTS.

26 Subpart 1. **General.** A community health board that applies
27 for an Indian health grant under Minnesota Statutes, section
28 145A.14, subdivision 2, must follow the procedures in this part.

29 Subp. 2. **Definition.** For purposes of an Indian health
30 grant, "reside off reservation" means Indian persons not
31 residing on Indian land who are members of an organized tribe,
32 band, or other group of aboriginal people of the United States,
33 having a treaty relationship with the federal government and who
34 are regarded as Indians by the group in which they claim
35 membership.

1 Subp. 3. Requirements for applying for Indian health
2 grant. The community health plan required in parts 4736.0030 to
3 4736.0080 must:

4 A. Specifically address parts 4736.0030, subpart 2,
5 and 4736.0040, subpart 2, as they relate to the Indian community
6 affected by the community health plan.

7 B. Specifically address parts 4736.0030, subpart 4,
8 item A and 4736.0040, subpart 4, item A, as they relate to the
9 Indian health grant part of the community health plan.

10 Subp. 4. Forms and instructions. Reports must be
11 completed according to forms and instructions provided by the
12 commissioner and contained in the contract requirements of the
13 grant.

14 Indian health grants must be reported as a special project
15 grant for purposes of part 4736.0090.

16 4736.0110 PERSONNEL STANDARDS.

17 Subpart 1. Purpose of standards. This part establishes
18 minimum standards for training, experience, and skill for the
19 community health services administrator under Minnesota
20 Statutes, sections 145A.09 to 145A.13. This part does not apply
21 to employees of community health boards with a personnel system
22 approved by the United States Civil Service Commission.

23 Subp. 2. Persons who must meet standards. A community
24 health board must have a community health services
25 administrator. Persons who are appointed as community health
26 services administrators after the effective date of parts
27 4736.0010 to 4736.0130 must meet the minimum training and
28 experience standards of this part.

29 Subp. 3. Minimum training and experience standards for
30 community health services administrators. A community health
31 services administrator must have:

32 A. a baccalaureate or higher degree in
33 administration, public health, community health, environmental
34 health, or nursing, and two years of documented public health
35 experience in an administrative or supervisory capacity, or be

1 registered as an environmental health specialist or sanitarian
 2 in the state of Minnesota and have two years of documented
 3 public health experience in an administrative or supervisory
 4 capacity;

5 B. a master's or higher degree in administration,
 6 public health, community health, environmental health, or
 7 nursing, and one year of documented public health experience in
 8 an administrative or supervisory capacity; or

9 C. a baccalaureate or higher degree and four years of
 10 documented public health experience in an administrative or
 11 supervisory capacity.

12 Subp. 4. **Community health services administrator skills.**

13 The documented experience of a community health services
 14 administrator must include skills necessary to:

15 A. direct and implement health programs;

16 B. prepare and manage budgets;

17 C. manage a planning process to identify, coordinate,
 18 and deliver necessary services;

19 D. prepare necessary reports;

20 E. evaluate programs for efficiency, and
 21 effectiveness;

22 F. coordinate the delivery of community health
 23 services with other public and private services; and

24 G. advise and assist the community health board in
 25 the selection, direction, and motivation of personnel.

26 Subp. 5. **Additional personnel standards.** Persons
 27 implementing or supervising community health services programs
 28 by agreement with the commissioner shall meet the personnel
 29 standards required in those agreements.

30 4736.0120 WITHHOLDING AND TERMINATING SUBSIDY PAYMENTS.

31 Subpart 1. **Grounds for withholding or terminating a**
 32 **subsidy.** The commissioner shall withhold, terminate, or require
 33 reimbursement of subsidy funds for failure to substantially
 34 comply with the terms of the approved plan or budget or with
 35 other requirements of parts 4736.0010 to 4736.0130 or other

1 applicable rules or statutes.

2 Subp. 2. Reimbursement required. The commissioner must
3 require reimbursement of expended subsidy funds that are not
4 part of an eligible program category activity or reimbursement
5 of other unauthorized subsidy expenditures that are identified
6 by fiscal audit.

7 Subp. 3. Automatic withholding. If a community health
8 board's plan or plan update is not approved before the beginning
9 of the fiscal year, the commissioner shall begin withholding
10 funds at the beginning of the fiscal year.

11 Subp. 4. Failure to comply with referral instructions.
12 When a community health board fails to comply with the
13 commissioner's instructions from part 4736.0060, subpart 2, the
14 commissioner shall take action described in items A and B.

15 A. The commissioner shall continue withholding
16 payment of subsidy funds until the community health board has
17 complied with the commissioner's instructions.

18 B. If the community health board fails to comply with
19 the instructions of the commissioner after a 60-day period or
20 the community health board fails to comply with the instructions
21 of the commissioner after two referrals back to the community
22 health board, the commissioner shall terminate payment of
23 subsidy funds, including those withheld under subpart 3. The
24 commissioner shall terminate funds on a prorated basis for each
25 day the board fails to comply.

26 Subp. 5. Failure to revise a plan or budget. When a
27 community health board fails to revise a plan or budget
28 according to part 4736.0080, subpart 4, item B, the commissioner
29 may take action described in items A to D.

30 A. If the community health board fails to provide its
31 response and proposed timetable to revise the plan or budget
32 within the 35-day time period in part 4736.0080, subpart 4, item
33 B, subitem (1), the commissioner shall withhold payment of
34 subsidy funds until the community health board has provided the
35 commissioner with its response and proposed timetable to revise
36 the plan or budget.

1 B. If the community health board fails to provide its
2 response and proposed timetable to revise the plan or budget
3 within 70 days after the commissioner's notice under part
4 4736.0080, subpart 4, item B, the commissioner shall terminate
5 payment of subsidy funds, including those withheld under item A.

6 C. If the community health board fails to submit the
7 revised plan or budget to the commissioner for approval within
8 the 125-day time period in part 4736.0080, subpart 4, item B,
9 subitem (2), the commissioner shall withhold payments of subsidy
10 funds until the community health board has submitted the revised
11 plan or budget and the commissioner has approved it.

12 D. If the community health board has failed to submit
13 its revised plan or budget to the commissioner within 160 days
14 after the commissioner's notice under part 4736.0080, subpart 4,
15 item B, the commissioner shall terminate payment of subsidy
16 funds, including those withheld in items A to C.

17 Subp. 6. **Failure to provide reports.** Except in cases
18 where a waiver has been granted pursuant to part 4736.0130, the
19 commissioner must withhold payment of subsidy funds if a
20 community health board fails to submit complete and accurate
21 reports as required by part 4736.0090.

22 Subp. 7. **Appeal procedure for termination of subsidy**
23 **funds.** A community health board may contest the termination of
24 subsidy funds by requesting a contested case hearing under the
25 Administrative Procedure Act, Minnesota Statutes, chapter 14.
26 The community health board shall submit a written request for a
27 hearing to the commissioner within 15 days after receiving the
28 notice of termination. The request for hearing must state the
29 reasons why the community health board contends the termination
30 should be reversed or modified. At the hearing, the community
31 health board has the burden of proving that it satisfied the
32 commissioner's comments and instructions under part 4736.0060,
33 subpart 2.

34 4736.0130 WAIVER.

35 Subpart 1. **Waiver of compliance with certain parts.** The

1 commissioner may waive compliance with specific provisions of
2 part 4736.0030, 4736.0040, 4736.0090, 4736.0100, 4736.0110, or
3 4736.0120 for an individual board of health under the following
4 conditions:

5 A. the rule, if applied, would impose an undue burden
6 on the board; and

7 B. the waiver, if granted, will not adversely affect
8 the public health or welfare.

9 Subp. 2. **Initial application.** A community health board
10 may apply for a waiver under this part according to forms and
11 instructions supplied by the commissioner. The community health
12 board must show:

13 A. the reasons the board is asking the specific
14 provisions of the rule be waived;

15 B. the rule, if applied, would impose an undue burden
16 on the board; and

17 C. the waiver, if granted, will not adversely affect
18 the public health or welfare.

19 Subp. 3. **Commissioner's decision.** The commissioner shall
20 approve or deny the initial waiver application or renewal
21 application within 60 days after receiving it. The approval or
22 denial must be in writing and must state the reasons for the
23 decision. Failure of the commissioner to act within 60 days
24 after receiving the waiver or renewal application constitutes
25 approval.

26 Subp. 4. **Limitation.** A waiver shall not be granted for a
27 period longer than two years.

28 Subp. 5. **Reapplication.** A board of health may reapply for
29 a waiver according to the procedures in subpart 2 and if the
30 community health board shows a continuing need for the waiver.

31 Subp. 6. **Reporting changes.** A community health board that
32 has been granted a waiver must notify the commissioner of any
33 material change in the circumstances that justified the waiver.

34 Subp. 7. **Revocation.** The commissioner shall revoke a
35 waiver if the commissioner determines a material change has
36 occurred in the circumstances that justified granting the waiver.

1 REPEALER. Minnesota Rules, parts 4700.0100, 4700.0200,
2 4700.0300, 4700.0400, 4700.0500, 4700.0600, 4700.0700,
3 4700.0800, 4700.0900, 4700.1000, 4700.1100, 4700.1200,
4 4700.1300, 4700.1400, 4700.1500, 4700.1600, 4700.1700, and
5 4700.1800, are repealed.