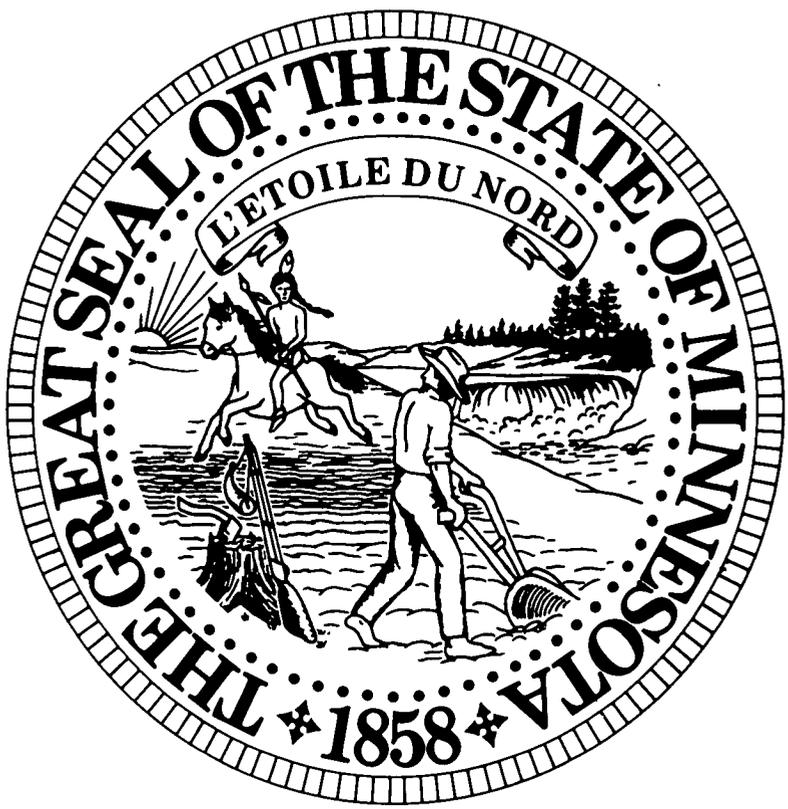


The Minnesota State Register

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Rules edition
Published every Monday
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State Register

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

The *State Register* is the official publication of the State of Minnesota, containing executive and commissioners' orders, proposed and adopted rules, official and revenue notices, state and non-state contracts, contract awards, grants, a monthly calendar of cases to be heard by the state supreme court, and announcements.

A *Contracts Supplement* is published every Thursday and contains additional state contracts and advertised bids, and the most complete source of state contract awards available in one source.

Printing Schedule and Submission Deadlines

Vol. 17 Issue Number	*Submission deadline for Adopted and Proposed Rules, Commissioners' Orders**	*Submission deadline for Executive Orders, Contracts, and Official Notices**	Issue Date
2	Monday 29 June	Monday 6 July	Monday 13 July
3	Monday 6 July	Monday 13 July	Monday 20 July
4	Monday 13 July	Monday 20 July	Monday 27 July
5	Monday 20 July	Monday 27 July	Monday 3 August

*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the *State Register* editorial offices, 504 Rice Street, St. Paul, Minnesota 55103, (612) 296-0929.

The *State Register* is published every Monday (Tuesday when Monday is a holiday) by the State of Minnesota, Department of Administration, Print Communications Division, 117 University Avenue, St. Paul, Minnesota 55155, pursuant to *Minnesota Statutes* § 14.46. A *State Register Contracts Supplement* is published every Thursday. The Monday edition is the vehicle for conveying all information about state agency rulemaking, including official notices; hearing notices; proposed, adopted and emergency rules. It also contains executive orders of the governor; commissioners' orders; state contracts and advertised bids; professional, technical and consulting contracts; non-state public contracts; state grants; decisions of the supreme court; a monthly calendar of scheduled cases before the supreme court; and other announcements. The Thursday edition contains additional state contracts and advertised bids, and the most complete listing of contract awards available in one source.

In accordance with expressed legislative intent that the *State Register* be self-supporting, the following subscription rates have been established: the Monday edition costs \$150.00 per year and includes an index issue published in August (single issues are available at the address listed above for \$3.50 per copy); the combined Monday and Thursday editions cost \$195.00 (subscriptions are not available for just the *Contracts Supplement*); trial subscriptions are available for \$60.00, include both the Monday and Thursday edition, last for 13 weeks, and may be converted to a full subscription anytime by making up the price difference. No refunds will be made in the event of subscription cancellation.

Both editions are delivered postpaid to points in the United States, second class postage paid for the Monday edition at St. Paul, MN, first class for the Thursday edition. Publication Number 326630 (ISSN 0146-7751).

Subscribers who do not receive a copy of an issue should notify the *State Register* circulation manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

Arne H. Carlson, Governor

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Department of Administration

Kathi Lynch, Director

Print Communications Division
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FOR LEGISLATIVE NEWS

Publications containing news and information from the Minnesota Senate and House of Representatives are available free to concerned citizens and the news media. To be placed on the mailing list, write or call the offices listed below:

SENATE

Briefly-Preview—Senate news and committee calendar; published weekly during legislative sessions.

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

Contact: Senate Public Information Office
Room 231 State Capitol, St. Paul, MN 55155
(612) 296-0504

HOUSE

Session Weekly—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

This Week—weekly interim bulletin of the House.

Session Summary—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

Contact: House Information Office
Room 175 State Office Building, St. Paul, MN 55155
(612) 296-2146

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers. Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-9747.

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Proposed Rules

Pursuant to Minn. Stat. §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Board of Dentistry

Proposed Permanent Rules Relating to Annual Registration Fees

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Board of Dentistry (hereinafter "Board") intends to adopt the above entitled rules without a public hearing following the procedures set forth in the Administration Procedure Act for adopting rules without a public hearing in *Minnesota Statutes* 14.22 to 14.28 (1990). The statutory authority to adopt the rules is *Minnesota Statutes* 150A.04, subd. 5; 150A.06, subds. 1, 2, 2a and 4; 150A.08, subds. 1(6) and 3; 150A.10, subd. 1, 150A.11, subd. 2 and 214.06 (1990).

All persons have until August 14, 1992, in which to submit comment in support of or in opposition to the proposed rules. Comment is encouraged. Each comment should identify the portion of the proposed rules addressed, the reason for the comment, and any changes proposed.

Any person may make a written request for a public hearing on the rules within the comment period which will close on August 14, 1992. If 25 or more persons submit a written request for a public hearing within the comment period, ending August 14, 1992, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address and is encouraged to identify the portion of the proposed rules addressed, the reason for the request, and any change proposed. If a public hearing is required, the Board will proceed pursuant to *Minnesota Statutes* 14.131 to 14.20 (1990).

Comments or written requests for a public hearing must be submitted to:

Karen L. Ramsey, Acting Executive Director
Minnesota Board of Dentistry
2700 University Avenue West, Suite 70
St. Paul, Minnesota 55114
Telephone: (612) 642-0581

The proposed rules may be modified if the modifications are supported by data and views submitted to the Board and do not result in a substantial change in the proposed rules as noticed.

The rules proposed for adoption increase existing renewal fees. A free copy of the rules is available upon request from Karen L. Ramsey.

A STATEMENT OF NEED AND REASONABLENESS has been prepared and is available from Karen L. Ramsey upon request. The statement describes the need for and reasonableness of the proposed rules, identifies the data and information relied upon to support the proposed rules, and addresses the Board's position regarding the applicability of the small business rulemaking provisions and the impact of the proposed amendments on small businesses.

Minnesota Statutes 14.115 specifies certain actions which an agency must take if an agency engages in rulemaking which may affect small businesses. It is the Board's position that the Board's rules are not subject to section 14.115 pursuant to subdivision 7(b)

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

or (c). Nevertheless, should the rule amendments covered by the Statement of Need and Reasonableness be considered subject to section 14.115 and that they will impact on small businesses, the Board makes the following description of the probable quantitative and qualitative small business impact of the proposed rules. The impact will be negligible. *Minnesota Rules* part 3100.2000 amendments increases fees but only by a small amount. The increase and new fees are mandated by *Minnesota Statutes* 16A.128, subd. 1a (1990) to assure that the Board's income will match its appropriations and general support costs. The impact on any regulated individual will be minimal.

Pursuant to *Minnesota Statutes* 16A.128, subd. 2a (1990), a copy of this notice and the proposed rules were sent to the chairs of the House Appropriations Committee and Senate Finance Committee prior to their submission to the *State Register*.

If no hearing is required, upon adoption of the rules by the Board, the rules, and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General or who wish to receive a copy of the adopted rules must submit a written request to Karen L. Ramsey.

Dated: 18 June 1992

Karen L. Ramsey
Acting Executive Director

Rules as Proposed

3100.2000 FEES.

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

Subp. 2. **Annual license or registration fees.** Each dentist, dental hygienist, and registered dental assistant shall submit with an annual license or registration renewal application a fee as established by the board not to exceed the following amounts:

- A. dentist, ~~\$110~~ \$120;
- B. dental hygienist, ~~\$40~~ \$45; and
- C. registered dental assistant, ~~\$26~~ \$30.

[For text of subs 3 to 10, see M.R.]

Department of Human Services

In the Matter of the Proposed Adoption of Department of Human Services Rules Relating to Case Management Services for Children with Severe Emotional Disturbance and Adults with Serious and Persistent Mental Illness, Rules Relating to Mental Health Case Management Services and Home Based Mental Health Services Under Medical Assistance, and of the Proposed Amendments of Rules Related to Mental Health Services Under Medical Assistance

Notice of Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Department of Human Services, Rooms 1A and 1B, 444 Lafayette Road, St. Paul, MN 55155 on August 13, 1992 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Peter C. Erickson, Administrative Law Judge, Office of Administrative Hearings, 100 Washington Square #1700, Minneapolis, Minnesota 55401-2138; telephone (612) 341-7606 either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may, at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. Any written material or responses must be received at the office no later than 4:30 p.m. on the final day. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have five business days to respond in writing to any new information submitted during the comment period. During the five-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the five-day period. Any written material or responses must be received at the office no later than 4:30 p.m. on the final day. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in *Minnesota Statutes*, section 14.50. The rule hearing is governed by *Minnesota Statutes*, sections 14.14 to 14.20 and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

Minnesota Rules, parts 9520.0900 to 9520.0926 establish the minimum standards for case management services to children with severe emotional disturbance and to adults with serious and persistent mental illness. The proposed rules will: 1. define terms used in the rules; 2. specify county board responsibilities for case management services; 3. establish a limit on size of case manager's caseload and the conditions under which the size limit may be exceeded; 4. specify outcomes of case management services to children and to adults; 5. specify local agency responsibilities for notices about the availability of case management services and the persons who are to receive the notices; 6. set the criterion of and method of determination of eligibility to receive case management services; 7. set forth case manager qualifications, required supervision, and continuing education; 8. specify the responsibilities of case managers; 9. allow the use of case management teams and establish the duties of such teams; 10. set forth the requirements related to developing individual family community support plans and individual community support plans; 11. establish recordkeeping standards; 12. define the termination of case management services; and 13. set forth provisions related to the client's right to a fair hearing.

Minnesota Rules, parts 9505.0322 and 9505.0324 establish the conditions of eligibility to receive medical assistance payment for case management services to children with severe emotional disturbance and adults with serious and persistent mental illness and for home-based mental health services to children with severe emotional disturbance who are at risk of out-of-home placement or institutionalization or who are returning to the home from out-of-home placement or institutionalization. The proposed rules will: 1. set the standard of eligibility to receive case management services and the basis for determining eligibility; 2. specify the required contents of a diagnostic assessment; 3. allow a person to receive case management services for a four month period without a diagnostic assessment if the person meets certain conditions; 4. set forth the criterion for determining the recipient's continued service eligibility; 5. establish required case manager qualifications, supervision and training; 6. set limits on service eligibility for medical assistance payment; 7. establish recordkeeping requirements; 8. require coordination of case management services; 9. identify excluded services; 10. establish eligible providers of home-based mental health services and the services and service components that must be available to eligible children; 11. specify the criteria to receive home-based mental health services; and 12. provide for reimbursement of travel to and from the setting where the home-based services are provided. Additionally, amendments to part 9505.0323 will: 1. revise definitions to be consistent with statutes; 2. require psychiatric consultation and medication evaluation under certain circumstances; and 3. require coordination of a recipient's mental health services.

The agency's authority to adopt the proposed rules is contained in *Minnesota Statutes*, section 245.484, in the case of parts 9520.0900 to 9520.0926; in *Minnesota Statutes*, sections 245.484 and 256B.0625, subdivision 20 in the case of part 9505.0322; in *Minnesota Statutes*, section 245.484 in the case of part 9505.0324; and in *Minnesota Statutes*, sections 256B.04, subdivision 2 and 256B.0625, subdivision 24.

In preparing these rules, the agency has considered the requirements of *Minnesota Statutes*, section 14.115 in regard to the impact of the proposed rules on small businesses. The agency believes that *Minnesota Statutes*, section 14.115 does not apply to these rules but in the event that section 14.115 does apply, the agency invites the public to comment at the public hearing. Furthermore, if any person knows of anyone who may be affected as a small business, the person may address this concern at the public hearing.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11. A fiscal note prepared according to the requirements of *Minnesota Statutes*, section 3.98, subdivision 2, estimating the fiscal impact of the rule is available from Nancy Bishop or Joyce Pederson, Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155-3816, telephone (612) 296-7454.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to Nancy Bishop or Joyce Pederson, Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155-3816, telephone (612) 296-7454. A copy of the rule may also be viewed at any of the 87 county welfare agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule, contact Eleanor Weber, Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155-3816, telephone (612) 297-4301.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified, you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a **STATEMENT OF NEED AND REASONABLENESS** is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the

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Proposed Rules

evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the **STATEMENT OF NEED AND REASONABLENESS** may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Lobbyists must register with the State Ethical Practices Board. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Dated: 25 June 1992

Natalie Haas Steffen
Commissioner

Rules as Proposed (all new material)

9520.0900 SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by *Minnesota Statutes*, sections 245.487 to 245.4888 and 256B.0625, subdivision 20, and to adults with serious and persistent mental illness as authorized by *Minnesota Statutes*, sections 245.461 to 245.486. Parts 9520.0900 to 9520.0926 are intended to comply with, and must be read in conjunction with, *Minnesota Statutes*, sections 245.461 to 245.4888, 256E.09, and chapter 256G.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under *Minnesota Statutes*, section 245.4881, and within the limits in *Minnesota Statutes*, sections 245.486 and 256E.081, and parts 9520.0900 to 9520.0926, and to all adults with serious and persistent mental illness under *Minnesota Statutes*, section 245.4711. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under *Minnesota Statutes*, sections 256E.06 and 256E.12, allocations from title XX of the Social Security Act under *Minnesota Statutes*, section 256E.07, and all other commonly available state and federal funding sources. In making case management services available to adults with serious and persistent mental illness, the local agency shall use grants to counties for services to adults with serious and persistent mental illness under *Minnesota Statutes*, section 256E.12, funds made available to counties for community social services under *Minnesota Statutes*, sections 256E.06 and 256E.12, and allocations from title XX under *Minnesota Statutes*, section 256E.07.

Case management services to children with severe emotional disturbance must be billed as required under *Minnesota Statutes*, section 245.4881, subdivision 1, paragraph (b). Case management services to medical assistance eligible adults with serious and persistent mental illness must be billed as required under *Minnesota Statutes*, section 245.4711, subdivision 1, paragraph (b).

9520.0902 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9520.0900 to 9520.0926 have the meanings given them in this part.

Subp. 2. **Adult.** "Adult" means a person at least 18 years of age.

Subp. 3. **Case manager.** "Case manager" means an individual who is employed by the local agency or an entity that is under contract to the local agency to provide case management services under parts 9520.0900 to 9520.0926 and who, if providing case management services to a child with a severe emotional disturbance, meets the qualifications specified in *Minnesota Statutes*, section 245.4871, subdivision 4, or who, if providing case management services to an adult with serious and persistent mental illness, meets the qualifications specified in *Minnesota Statutes*, section 245.462, subdivision 4.

Subp. 4. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 5. **Case management services.** "Case management services," for a child with severe emotional disturbance, has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 3. For an adult with serious and persistent mental illness, case management services has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 3. Case management services are services designed to achieve the outcomes specified in parts 9520.0904 for children, and 9520.0905 for adults.

Subp. 6. **Case management team.** "Case management team" means a group of persons that:

A. For a child, consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Other persons or service providers requested by the child's parent or legal representative to participate in making decisions about the child's services or to advocate on behalf of the child may be members of the case management team.

B. For an adult, consists of the adult, the adult's case manager, and representatives of other agencies contracted by the county to provide case management services to the adult.

Subp. 7. **Child.** "Child" means a person under 18 years of age.

Subp. 8. **Child with severe emotional disturbance.** “Child with severe emotional disturbance” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 6.

Subp. 9. **Client.** “Client” means a child or an adult who has been determined eligible for case management services according to part 9520.0910, subpart 1.

Subp. 10. **Clinical supervision.** “Clinical supervision” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 7, for a child with a severe emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 4a, for an adult with serious and persistent mental illness.

Subp. 11. **Commissioner.** “Commissioner” means the commissioner of human services or the commissioner’s designee.

Subp. 12. **Community support services program.** “Community support services program” means the program of services specified in *Minnesota Statutes*, section 245.462, subdivision 6, and, in addition, day treatment services as specified in *Minnesota Statutes*, section 245.4712, subdivision 2.

Subp. 13. **County board.** “County board” means the county board of commissioners or a board established under *Minnesota Statutes*, sections 471.59, or 402.01 to 402.10.

Subp. 14. **County of financial responsibility.** “County of financial responsibility” has the meaning given in *Minnesota Statutes*, section 256G.02, subdivision 4.

Subp. 15. **Day treatment services or day treatment program.** “Day treatment services” or “day treatment program” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 10, for a child with severe emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 8, for an adult with serious and persistent mental illness.

Subp. 16. **Diagnostic assessment.** “Diagnostic assessment” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 11, for a child and in *Minnesota Statutes*, section 245.462, subdivision 9, for an adult.

Subp. 17. **Emergency services.** “Emergency services” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 14, for a child with severe emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 11, for an adult with serious and persistent mental illness.

Subp. 18. **Emotional disturbance.** “Emotional disturbance” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 15, as applied to a child.

Subp. 19. **Family.** “Family” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 16, or, for an Indian child, means a relationship recognized by the Minnesota Indian family preservation act, *Minnesota Statutes*, sections 257.35 to 257.3579.

Subp. 20. **Family community support services.** “Family community support services” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 17.

Subp. 21. **Functional assessment.** “Functional assessment” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 18, for a child and in *Minnesota Statutes*, section 245.462, subdivision 11a, for an adult.

Subp. 22. **Individual community support plan.** “Individual community support plan” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 12.

Subp. 23. **Individual family community support plan.** “Individual family community support plan” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 19.

Subp. 24. **Individual treatment plan.** “Individual treatment plan” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 21, for a child with an emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 14, for an adult with mental illness.

Subp. 25. **Inpatient hospital.** “Inpatient hospital” means an acute care institution as defined in *Minnesota Statutes*, section 144.696, subdivision 3, and licensed under *Minnesota Statutes*, sections 144.50 to 144.58.

Subp. 26. **Legal representative.** “Legal representative” means a guardian appointed by the court to decide on services for a child as specified in *Minnesota Statutes*, section 525.619, or an Indian custodian as defined in *Minnesota Statutes*, section 257.351, subdivision 8.

Subp. 27. **Local agency.** “Local agency” means the county agency under the authority of the county board that is responsible for

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arranging and providing mental health services required under *Minnesota Statutes*, sections 245.461 to 245.4888, as a component of community social services under *Minnesota Statutes*, chapter 256E.

Subp. 28. **Mental health practitioner.** “Mental health practitioner” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 26, for mental health services to a child and in *Minnesota Statutes*, section 245.462, subdivision 17, for mental health services to an adult.

Subp. 29. **Mental health professional.** “Mental health professional” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 27, and also, except for clinical supervision purposes, a person qualified as specified in part 9505.0323, subpart 31, for mental health services to a child and in *Minnesota Statutes*, section 245.462, subdivision 18, for mental health services to an adult.

Subp. 30. **Mental health services.** “Mental health services” for a child means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in *Minnesota Statutes*, sections 245.487 to 245.4887 and for an adult with mental illness means the services provided to persons with mental illness as specified in *Minnesota Statutes*, section 245.466, subdivision 2.

Subp. 31. **Mental illness.** “Mental illness” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 20.

Subp. 32. **Minority race or minority ethnic heritage.** “Minority race” or “minority ethnic heritage” has the meaning given in part 9560.0020, subpart 9a.

Subp. 33. **Outpatient services.** “Outpatient services” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 29, for a child with emotional disturbance and in *Minnesota Statutes*, section 246.462, subdivision 21, for an adult with mental illness.

Subp. 34. **Parent.** “Parent” means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 35. **Professional home-based family treatment.** “Professional home-based family treatment” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 31.

Subp. 36. **Residential treatment.** “Residential treatment” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 32, for residential treatment of a child with emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 23, for an adult with serious and persistent mental illness.

Subp. 37. **Screening.** “Screening” refers to the screening required under *Minnesota Statutes*, section 245.4885, subdivision 1.

Subp. 38. **Serious and persistent mental illness.** “Serious and persistent mental illness” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 20, paragraph (c), clauses (1) to (4).

Subp. 39. **Service provider.** “Service provider” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 33, for a child with emotional disturbance and in *Minnesota Statutes*, section 245.462, subdivision 24, for mental health services for an adult with mental illness.

Subp. 40. **Special mental health consultant.** “Special mental health consultant” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 33a.

Subp. 41. **Team coordinator.** “Team coordinator” means a person selected by the child’s parent or legal representative or, as appropriate, the child as provided in part 9520.0916, subpart 2.

Subp. 42. **Therapeutic support of foster care.** “Therapeutic support of foster care” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 34.

Subp. 43. **Updating.** “Updating” has the meaning given in *Minnesota Statutes*, section 245.4876, subdivision 2, for mental health services to a child and in *Minnesota Statutes*, section 245.467, subdivision 2, for mental health services to an adult.

9520.0903 COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Responsibilities for case management services.** A county board shall assure that:

A. case management services coordinate the delivery of the child’s mental health services on behalf of the child and the child’s family across the local system of care and coordinate the delivery of the adult’s mental health services;

B. case management services are delivered in a manner that integrates and coordinates mental health case management services with the services of other agencies serving the child and the child’s family or the adult;

C. special mental health consultants are used as necessary in assessing the needs of a child of minority race or minority ethnic heritage;

D. case management services are not denied to children with severe emotional disturbance or to adults with serious and persistent mental illness unless the county board demonstrates compliance with *Minnesota Statutes*, section 256E.081, subdivisions 2 and 3, and completes the documentation required under *Minnesota Statutes*, section 256E.081, subdivision 4;

E. the caseload assigned to a case manager providing case management services to children with severe emotional disturbance or to adults with serious and persistent mental illness complies with the requirement of subpart 2; and

F. the meetings, actions, and procedures related to case management services to children with severe emotional disturbance and to adults with serious and persistent mental illness comply with the requirements of parts 9520.0900 to 9520.0926.

Subp. 2. **Limit on size of case manager's caseload.** A case manager's caseload must be of a size that enables the case manager to attend to the outcomes specified for case management services to a child as specified in part 9520.0904 or to the outcomes specified for case management services to an adult as specified in part 9520.0905. Except under the circumstances specified in this subpart, the average caseload of a case manager providing case management services shall not exceed the limits in item A or B.

A. From the effective date of parts 9520.0900 to 9520.0926 to December 31, 1993, the average caseload of a case manager providing case management services to children with severe emotional disturbance or providing case management services to adults with serious and persistent mental illness must not exceed the ratio of 40 clients to one full-time equivalent case manager.

B. Beginning January 1, 1994, the average caseload of a case manager providing case management services to children with severe emotional disturbance shall not exceed the ratio of 15 clients to one full-time equivalent case manager and the average caseload of a case manager providing case management services to adults with serious and persistent mental illness shall not exceed the ratio of 30 clients to one full-time equivalent case manager.

A county that has an average case manager caseload in excess of the limit in item A or B on the effective date of parts 9520.0900 to 9520.0926 may continue to exceed the ratio required under item A or B but only to the extent that the increased revenue is insufficient to hire additional case managers needed to meet the ratio required under item A or B.

Subp. 3. **Definitions.** For purposes of subpart 2:

A. "increased revenue" means revenue received from a source other than county funds by the county and its contracted providers for case management services provided under parts 9520.0900 to 9520.0926 during calendar year 1992 or the applicable calendar year thereafter which exceeds the revenue received from these sources for case management services provided under parts 9505.0476 to 9505.0490 during calendar year 1990;

B. "source other than county funds" means funds received through medical assistance, general assistance medical care for persons who would be eligible for medical assistance except that the person resides in an institution for mental diseases, state grants dedicated to case management services, and third-party payers; and

C. "county funds" means funds available to a county through county levies, block grants under *Minnesota Statutes*, section 256E.06, federal block grants under *Minnesota Statutes*, section 256E.07, and state shared revenue funds.

9520.0904 OUTCOMES OF CASE MANAGEMENT SERVICES TO CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE.

The case manager assigned by the local agency to provide case management services to children with severe emotional disturbance shall work with the case management team using a process that is designed to assist the child with severe emotional disturbance in pursuing the outcome of improved or maintained mental health and functioning and to achieve the outcomes in items A to G:

A. child-centered, family-focused, community-based services. For purposes of this item:

(1) "child centered" means the child's services are based on and adapted to the individual strengths and needs of the child and the child's family;

(2) "family-focused" means the services are provided in a manner that maximizes the opportunity for the involvement of the child and the child's family in the planning and delivery of the child's case management and family community support services; and

(3) "community-based" means that, except in circumstances that require case management services in an institutional setting in accordance with *Minnesota Statutes*, sections 245.4882, subdivision 3, and 245.4883, subdivision 1, the case management services are to be provided in the least restrictive setting available or provided in the client's residence or school or educational program operated by a local education agency, a relative's home, a recreational or leisure setting, or other community setting appropriate to the child;

B. appropriate services that are culturally sensitive;

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C. information provided to the child's parent or legal representative or, as appropriate, the child about eligibility for and frequency of case management services, the benefits of case management services and family community support services, and the services available to achieve the overall outcome of case management and the other outcomes specified in the child's individual family community support plan;

D. assistance to the child and the child's family in obtaining the mental health and other services that are needed to achieve the outcomes specified in the child's individual family community support plan;

E. coordinated services to the child in a manner that simplifies access to the services, brings together similar services in a manner that eliminates duplicate services, and assures continuity of needed services;

F. information to the child and the child's parent or legal representative about the Minnesota Government Data Practices Act under *Minnesota Statutes*, chapter 13, the Patients and Residents of Health Care Facilities Bill of Rights, *Minnesota Statutes*, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and the fair hearing procedure under *Minnesota Statutes*, section 256.045; and

G. an individual family community support plan for the child according to *Minnesota Statutes*, sections 245.4871, subdivision 19, and 245.4881, subdivision 4, that specifies outcomes to be achieved based on the child's diagnostic and functional assessments and how progress toward achieving the outcomes will be monitored.

9520.0905 OUTCOMES OF CASE MANAGEMENT SERVICES TO ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.

The case manager assigned by the local agency to provide case management services to an adult with serious and persistent mental illness shall work together with the adult with serious and persistent mental illness using a process that is designed to assist the adult with serious and persistent mental illness in pursuing the outcome of improved or maintained mental health and functioning and to achieve the outcomes in items A to H:

A. client-centered, community-based services. For purposes of this item:

(1) "client-centered" means that the adult's services are based on and adapted to the individual's strengths, goals, and needs and that the plan of services is developed with the involvement of the client; and

(2) "community-based" means that, except in circumstances that require case management services in an institutional setting in accordance with *Minnesota Statutes*, sections 245.472, subdivision 3, and 245.474, subdivision 3, the case management services are to be provided in the least restrictive setting and promote integration of the adult into the adult's community;

B. the involvement of members of the adult's family or other persons significant to the adult as authorized by the adult;

C. appropriate services that are culturally sensitive;

D. information provided to the adult about eligibility for and frequency of case management services, the benefits of case management and community support services, and the full array of services available to achieve the overall outcome of case management and the other outcomes specified in the adult's individual community support plan;

E. assistance to the adult in obtaining the mental health and other services that are needed to achieve the outcomes specified in the adult's individual community support plan;

F. coordinated services to the adult in a manner that simplifies access to the services, brings together similar services in a manner that eliminates duplicate services, and assures continuity of needed services;

G. compliance with and information to the adult about the Minnesota Government Data Practices Act under *Minnesota Statutes*, chapter 13, the Patients and Residents of Health Care Facilities Bill of Rights under *Minnesota Statutes*, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and the fair hearing procedure under *Minnesota Statutes*, section 256.045;

H. an individual community support plan for the adult according to *Minnesota Statutes*, section 245.4711, subdivision 4, that specifies outcomes to be achieved based on the adult's diagnostic and functional assessments, the goals identified by the adult, the activities for accomplishing each goal, and how progress toward achieving the outcomes will be monitored.

9520.0906 LOCAL AGENCY RESPONSIBILITIES; NOTICE AFTER REQUEST OR REFERRAL FOR SERVICES.

Subpart 1. **Notice following request or referral for services.** As required under *Minnesota Statutes*, section 245.4881, subdivision 2, in response to a request or a referral for case management services for a child or as required under *Minnesota Statutes*, section 245.4711, subdivision 1, in response to a request or a referral for case management services for an adult, the local agency must notify within five working days after receiving the request or referral, the child's parents or child's legal representative or, as appropriate, the child or the adult of the individual's potential eligibility for case management services. The notice must be written in plain language and explain the individual's potential eligibility for case management services and, in the case of a child, for family community support services or in the case of an adult, for community support services. The contents of the notice shall comply with *Minnesota Statutes*, section 245.4881, subdivision 2, paragraph (b), in the case of a child with emotional disturbance or with *Minnesota Statutes*, section

245.4711, subdivision 2, paragraph (a), in the case of an adult with mental illness. A notice responding to a request or referral for services to a child also must state that the person to whom the notice is addressed may request county assistance in contacting a special mental health consultant to assist in assessing and providing appropriate treatment to a child of a minority race or minority ethnic heritage.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the adult or the child and the child's parent or legal representative from the person referring the adult or the child for case management services, the local agency must attempt to locate the adult or the child and give the adult or the child's parent or legal representative or, as appropriate, the child the notice specified in subpart 1.

Subp. 3. **Follow-up notice of availability of case management services.** If the person notified under subpart 1 or 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the person to explain the potential eligibility of the child or adult for case management services.

9520.0907 PERSON TO RECEIVE NOTICE AND AUTHORIZE SERVICES.

Except under the circumstances specified in this part, when case management services are requested for a child or the child is referred for case management services, the child's parent or legal representative, if any, has the right to receive the notices specified under parts 9520.0900 to 9520.0926 and to make decisions about whether to obtain a diagnostic assessment, authorize a release of information, and accept case management services for the child. If one of the circumstances in item A applies, the child shall receive the required notices and make the decisions whether to accept case management services and authorize a release of information. If the circumstance in item B applies, the person to act for the child is the guardian ad litem appointed by the court.

A. The parent or legal representative is hindering or impeding the child's access to mental health services or the child:

(1) has been married or has borne a child as specified in *Minnesota Statutes*, section 144.342;

(2) is living separate and apart from the child's parents or legal guardian and is managing the child's own financial affairs as specified in *Minnesota Statutes*, section 144.341;

(3) is at least 16, but under 18 years old, and has consented to treatment as specified in *Minnesota Statutes*, section 253B.03, subdivision 6, paragraph (d); or

(4) is at least 16, but under 18 years old and for whom a county board has authorized independent living pursuant to a court order as specified in *Minnesota Statutes*, section 260.191, subdivision 1, paragraph (a), clause (4).

B. A petition has been filed under *Minnesota Statutes*, chapter 260, or a court order has been issued under *Minnesota Statutes*, section 260.133 or 260.135 and a guardian ad litem has been appointed.

9520.0908 CONTACT BETWEEN PERSON DESIGNATED BY THE COUNTY BOARD TO COORDINATE CASE MANAGEMENT SERVICES AND CHILD'S PARENT AND CHILD OR THE ADULT.

Before a determination of the case management service eligibility of a child or an adult for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to contact the child's parent or legal representative and the child or the adult no later than 15 working days after the local agency receives the referral or request under part 9520.0906. In the contact, the person designated by the county board to coordinate case management services must explain that access to case management services depends on a determination that the child has a severe emotional disturbance or the adult has serious and persistent mental illness and must assist the child's parent or legal representative or, if appropriate, the child or the adult to make an informed choice of whether to obtain the diagnostic assessment or the review and updating of a diagnostic assessment required under part 9520.0909 in order to make the determination of the child's eligibility. In helping the child's parent or legal representative or, if appropriate, the child or the adult make an informed choice on whether to obtain a diagnostic assessment, the person designated by the county board to coordinate case management services must explain that the local agency will, if requested, assist in obtaining a diagnostic assessment.

9520.0909 DETERMINATION OF SERIOUS AND PERSISTENT MENTAL ILLNESS OR SEVERE EMOTIONAL DISTURBANCE; ASSISTANCE IN ARRANGING DIAGNOSTIC ASSESSMENT.

Subpart 1. **General requirement.** Except as specified in subpart 2, a diagnostic assessment is required to determine whether a child or an adult is eligible for case management services under parts 9520.0900 to 9520.0926. If the child's or adult's diagnostic assessment was completed no earlier than 180 days before the referral or request for case management services for the child or adult,

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only updating is necessary unless the child's or adult's mental health status has changed markedly since the child's or adult's most recent diagnostic assessment. If the child or adult has not had a diagnostic assessment within 180 days before the request or referral for case management services for the child or adult or if the child's or adult's mental health status has changed markedly, the child or the adult must obtain a new diagnostic assessment.

Subp. 2. Eligibility if child or adult does not have a current diagnostic assessment. Notwithstanding the requirement of subpart 1, a child or an adult is eligible for case management services if all of the following criteria are met:

- A. the person requests or is referred for and accepts case management services;
- B. a diagnostic assessment is refused at the time of the person's referral or request for case management services by:
 - (1) the parent or legal representative of a child;
 - (2) a child who meets a criterion specified in part 9520.0907, item A, and whose refusal is for reasons related to the child's emotional disturbance; or
 - (3) an adult for reasons related to the adult's mental illness;
- C. the case manager determines that:
 - (1) the person is a child with severe emotional disturbance according to *Minnesota Statutes*, section 245.4871, subdivision 6, clause (1), (2), or (4); or
 - (2) the person is an adult with serious and persistent mental illness according to *Minnesota Statutes*, section 245.462, subdivision 20, paragraph (c), clause (1), (2), or (4); and
- D. the person obtains a new or updated diagnostic assessment within four months of the day the person first receives case management services.

Subp. 3. Assistance in obtaining diagnostic assessment. If the child's parent or legal representative or, as appropriate, the child or the adult consents to the child's or or adult's assessment for eligibility for case management services and authorizes a release of information, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative or the adult in obtaining an appointment with a mental health professional chosen by the child's parent or legal representative or, as appropriate, the child or the adult to conduct a diagnostic assessment. The local agency must request the child's parent or legal representative or, as appropriate, the child or the adult to authorize the mental health professional conducting the diagnostic assessment to release the results of the diagnostic assessment to the local agency.

Subp. 4. Diagnostic assessment of child of a minority race or minority ethnic heritage. If a mental health professional conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage. If the mental health professional is not skilled and knowledgeable in conducting the diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural and ethnic needs.

9520.0910 DETERMINATION OF ELIGIBILITY FOR CASE MANAGEMENT SERVICES.

Subpart 1. Local agency determination. Upon receipt of the report of the mental health professional conducting or updating a diagnostic assessment required under part 9520.0908, the local agency must promptly determine whether the child meets a criterion in part 9520.0902, subpart 8, or whether the adult meets a criterion in part 9520.0902, subpart 38.

Subp. 2. Notice of determination. The local agency shall notify, in writing, the child's parent or legal representative or, as appropriate, the child or the adult of the determination about the child's or the adult's eligibility for case management services.

Subp. 3. Eligible client referred to provider. If the client is determined to be eligible for case management services and if the child's parent or legal representative or, as appropriate, the child or if the adult consents to the services, the local agency shall refer the client to a case management provider for case management services.

Subp. 4. Referral of adult with mental illness or child with emotional disturbance. If the local agency determines the child to have an emotional disturbance but not to have a severe emotional disturbance or determines the adult to have a mental illness but not to have a serious and persistent mental illness, the local agency shall offer to refer the client to a mental health provider or other appropriate service provider and to assist the client to make an appointment with a provider chosen by the the child's parent or legal representative or, as appropriate, the child or by the adult.

Subp. 5. Refusal. A child's parent or legal representative or, as appropriate, the child or an adult who is determined eligible for case management services may refuse the case management services. However, the refusal does not affect the client's eligibility to receive case management services or other mental health services for which the client is eligible.

9520.0912 CASE MANAGER QUALIFICATIONS AND REQUIRED SUPERVISION.

Subpart 1. **Qualification of case manager; services to a child.** Except as provided in subpart 3, a case manager providing case management services to a child with severe emotional disturbance must have a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, be skilled in setting and monitoring appropriate service outcomes, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Qualification of case manager; services to an adult.** Except as provided in subpart 3, a case manager providing case management services to an adult with serious and persistent mental illness must have a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of services to adults with mental illness, must be skilled in the process of identifying and assessing a wide range of client needs, must be skilled in setting and monitoring appropriate service outcomes, and must be knowledgeable about local community resources and how to use those resources for the benefit of the adult with serious and persistent mental illness.

Subp. 3. **Case manager; supervision.** Clinical supervision of a case manager shall be provided as specified in items A to C. Additionally, if the mental health professional is providing clinical supervision of a case manager who provides case management services to children, the mental health professional must be qualified as specified in *Minnesota Statutes*, section 245.4871, subdivision 27, and must be skilled and knowledgeable about children with emotional disturbance. The mental health professional providing the clinical supervision must document the clinical supervision in the client's record.

A. Clinical supervision is not required for a case manager who is qualified as a mental health professional.

B. Case managers who are not qualified as mental health professionals under *Minnesota Statutes*, section 245.4871, subdivision 27, for services to children with emotional disturbance or under *Minnesota Statutes*, section 245.462, subdivision 18, for services to adults with mental illness, and who have at least 2,000 hours of supervised experience in the delivery of mental health services, as appropriate, to children or adults must meet in person with a mental health professional at least once each month to obtain clinical supervision.

C. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services as appropriate to children with emotional disturbance or adults with serious and persistent mental illness, must receive clinical supervision regarding individual service delivery from a mental health professional at least once each week until the requirement of 2,000 hours of experience is met.

Subp. 4. **Case manager; required training.** A case manager with a bachelor's degree, who does not have 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance or to adults with serious and persistent mental illness must complete 40 hours of training approved by the department in case management skills as specified in items A and B.

A. If the case manager is providing case management services to children with severe emotional disturbance, the training must address the characteristics and needs of children with severe emotional disturbance.

B. If the case manager is providing case management services to adults with serious and persistent mental illness, the training must address the characteristics and needs of adults with serious and persistent mental illness.

Subp. 5. **Continued training.** A case manager with 2,000 hours of supervised experience required under subpart 1 or 2 must complete at least 30 hours of training in a two-year period. The training must be approved by the case management provider and shall be related to the needs, characteristics, and services available to the clients in the caseload assigned to the case manager.

9520.0914 CASE MANAGER'S RESPONSIBILITIES.

Subpart 1. **General responsibility.** It is the responsibility of the case manager to provide the case management services that assist a child with severe emotional disturbance and the child's family needed in achieving the outcomes specified in part 9520.0904 or that assist an adult with serious and persistent mental illness in achieving the outcomes specified in part 9520.0905.

Subp. 2. **Other responsibilities.** The case manager must also carry out the responsibilities specified in item A or B for the purpose of implementing the design to achieve the outcomes specified in part 9520.0904 or 9520.0905.

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A. A child's case manager must:

(1) complete a written functional assessment and develop the child's individual family community support plan based on the child's diagnostic assessment and functional assessment within 30 days after the first meeting with the child who is eligible for case management services;

(2) review and update the child's individual family community support plan according to the child's needs at least every 90 days after the development of the first plan and at the same time review the child's functional assessment as specified in part 9520.0918, subpart 2;

(3) monitor the child's progress toward achieving the outcomes specified in the child's individual family community support plan, report progress toward these outcomes to the parent, child, and other members of the case management team every 90 days after the plan is developed, and revise the outcomes as appropriate based on the child's progress toward the outcomes;

(4) coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving;

(5) attempt to meet with the child at least once every 30 days;

(6) be available to meet with the child's parent or legal representative upon the request of the parent or representative;

(7) note in the child's record the services needed by the child and the child's family that are not available and the unmet needs of the child and the child's family;

(8) actively participate in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services if the child is in a residential treatment facility, regional treatment center, or inpatient hospital for mental health services;

(9) at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative in assessing the child's need for continued mental health and case management services as specified in part 9520.0920, subpart 2, item D; and

(10) advise the child's parent or legal representative or, as appropriate, the child of the right to appeal as specified in *Minnesota Statutes*, section 245.4887, if the mental health services needed by the child are denied, suspended, reduced, terminated, not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.

B. The case manager of an adult with serious and persistent mental illness must:

(1) complete a written functional assessment and develop, together with the adult, an individual community support plan based on the client's diagnostic assessment and needs within 30 days after the first meeting with an adult who is eligible for case management services;

(2) review and update the adult's individual community support plan according to the adult's needs at least every 90 calendar days after the development of the first plan and at the same time review the adult's functional assessment as specified in part 9520.0919, subpart 2;

(3) monitor the adult's progress toward achieving the outcomes specified in the adult's individual community support plan and report progress toward these outcomes to the adult and other members, if any, of the case management team at the time of the review required under subitem (2);

(4) involve the adult with serious and persistent mental illness, the adult's family, physician, mental health providers, other service providers, and other interested persons in developing and implementing the adult's individual community support plan to the extent possible and with the adult's consent;

(5) attempt to meet with the adult at least once every 90 calendar days;

(6) be available to meet with the adult more frequently at the request of the adult or as specified in the adult's individual community support plan;

(7) actively participate in discharge planning for the adult and, to the extent possible, coordinate services necessary to assist the adult's smooth transition to the community if the adult is in a residential treatment facility, regional treatment center, or an inpatient acute psychiatric case unit; and

(8) inform the adult of the right to appeal as specified in *Minnesota Statutes*, section 245.4887, if the mental health services needed by the adult are denied, suspended, reduced, terminated, or not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.

9520.0916 CASE MANAGEMENT TEAM FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE.

Subpart 1. **Team convened.** The case manager of a child's case management services may convene the case management team on the manager's own initiative or upon the request of the child's parent or legal representative or, as appropriate, the child, or at the

request of any other member of the team. The case manager, the parent unless clinically inappropriate, and the other members of the case management team, if any, shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently if needed to monitor the child's progress in achieving the outcomes specified in the child's individual family community support plan.

Subp. 2. **Team coordinator.** When the case management team is convened, the child's parent or legal representative or, as appropriate, the child may request that a representative of an agency other than the local agency serve as the team coordinator. If the agency represented on the team by the person chosen as team coordinator agrees, the team coordinator shall convene the case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the team coordinator and must coordinate the child's mental health services with the team coordinator.

Subp. 3. **Duties of case management team.** When a case management team is convened under this part, the team must clarify and address the roles and responsibilities of the individual team members. The team shall assist the child's case manager to carry out the responsibilities of the case manager specified in part 9520.0914, subparts 1 and 2, item A. Recommendations of the case management team about mental health services for the child shall be consistent with the services specified in the county's approved children's mental health plan as specified in *Minnesota Statutes*, section 245.4888.

9520.0917 CASE MANAGEMENT TEAM FOR ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.

The case management services of an adult with serious and persistent mental illness may be provided by a team that includes the adult, the adult's case manager, and other persons who meet at least the qualifications established in part 9520.0912, subpart 2. Members of the team other than the adult and the adult's case manager may be from any agency providing services to the adult with serious and persistent mental illness and, in addition, shall be employed by or under contract to the local agency to provide case management services. One member of the team shall be designated as the team leader. If a county board has authorized the use of case management teams, an adult with serious and persistent mental illness may request a single case manager or a case management team. If the adult chooses to receive case management services from a case management team, the team shall be responsible for carrying out the responsibilities of the case manager under parts 9520.0900 to 9520.0926, except that the team leader shall be responsible for coordinating the team's activities.

9520.0918 DEVELOPMENT OF CHILD'S INDIVIDUAL FAMILY COMMUNITY SUPPORT PLAN.

Subpart 1. **Required plan.** The development of the child's individual family community support plan must comply with *Minnesota Statutes*, section 245.4881, subdivision 4. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan. The plan must incorporate the child's individual treatment plans, if any. The individual family community support plan must focus on the desired changes in the level of functioning of the child. The plan must specify the desired outcomes of services and how the services will be assessed and monitored on an ongoing basis.

Subp. 2. **Review and revision.** The case manager with the assistance of the case management team, if any, shall review^h and, if necessary, revise a child's functional assessment, the child's individual family community support plan specified under subpart 1, and the child's and family's service needs based on evidence of the child's progress toward desired service outcomes. The review and, if necessary, the revision shall occur at least once every 90 calendar days after the development of the child's first individual family community support plan. Whenever possible, the outcome of the review and revision of the child's services must simplify access to the child's services and bring together similar services in a manner that eliminates the duplication or omission of services identified in the child's individual family community support plan.

9520.0919 DEVELOPMENT OF ADULT'S INDIVIDUAL COMMUNITY SUPPORT PLAN.

Subpart 1. **Required plan.** The development of the adult's individual community support plan must comply with *Minnesota Statutes*, section 245.4711, subdivision 4. Any other service plan developed by an agency providing services to the adult may substitute for the adult's individual community support plan if the other service plan meets the requirements for an individual community support plan. The plan must incorporate the adult's individual treatment plans, if any. The individual community support plan must focus on the desired changes in the level of the adult's functioning. The plan must specify the desired outcomes of the services and how the services will be assessed and monitored on an ongoing basis.

Subp. 2. **Review and revision.** With the assistance of the case management team, if any, the case manager shall review and, if necessary, revise the adult's functional assessment, the adult's individual community support plan specified in subpart 1, and the

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adult's service needs based on evidence of the adult's progress toward the desired service outcomes. The review and, if necessary, the revision shall occur at least once every 90 calendar days after the development of the adult's first individual community support plan. Whenever possible, the outcome of the review and revision of the adult's services must identify, and assure the coordination of, services needed to obtain the desired service outcomes.

9520.0920 CASE MANAGER'S RECORDS RELATED TO SERVICES AND OUTCOME MONITORING.

Subpart 1. **Required records; children.** A case manager providing case management services to children with severe emotional disturbance must keep the records required in *Minnesota Statutes*, section 245.4881, subdivision 3, paragraph (b).

Subp. 2. **Monitoring and recording outcomes.** The case manager shall monitor and record the attainment of service outcomes to determine whether:

- A. the client's level of functioning is being maintained or has changed;
- B. the services are being coordinated in a manner designed to assure continuity of services needed by the child and to support the outcomes identified in the child's individual family community support plan; or
- C. in the case of an adult, services are being coordinated in a manner to assure continuity of services needed by the adult and to support the outcomes identified in the adult's individual community support plan;
- D. the child who is age 17 and who may be eligible for case management services to persons with serious and persistent mental illness receives information necessary to make the transition to case management services for persons with serious and persistent mental illness; and
- E. the child and the child's parent or legal representative or the adult receive information about applicable provisions of the Patients and Residents of Health Care Facilities Bill of Rights, appeals of denials, terminations, reductions or suspension of services, the release of information under the Government Data Practices Act about services, and authorization of services.

9520.0922 CASE MANAGER'S PROVISION OF OTHER MENTAL HEALTH SERVICES.

As requested by the child's parent or legal representative or, if appropriate, by the child or by an adult, a case manager may provide other mental health services if the case manager meets at least the minimum qualifications required to provide the mental health services specified in *Minnesota Statutes*, sections 245.462 to 245.4888.

9520.0923 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

If a person is eligible for and receiving case management services from more than one case management system, the case managers of these systems must coordinate, and not duplicate, case management services.

9520.0924 TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services to a child with severe emotional disturbance or an adult with serious and persistent mental illness shall terminate when one of the events listed in items A to D occurs.

- A. A mental health professional who has provided mental health services to the client furnishes a written opinion that the client no longer needs case management services.
- B. The adult and the case manager mutually decide that the adult, or in the case of a child, the child's parent or legal representative or, as appropriate, the child and the case manager mutually decide that the client no longer needs case management services.
- C. The adult or, in the case of a child, the child's parent or legal representative or, as appropriate, the child refuses further case management services.
- D. Except for a child in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of a severe emotional disturbance in a county outside the county of financial responsibility, no face-to-face contact has occurred between the case manager and the child for 90 consecutive days.
- E. Except for an adult in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of a serious and persistent mental illness in a county outside the county of financial responsibility, no face-to-face contact has occurred between the case manager and the adult for 180 consecutive days.

9520.0926 APPEALS.

Subpart 1. **Right to appeal.** A client who applies for or receives case management services has the right to a fair hearing under *Minnesota Statutes*, section 256.045, if the county terminates, denies, or suspends case management services; or does not act within five days upon a request or referral for case management services. A county of financial responsibility has an absolute defense to an appeal under this part if it proves by a preponderance of the evidence that it has no more resources available with which to avoid a denial, reduction, suspension, or termination of case management services and that it has met the requirements of *Minnesota Statutes*, section 256E.081.

Subp. 2. **Notice of adverse action.** The local agency shall mail a written notice to the adult or to the child's parent or legal representative or, as appropriate, the child at least ten calendar days before denying, reducing, suspending, or terminating the client's case management services. The written notice shall clearly state:

A. what action the local agency proposes to take;

B. the reasons for the action;

C. the legal authority for the proposed action;

D. that the adult or in the case of a child, the child and the child's parent or legal representative have the right to appeal the action within 30 days after the receipt of the notice or within 90 days if the person has good cause for delaying; and

E. where and how to file an appeal.

Subp. 3. **General information about appeal rights.** At the time of the request for case management services and at the annual review of the adult's individual community support plan or the child's individual family community support plan, the case manager shall give the adult or, in the case of a child, the child's parent or legal representative or, if appropriate, the child a written notice of the right to appeal under this part.

Subp. 4. **Commissioner's record of appeals.** The commissioner shall monitor the nature and frequency of appeals under this part.

REPEALER. *Minnesota Rules*, parts 9505.0476, 9505.0477, 9505.0478, 9505.0479, 9505.0480, 9505.0481, 9505.0482, 9505.0483, 9505.0484, 9505.0485, 9505.0486, 9505.0487, 9505.0488, 9505.0489, 9505.0490, and 9505.0491, subparts 1 to 6, 9, and 10, are repealed upon the effective date of parts 9520.0900 to 9505.0926.

Department of Human Services

Proposed Permanent Rules Relating to Mental Health Services

Rules as Proposed

9505.0175 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9505.0170 to ~~9505.0491~~ 9505.0475 have the meanings given them in this part.

[For text of subps 2 to 26, see M.R.]

Subp. 27. **Mental health practitioner.** "Mental health practitioner" means a person who is qualified ~~in at least one of the ways as specified in *Minnesota Statutes*, section 245.4871, subdivision 26, to serve a person under age 21, or who is qualified as~~ specified in *Minnesota Statutes*, section 245.462, subdivision 17, to serve a person at least age 21.

Subp. 28. **Mental health professional.** "Mental health professional" means a person ~~providing who provides~~ clinical services in the treatment of mental illness of an adult and who is qualified in at least one of the following ways:

A. ~~in psychiatric nursing, a registered nurse licensed under *Minnesota Statutes*, sections 148.171 to 148.285 and certified as a clinical specialist in psychiatric or mental health nursing by the American Nurses Association;~~

B. ~~in clinical social work, a person licensed as an independent clinical social worker under *Minnesota Statutes*, section 148B.21, subdivision 6;~~

C. ~~in psychology, a psychologist licensed under *Minnesota Statutes*, sections 148.88 to 148.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental illness; or~~

D. ~~in psychiatry, a physician licensed under *Minnesota Statutes*, chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, specified in *Minnesota Statutes*, section 245.462, subdivision 18, clauses (1) to (4), or a person who provides clinical services in the treatment of the emotional disturbance of a child and is qualified in at least one of the ways specified in *Minnesota Statutes*, section 245.4871, subdivision 27, clauses (1) to (4), or in the manner specified in the state Medicaid plan and who receives clinical supervision as specified in part 9505.0323, subpart 31.~~

[For text of subps 29 to 50, see M.R.]

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9505.0260 COMMUNITY MENTAL HEALTH CENTER SERVICES.

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

Subp. 2. **Eligible providers of community mental health center services.** To be eligible to enroll in the medical assistance program as a provider of community mental health center services, a provider must:

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

H. provide mental health services specified in *Minnesota Statutes*, sections 245.461 to ~~245.486~~ 245.4888;

[For text of items I and J, see M.R.]

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

Subp. 4. [See repealer.]

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

9505.0322 MENTAL HEALTH CASE MANAGEMENT SERVICES.

Subpart 1. Definitions. The terms used in this part have the meanings given them in items A to G and in part 9505.0323, subpart 1.

A. “Clinical supervision” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 4a, for case management services to an adult, or section 245.4871, subdivision 7, for case management services to a child.

B. “Face-to-face” means the recipient is physically present with the case manager.

C. “Mental health case management service” or “case management service” means a service that assists a person eligible for medical assistance in gaining access to needed medical, social, educational, and other services necessary to meet the person’s mental health needs and that coordinates and monitors the delivery of these needed services.

D. For purposes of this part, “recipient” means a person who has been determined by the local agency to be eligible for the medical assistance program, who has a serious and persistent mental illness or severe emotional disturbance as determined by a diagnostic assessment, and who has been determined eligible for case management services by the local agency.

E. “Serious and persistent mental illness” means the condition of an adult as specified in *Minnesota Statutes*, section 245.462, subdivision 20, paragraph (c).

F. “Severe emotional disturbance” means the condition of a child as specified in *Minnesota Statutes*, section 245.4871, subdivision 6.

G. “Updating” or “updated” has the meaning given in *Minnesota Statutes*, section 245.467, subdivision 2, for an adult, or section 245.4876, subdivision 2, for a child.

Subp. 2. Determination of eligibility to receive case management services. The local agency must determine whether a person is eligible for case management services. The determination must be based on a diagnostic assessment of the person as a person with a serious and persistent mental illness or a severe emotional disturbance or on a determination according to subpart 4.

Subp. 3. Required contents of a diagnostic assessment. To be eligible for medical assistance payment, the diagnostic assessment required for a determination of a recipient’s eligibility to receive mental health case management services must comply with the requirements of part 9505.0323, subpart 4. Additionally, the diagnostic assessment must identify the needs that must be addressed in the recipient’s individual treatment plan if the recipient is determined to have a serious and persistent mental illness or a severe emotional disturbance.

Subp. 4. Eligibility if person does not have a current diagnostic assessment. Medical assistance payment is available for case management services provided to a medical assistance eligible person who does not have a current diagnostic assessment if all of the following criteria are met:

A. the person requests or is referred for and accepts case management services;

B. the diagnostic assessment is refused at the time of the person’s referral or request for case management services by:

(1) an adult for reasons related to the adult’s mental illness;

(2) a child for reasons related to the child’s emotional disturbance who meets a criterion specified in part 9505.0323, subpart 20; or

(3) the parent of a child;

C. the case manager determines that the person is eligible for case management services; and

D. the person obtains a new or updated diagnostic assessment within four months of the day the person first receives case management services.

Subp. 5. Determination of recipient's continued eligibility for case management services. A recipient's continued eligibility for case management services under this part and parts 9520.0900 to 9520.0926 must be determined every 18 months by the local agency. The determination of whether the recipient continues to have a diagnosis of serious and persistent mental illness or severe emotional disturbance must be based on updating the recipient's diagnostic assessment or on the results of conducting a complete diagnostic assessment because the recipient's mental health status or behavior has changed markedly. Unless a recipient's mental health status or behavior has changed markedly since the recipient's most recent diagnostic assessment, only updating is necessary. If the recipient's mental health status or behavior has changed markedly, a new diagnostic assessment must be completed.

Subp. 6. Eligible provider of case management services. A local agency, or an entity under contract to a local agency to provide case management services, is eligible to enroll as a provider of case management services.

Subp. 7. Condition to receive medical assistance payment; case manager qualifications. To be eligible for medical assistance payment, a case management service must be provided by a case manager who is qualified under *Minnesota Statutes*, section 245.462, subdivision 4, for services to an adult, or section 245.4871, subdivision 4, for services to a child.

Subp. 8. Condition to receive medical assistance payment; clinical supervision required. To be eligible for medical assistance payment for a case management service provided to a recipient by a mental health practitioner, the mental health practitioner must receive clinical supervision according to the requirements of *Minnesota Statutes*, section 245.462, subdivision 4a, for an adult, or section 245.4871, subdivision 7, for a child.

Subp. 9. Case management services eligible for medical assistance payment. Case management services provided to a recipient that are eligible for medical assistance payment are:

A. face-to-face contact between the case manager and the recipient;

B. telephone contact between the case manager and the recipient; the recipient's mental health provider or other service providers; the recipient's family members, legal representative, or primary caregiver; or other interested persons;

C. face-to-face contacts between the case manager and the recipient's family, legal representative, or primary caregiver; mental health providers or other service providers; or other interested persons;

D. contacts between the case manager and the case manager's clinical supervisor about the recipient;

E. individual community support plan and assessment development, review, and revision required under *Minnesota Statutes*, section 245.4711, subdivision 4, for an adult, or section 245.4881, subdivision 4, for a child;

F. travel time spent by the case manager to meet face-to-face with the recipient who resides outside of the county of financial responsibility; and

G. travel time spent by the case manager within the county of financial responsibility to meet face-to-face with the recipient or the recipient's family, legal representative, or primary caregiver.

For purposes of items F and G, if a case manager arrives on time for a scheduled face-to-face appointment with a recipient, the recipient's family, legal representative, or primary caregiver and the person fails to keep the appointment, the time spent by the case manager in traveling to and from the site of the scheduled appointment is eligible for medical assistance payment.

Subp. 10. Limitation on payments for services. Payment for case management services shall be limited according to items A to H.

A. Payment for case management services is limited to no more than six hours per recipient per month, excluding time required for out-of-county travel under subpart 9, item F, except under the conditions specified in item B. The payment may be for any combination of the services specified in subpart 9, except that payment for telephone contact between a case manager and the recipient; the recipient's family, legal representative, or primary caregiver; mental health provider and other service providers; or other interested persons is limited to no more than two hours per recipient per month.

B. If the recipient is at risk because of the recipient's mental illness or emotional disturbance, the payment limitation:

(1) on case management services to the recipient shall be ten hours per month, excluding out-of-county travel as specified in subpart 9, item F, unless, in the case of a child with severe emotional disturbance, prior authorization is obtained; and

(2) on telephone contact in item A shall be increased to three hours per recipient per month.

The case manager must document the factor or factors placing the recipient at risk. For purposes of this item, "at risk" refers to

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a risk of hospitalization, losing a job, losing a place to live, failing or dropping out of school before completing the requirements of the program in which the recipient is enrolled, being subjected to abuse or neglect as set forth in *Minnesota Statutes*, section 626.556, in the case of a child, or section 626.557, in the case of an adult, or in danger of harming self or others.

C. When traveling with a recipient, a case manager may not bill concurrently for both a face-to-face session with the recipient and travel time.

D. An assessment that duplicates an assessment eligible for payment under subpart 2 or 5 is not eligible for medical assistance payment.

E. Payment for case management services to a recipient is limited to the services of one case manager per unit of time per recipient.

F. Time spent by the case manager in charting and record keeping is not eligible for separate medical assistance payment as a case management service.

G. Time spent by the case manager in court during which the case manager is not providing a case management service that would otherwise be eligible for medical assistance payment is not a covered service.

H. Time spent in communication with other case managers who are members of the recipient's case management team under part 9520.0916 or 9520.0917 is not a covered service unless the recipient is a face-to-face participant in the communication.

Subp. 11. Documentation of services. To obtain medical assistance payment for case management services, the case manager must document the recipient's case management services according to the requirements of part 9505.0323, subpart 26, and parts 9505.2175 and 9505.2180. Additionally, if a case manager who provides other mental health services eligible for medical assistance payment to a recipient who receives case management services from the case manager and intersperses the recipient's case management service and the other mental health services eligible for medical assistance payment within the same session, the case manager must clearly document in the recipient's record the intervals in which each service was provided.

Subp. 12. Recovery of payment. Medical assistance payments received by a case management provider for case management services that are not documented as required in subpart 11 are subject to recovery under parts 9505.2160 to 9505.2245.

Subp. 13. Excluded service. Client outreach for the purpose of seeking persons who potentially may be eligible for medical assistance and mental health case management services under this part is not eligible for medical assistance payment.

Subp. 14. Coordination of case management services with other programs. Case management services to recipients receiving case management services through a program other than medical assistance shall be coordinated as specified in items A to D.

A. Recipients who are receiving case management services through the Veterans Administration are not eligible for case management services under parts 9520.0900 to 9520.0926 and this part while they are receiving case management through the Veterans Administration.

B. Persons receiving home- and community-based services under a waiver are not eligible for case management services under parts 9520.0900 to 9520.0926 and this part if these services duplicate each other. For purposes of this subpart, "home- and community-based services under a waiver" refers to services furnished under a waiver obtained by the state from the United States Department of Health and Human Services as specified in *Code of Federal Regulations*, title 42, sections 440.180 and 441.300 to 441.310.

C. Except as provided in subpart 2, if a recipient has the diagnosis of mental retardation or a related condition and the diagnosis of mental illness or emotional disturbance, the county shall assign the recipient a case manager for services to persons with mental retardation according to parts 9525.0015 to 9525.0165 and shall notify the recipient of the availability of case management services under parts 9520.0900 to 9520.0926. If the adult or the adult's legal representative or, in the case of a child, the child's parent or legal representative or, if appropriate, the child chooses case management services under parts 9520.0900 to 9520.0926, the case manager assigned under parts 9525.0015 to 9525.0165 and the case manager chosen under parts 9520.0900 to 9520.0926 shall work together as a team to ensure that the person receives services required under parts 9520.0900 to 9520.0926 and 9525.0015 to 9525.0165. The case manager under parts 9520.0900 to 9520.0926 shall be responsible for assuring that the requirements of parts 9520.0900 to 9520.0926 and 9525.0015 to 9525.0165 are met.

D. A recipient who has been assessed as chemically dependent under parts 9530.6615 and 9530.6620 and who also is determined to have a serious and persistent mental illness or a severe emotional disturbance is eligible to receive case management services under parts 9520.0900 to 9520.0926 and this part. The case manager assigned under parts 9520.0900 to 9520.0926 must coordinate the recipient's case management services with any similar services the person is receiving from other sources.

E. For purposes of this part, a recipient enrolled with a prepaid health plan under a prepaid medical assistance plan established under *Minnesota Statutes*, section 256B.031, is eligible for case management services as specified in this part on a fee-for-service basis from a provider other than the prepaid health plan.

9505.0323 MENTAL HEALTH SERVICES.

Subpart 1. **Definitions.** For this part, the following terms have the meanings given them.

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

~~B.~~ “Case management services” means the activities specified in *Minnesota Statutes*, section 245.462, subdivision 3, in the case of an adult, or section 245.4871, subdivision 3, in the case of a child.

~~C.~~ “Case manager” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 4, for services to an adult, or section 245.4871, subdivision 4, for services to a child.

~~B- D.~~ “Child” means a person under 18 years of age.

~~E- E.~~ “Client” means a recipient who is determined to be mentally ill or emotionally disturbed as specified in subpart 2.

~~D- F.~~ “Clinical supervision” means the process of control and direction of a client’s mental health services by which a mental health professional who is a provider accepts full professional responsibility for the supervisee’s actions and decisions, instructs the supervisee in the supervisee’s work, and oversees or directs the work of the supervisee. The process must meet the conditions in subitems (1) to (3).

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

~~E- G.~~ “Day treatment” or “day treatment program” means a structured program of treatment and care provided to persons in:

(1) an outpatient hospital accredited by the Joint Commission on the Accreditation of Hospitals and licensed under *Minnesota Statutes*, sections 144.50 to 144.55;

(2) a community mental health center under part 9505.0260; or

(3) an entity that is under contract with the county to operate a program that meets the requirements of *Minnesota Statutes*, section 245.471, subdivision 3, and parts 9505.0170 to 9505.0475.

Day treatment consists of group psychotherapy and other intensive therapeutic services that are provided by a multidisciplinary staff. The services are aimed at stabilizing the client’s mental health status, providing mental health services, and developing and improving the client’s independent living and socialization skills. The goal of day treatment is to reduce or relieve the effects of mental illness and provide training to enable the client to live in the community. Day treatment services are not a part of inpatient or residential treatment services. Day treatment services are distinguished from day care by their structured therapeutic program of psychotherapy services.

~~F- H.~~ “Diagnostic assessment” has the meaning given in part 9505.0477, subpart 40 means a written evaluation by a mental health professional of a person’s:

(1) current life situation and sources of stress and the reasons for referral;

(2) history of the person’s current mental health problem, important developmental incidents, strengths, and vulnerabilities;

(3) current functioning and symptoms;

(4) diagnosis and determination of whether the person has a serious and persistent mental illness or severe emotional disturbance; and

(5) needed mental health services.

~~I.~~ “Emotional disturbance” has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 15.

~~G- J.~~ “Explanation of findings” means analysis and explanation of a diagnostic assessment, psychological testing, client’s treatment program, consultation with special mental health consultants as required under parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client’s family, primary caregiver, or other responsible persons. Examples of responsible persons are a qualified mental retardation professional; a case manager; providers; a child protection worker; a vulnerable adult worker; the recipient’s guardian, if any; and representatives of a local education ~~education~~ agency, school, or community corrections agency that has a responsibility to provide services for the recipient.

~~H- K.~~ “Family psychotherapy” means psychotherapy as specified in subpart 13 that is designed for the client and one or more persons who are related to the client by blood, marriage, or adoption, or who are the client’s foster parents, the client’s primary

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caregiver, or significant other and whose participation is necessary to accomplish the client's treatment goals. For purposes of this item, "persons whose participation is necessary to accomplish the client's treatment goals" does not include shift or facility staff members at the client's residence.

~~†~~ L. "Group psychotherapy" means psychotherapy conducted by a mental health professional for more than three but not more than eight persons or psychotherapy co-conducted by two mental health professionals for at least nine but not more than 12 persons who because of the nature of their emotional, behavioral, or social dysfunctions can derive mutual benefit from interaction in a group setting.

~~‡~~ M. "Hour" means a 60-minute session of mental health service other than a diagnostic assessment. At least 45 minutes of the period must be spent in face-to-face contact with the client. The other 15 minutes may be spent in client-related activities. Examples of client-related activities are scheduling, maintaining clinical records, consulting with others about the client's mental health status, preparing reports, receiving the clinical supervision directly related to the client's psychotherapy session, and revising the client's individual treatment plan. If the period of service is longer or shorter than one hour, up to one-fourth of the time may be spent in client-related activities.

~~‡~~ N. "Hypnotherapy" means psychotherapeutic treatment through hypnosis induced by a mental health professional trained in hypnotherapy.

~~†~~ O. "Individual psychotherapy" means psychotherapy designed for one client. For purposes of this part, hypnotherapy and biofeedback are individual psychotherapy.

~~M.~~ P. "Individual treatment plan" has the meaning given it in ~~part 9505.0477, subpart 14~~ Minnesota Statutes, section 245.462, subdivision 14, for an adult, or section 245.4871, subdivision 21, for a child.

~~N.~~ Q. "Mental health services" means the services defined in items A, ~~E~~ B, F, G, H, ~~†~~ J, K, L, ~~Q~~ N, O, S, ~~†~~ T, U, and ~~V~~ W, X, and Y and subpart 30, home-based mental health services as specified in part 9505.0324, and mental health case management services as specified in part 9505.0322.

~~Q.~~ R. "Mental illness" has the meaning given it in ~~part 9505.0477, subpart~~ Minnesota Statutes, section 245.462, subdivision 20.

S. "Multiple family group psychotherapy" means psychotherapy as specified in subpart 28.

~~P.~~ T. "Neurological examination" means an examination of a person's nervous system by or under the supervision of a physician skilled in the diagnosis and treatment of disorders of the nervous system.

~~Q.~~ U. "Partial hospitalization" or "partial hospitalization program" means a time-limited, structured program of psychotherapy and other therapeutic services provided in an outpatient hospital licensed under *Minnesota Statutes*, sections 144.50 to 144.55 and accredited by the Joint Committee on Accreditation of Hospitals. Partial hospitalization is an appropriate alternative or adjunct to inpatient hospitalization for a client who is experiencing an acute episode of mental illness that meets the criteria for an inpatient admission as specified in part 9505.0540, subpart 1, and who has the family and community resources necessary and appropriate to support the client's residence in the community. Partial hospitalization consists of multiple and intensive therapeutic services provided by a multidisciplinary staff to treat the client's mental illness. The goal of partial hospitalization is to resolve or stabilize an acute episode of mental illness. Examples of services provided in partial hospitalization are individual, group, and family psychotherapy services.

~~R.~~ V. ~~Notwithstanding the definition in part 9505.0477, subpart 23,~~ "Primary caregiver" means a person who has primary responsibility for providing the recipient with food, clothing, shelter, direction, guidance, and nurturance. A primary caregiver is someone other than the recipient's parent or a shift or facility staff member in a facility or institution where the recipient is residing or receiving a health service. An example of a primary caregiver is a recipient's relative who is not the recipient's parent and with whom the recipient lives.

~~S.~~ W. "Psychological testing" means the use of tests or other psychometric instruments to determine the status of the recipient's mental, intellectual, and emotional functioning. A face-to-face interview sufficient to validate the psychological test is a required component of psychological testing.

~~†~~ X. "Psychotherapy" means a health service for the face-to-face treatment of a client or clients with mental illness through the psychological, psychiatric, or interpersonal method most appropriate to the needs of the client and in conformity with prevailing community standards of mental health practice. The treatment is a planned structured program or other intervention based on a diagnosis of mental illness resulting from a diagnostic assessment and is directed to accomplish measurable goals and objectives specified in the client's individual treatment plan. Individual, family, and group psychotherapy are the types of psychotherapy. Examples of psychotherapy goals and objectives are relieving subjective distress, alleviating specific existing symptoms, modifying specific patterns of disturbed behavior, stabilizing the level of functioning attainable by the client, and enhancing the ability of the client to adapt to and cope with specific internal and external stressors.

~~U. Y.~~ "Psychotherapy session" means a planned and structured face-to-face treatment episode between the vendor or provider of psychotherapy and one or more individuals. A psychotherapy session may consist of individual psychotherapy, family psychotherapy, or group psychotherapy.

~~V.~~ "Multiple family group psychotherapy" means psychotherapy as specified in subpart 28.

~~Z.~~ "Special mental health consultant" means the mental health practitioner or professional defined in *Minnesota Statutes*, section 245.4871, subdivision 33a.

Subp. 2. **Determination of mental illness or emotional disturbance.** Except as provided in subpart 3, a diagnostic assessment that results in a diagnosis of mental illness or emotional disturbance is the criterion used to determine a recipient's eligibility for mental health services under this part. The diagnostic assessment of a recipient who is receiving mental health services other than case management services under parts 9505.0322 and 9520.0900 to 9520.0926 must be reviewed once every 12 months to determine whether the recipient continues to have a diagnosis of mental illness or emotional disturbance. Unless a recipient's mental health condition has changed markedly since the recipient's most recent diagnostic assessment, only updating is necessary. If the recipient's mental health condition has changed markedly, a new diagnostic assessment must be completed. For purposes of this subpart, "updating" means a written summary by a mental health professional of the recipient's current mental health status and service needs.

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

Subp. 4. **Eligibility for payment; diagnostic assessment.** To be eligible for medical assistance payment, a diagnostic assessment ~~carried out before September 1, 1990, must be conducted by a provider who is a psychiatrist, a licensed consulting psychologist, or a licensed psychologist, or conducted by a vendor who is a mental health professional, is not a provider, and is under the clinical supervision of a provider who is a psychiatrist, a physician who is not a psychiatrist, or licensed consulting psychologist. The diagnosis resulting from the assessment must be made by, or reviewed and approved by, the provider. A diagnostic assessment carried out on or after September 1, 1990, must be conducted by a provider who is a mental health professional. Additionally, to be eligible for medical assistance payment, a diagnostic assessment must comply with the requirements in items A to L.~~

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

I. The mental health professional conducting the diagnostic assessment must:

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

(6) refer the recipient for ~~medically necessary services that are outside the scope of practice of the mental health professional~~ a psychiatric consultation and medication evaluation if the recipient has not had an initial psychiatric consultation or medical evaluation or the mental health professional providing the recipient's diagnostic assessment believes that an updated consultation or a reevaluation of the recipient's need for medication is necessary;

[For text of subitems (7) and (8), see M.R.]

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

[For text of subps 5 to 21, see M.R.]

Subp. 22. [See repealer.]

Subp. 23. **Medical assistance payment for mental health service beginning September 1, 1990 services; required personnel.** ~~Beginning September 1, 1990, A mental health service provided by a mental health professional or a mental health practitioner as specified in subpart 31 is a covered service. Beginning September 1, 1990, A mental health service other than day treatment; partial hospitalization; service provided by a mental health practitioner according to subpart 31; individual, family, or group skills training as a component of home-based mental health services; or a mental health case management service under part 9505.0322 that is provided by a mental health practitioner is not eligible for medical assistance payment. To be eligible for medical assistance payment, day treatment services provided by a mental health practitioner or any other person who is not a mental health professional who is a provider according to this subpart must be under the clinical supervision of a mental health professional who is a provider.~~

[For text of subps 24 to 26, see M.R.]

Subp. 27. **Excluded services.** The mental health services in items A to S are not eligible for medical assistance payment:

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

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D. a diagnostic assessment made before September 1, 1990, that requires the clinical supervision of a provider, and the mental health service or services provided in response to the diagnosis made in the diagnostic assessment, if the clinical supervision was not provided;

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

[For text of subp 28, see M.R.]

Subp. 29. **Required participation of psychiatrist in treatment of person with serious and persistent mental illness or child with severe emotional disturbance.** A psychiatrist or, in the case of a child with severe emotional disturbance, a psychiatrist or a provider as specified in item B must participate in the diagnostic assessment, formulation of an individual treatment plan, and monitoring of the clinical progress of a client having a mental illness that meets the definition of serious and persistent mental illness under part 9505.0477, subpart 27 as specified in item A or B. The extent of the psychiatrist's participation of the psychiatrist or, in the case of a child with severe emotional disturbance, a psychiatrist or a provider as specified in item B shall be according to the individual clinical needs of the client as mutually determined by the mental health professional who is conducting the assessment and by the psychiatrist or, in the case of a child with severe emotional disturbance, a psychiatrist or a provider as specified in item B who participates. At a minimum, the psychiatrist's participation must consist of timely reviews of the activities specified in this subpart and verbal interaction between the psychiatrist or, in the case of a child with severe emotional disturbance, a psychiatrist or a provider as specified in item B and the mental health professional. The following cases require participation:

A. When a client who has a mental illness that meets the definition of serious and persistent mental illness under Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), is currently under the care of a psychiatrist, and is receiving anti-psychotic or anti-depressant medication.

B. When the client is a child with a severe emotional disturbance who meets the definition under Minnesota Statutes, section 245.4871, subdivision 6, is currently under the care of a psychiatrist, and is receiving anti-psychotic or anti-depressant medication. In the case of a child with severe emotional disturbance whose response to psychoactive drugs other than anti-psychotic and anti-depressant medication is being followed by a physician who is a behavioral pediatrician or a neurologist, the required participation must be provided by a psychiatrist or provider who is competent to prescribe and monitor the effects of psychoactive medication for a pediatric population with severe emotional disturbance.

[For text of subps 30 and 31, see M.R.]

Subp. 32. **Coordination of services.** If a recipient receives mental health services from more than one mental health professional or mental health practitioner, the persons providing the services must coordinate the mental health services they provide to the recipient.

REPEALER. Minnesota Rules, parts 9505.0260, subpart 4; and 9505.0323, subpart 22, are repealed. Minnesota Rules, parts 9505.0476; 9505.0477; 9505.0478; 9505.0479; 9505.0480; 9505.0481; 9505.0482; 9505.0483; 9505.0484; 9505.0485; 9505.0486; 9505.0487; 9505.0488; 9505.0489; 9505.0490; and 9505.0491, subparts 1, 2, 3, 4, 5, 6, 9, and 10, are repealed upon the effective date of parts 9505.0322 and 9505.0923 and 9520.0900 to 9520.0926.

Department of Human Services

Proposed Permanent Rules Relating to Mental Health Services

Rules as Proposed

9505.0324 HOME-BASED MENTAL HEALTH SERVICES.

Subpart 1. Definitions. The terms used in this part have the meanings given them in items A to F.

A. "Child" means a person under age 21 who is eligible for early periodic screening, diagnostic, and treatment services under parts 9505.1693 to 9505.1748 and who has been determined to be in need of home-based mental health services.

B. "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6, and, in addition, a person at least age 18 but under age 21 who has serious and persistent mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c).

C. "Emotional disturbance" refers to the term defined in Minnesota Statutes, section 245.4871, subdivision 15, and, in addition, to a person at least age 18 but under age 21 who has a mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, paragraph (a).

D. "Home-based mental health services" means a culturally appropriate, structured program of intensive mental health services provided to a child with severe emotional disturbance who is at risk of out-of-home placement because of an event or condition

which exacerbates the child's severe emotional disturbance or a child who is returning from out-of-home placement because of the severe emotional disturbance. The purposes of the services are aimed at resolving an acute episode of emotional disturbance affecting the child with the severe emotional disturbance or the child's family, in order to reduce the risk of the child's out-of-home placement, or to reunify and reintegrate the child with the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting, or the site where the child receives day care. For purposes of this part, home-based mental health services is used as synonymous with "professional home-based family treatment" as defined in Minnesota Statutes, section 245.4871, subdivision 31.

E. "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21.

F. For purposes of this part, "residence" as defined in part 9505.0175, subpart 43, does not include a group home as defined by part 9560.0520, subpart 4, a residential treatment facility licensed under parts 9545.0900 to 9545.1090, an acute care hospital licensed under Minnesota Statutes, chapter 144, a regional treatment center or other institutional group setting, or a foster family home in which the foster parent is not the primary caregiver and does not reside with the child.

Subp. 2. Eligible providers of home-based mental health services. The entities in items A to D are eligible to provide home-based mental health services if they meet the requirements of subparts 4 and 5:

A. outpatient hospitals licensed under Minnesota Statutes, section 144.50;

B. community mental health centers providing community mental health center services as specified in part 9505.0260;

C. an entity approved by the commissioner as specified in parts 9520.0750 to 9520.0870; and

D. a county board. For purposes of this item, "county board" means the county board of commissioners or a board established under Minnesota Statutes, sections 402.01 to 402.10 or 471.59. A county board may only contract with an entity specified in items A to C. An entity specified in items A to C under contract to the county board to provide home-based mental health services must provide the required services and may not contract for the home-based mental health services with another party. The persons who provide the services must be employees of the entity under contract with the county board for the home-based mental health services. For purposes of this item, "employee" means a person employed by a provider who pays compensation to the employee and who withholds or is required to withhold federal and state taxes from the employee's compensation. An employee is not a self-employed vendor or independent contractor who has a contract with a provider.

Subp. 3. Eligibility to receive home-based mental health services. Home-based mental health services are available to a child who has been determined to be a child with severe emotional disturbance who needs home-based mental health services. The determination of a child's eligibility to receive home-based mental health services under this part shall be based on a diagnostic assessment as defined in Minnesota Statutes, section 245.4871, subdivision 11, for a child under age 18 or a diagnostic assessment as defined in Minnesota Statutes, section 245.462, subdivision 9, for a child at least age 18 but under age 21. The diagnostic assessment may be a service under early periodic screening, diagnosis, and treatment established in United States Code, title 42, section 1396d(r).

Subp. 4. Eligibility for medical assistance payment. To be eligible for medical assistance payment, the provider of home-based mental health services must meet the requirements in items A to E. The home-based mental health services provider must assist the case manager, if any, in coordinating other services to the child.

A. The services must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of mental health services to children and their families.

B. The services must be designed to meet the specific mental health needs of the child and the child's family according to the child's individual treatment plan developed by the provider with specific treatment goals and objectives for the child and the child's family.

C. The provider must provide, or assist the child or the child's family in arranging, mental health crisis services for the child and the child's family. Mental health crisis services must be available 24 hours per day, seven days a week.

D. The caseload of a home-based mental health services provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the children's individual treatment plans.

E. The services must be coordinated with the child's case manager for mental health services if the child is receiving case management services.

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Subp. 5. Components of home-based mental health services. An eligible provider of home-based mental health services specified in subpart 2 must be capable of providing all of the components specified in this subpart. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. The components are:

A. diagnostic assessment as specified in part 9505.0323;

B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy as defined in part 9505.0323;
and

C. individual, family, or group skills training designed to improve the basic functioning of the child with severe emotional disturbance and the child's family in the activities of daily living and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:

(1) consist of activities designed to promote skill development of the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

(2) consist of activities which will assist the family to improve the family's understanding of normal child development and to use parenting skills that will help the child with severe emotional disturbance achieve the goals outlined in the child's individual treatment plan; and

(3) promote family preservation and unification, promote the family's integration with the community, and reduce the use of unnecessary out-of-home placement or institutionalization of children with severe emotional disturbance.

Subp. 6. Excluded services. The services specified in items A to K are not eligible for medical assistance payment:

A. home-based mental health services provided to a child who at the time of service provision has not had a diagnostic assessment to determine if the child has a severe emotional disturbance, except the first 30 hours of home-based mental health services provided to a child who is later assessed and determined to have a severe emotional disturbance at the time services were initiated shall be eligible for medical assistance payment;

B. more than 192 hours of individual, family, or group skills training within a six-month period;

C. more than a combined total of 48 hours within a six-month period of individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy, except in the case of an emergency and prior authorization or after-the-fact authorization of the psychotherapy is obtained under part 9505.5015;

D. home-based mental health services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within a six-month period. Additional home-based mental health services beyond 240 hours are eligible for medical assistance payment with prior authorization;

E. psychotherapy provided by a person who is not a mental health professional as defined in part 9505.0175, subpart 28;

F. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner as specified in *Minnesota Statutes*, section 245.4871, subdivision 26, and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility. However, medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site at least for one observation during the first six hours in which the mental health practitioner provides the individual, family, or group skills training to the child with severe emotional disturbance or the child's family. Thereafter, the mental health professional is required according to this subpart, to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by the mental health professional who accepts full professional responsibility;

G. home-based mental health services provided by an entity specified in subpart 2 if the entity is not capable of providing all the components required in subpart 5;

H. home-based mental health services simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;

I. home-based mental health services to a child or the child's family that duplicate health services funded under part 9505.0323, grants authorized according to *Minnesota Statutes*, section 245.4886, the *Minnesota family preservation act*, *Minnesota Statutes*, section 256F.03, subdivision 5, paragraph (e), or the *Minnesota Indian family preservation act*, *Minnesota Statutes*, sections 257.35 to 257.3579, except as provided in subitem (1) or (2):

(1) up to 60 hours of day treatment services under part 9505.0323 within a six-month period provided concurrently with home-based mental health services to a child with severe emotional disturbance are eligible for medical assistance payment without

prior authorization if the child is being of day treatment services and phased into home-based mental health services or if the child is being phased out of home-based mental health services and phased into day treatment services and the home-based mental health services and day treatment services are identified with the goals of the child's individual treatment plan. Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

(2) if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for medical assistance payment during the period the child is receiving home-based mental health services. The mental health professional providing the home-based mental health services shall work with the provider of outpatient psychotherapy to facilitate the child's transition from home-based mental health services to outpatient psychotherapy services and to coordinate the child's mental health services as required under part 9505.0323, subpart 32;

J. home-based mental health services provided to a child with severe emotional disturbance who is not living in the child's residence or who is participating in a program of partial hospitalization. However, up to 35 hours of home-based mental health services provided within a six-month period to a child with severe emotional disturbance who is residing in a hospital, a group home as defined in part 9560.0520, subpart 4, a residential treatment facility licensed under parts 9545.0900 to 9545.1090, a regional treatment center, or other institutional group setting are eligible for medical assistance payment if the services are provided under an individual treatment plan for the child developed by the provider working with the child's discharge planning team and if the services are needed to assure the child's smooth transition to living in the child's residence; and

K. home-based mental health services provided in violation of any provision of subparts 1 to 5.

Subp. 7. Required training. A provider that employs a mental health practitioner to provide home-based mental health services under this part must require the mental health practitioner to complete 15 hours of continuing education per calendar year. The continuing education shall be related to serving the needs of children with severe emotional disturbance in the child's residence and the child's family. The provider shall document completion of the required continuing education on an annual basis.

Subp. 8. Travel to the child's treatment site. Travel by a mental health professional to and from the site where the mental health professional provides home-based mental health services to a child is eligible for medical assistance payment until June 30, 1993. Travel that occurs after June 30, 1993, is eligible for medical assistance payment only if the legislature appropriates funds sufficient to cover the cost or authorizes on an ongoing basis the transfer of state mental health dollars to cover the cost of travel. Medical assistance payment to a mental health professional who travels to and from the site where the professional provides home-based mental health services to a recipient shall not exceed payment for more than 128 hours of travel per client in a six-month period. The commissioner's implementation of this subpart shall be subject to approval by the Health Care Financing Administration of the United States Department of Health and Human Services. Payment for travel under this subpart shall be at the hourly rate paid to a case manager for case management services under part 9505.0491, subparts 7 and 8.

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Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. §14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. §14.33 and upon the approval of the Revisor of Statutes as specified in §14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under §14.18.

Minnesota State Agricultural Society

Minnesota State Fair

The Minnesota State Agricultural Society board of managers adopted the following rule change June 17, 1992, at a general business meeting. The following change is made to a rule originally published in the *State Register* in December, 1988.

S.F. 1.16 No manager, officer or employee of the State Fair shall accept from a person or company that does business with the State Fair, any gift, gratuity, cash, merchandise or thing of value. This prohibition shall extend to the acceptance of food or beverage at less than full retail price from a concessionaire during the period of the annual fair.

Executive Orders

Executive Department

Emergency Executive Order 92-10: Providing Assistance to St. Louis and Carlton Counties Following Chemical Spill on June 30, 1992

I, ARNE H. CARLSON, GOVERNOR OF THE STATE OF MINNESOTA, by virtue of the authority vested in me by the Constitution and the applicable statutes, do hereby issue this Executive Order:

WHEREAS, a railroad car has derailed spilling hazardous chemical materials into the Nemadji River near Duluth, Minnesota; and

WHEREAS, thousands of residents are evacuating the area; and

WHEREAS, the Sheriffs of St. Louis and Carlton Counties, having exhausted the means at their command to deal with such incidents, now request assistance in securing the safety of citizens and property in St. Louis County, and in restoring essential public facilities; and

WHEREAS, a delay in providing expeditious assistance to this county may increase the injuries and human suffering already existing;

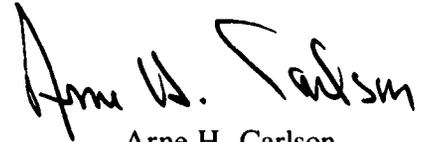
NOW, THEREFORE, I hereby order that:

1. The Adjutant General of Minnesota order to active duty on or after June 30, 1992, in service of the State, such elements and equipment of the military forces of the State as required and for such period of time as necessary to assist and support civil authorities in protecting life and property; providing emergency services, including mitigating damage and removing debris; and providing essential services, including emergency communications and potable water.

2. The cost of repair parts, subsistence, transportation, fuel, and pay and allowances of said individuals shall be defrayed from the general fund of the State as provided for in *Minnesota Statutes* 1990, Sections 192.49, subd. 1; 192.51, and 192.52.

Pursuant to *Minnesota Statutes* 1990, Section 4.035, subd. 2, this Order shall be effective June 30, 1992, and shall remain in effect until such date as elements of the military forces of the State are no longer required.

IN TESTIMONY WHEREOF, I have set my hand this second day of July, 1992.



Arne H. Carlson
Governor

Filed According to Law:

Joan Anderson Growe
Secretary of State

Dated: 2 July 1992

Official Notices

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

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

Minnesota Comprehensive Health Association

Notice of Actuarial Committee Meeting

NOTICE IS HEREBY GIVEN that a meeting of the Actuarial Committee of the Minnesota Comprehensive Health Association (MCHA), will convene at 3:00 p.m. on Thursday, July 30, 1992 at Blue Cross Blue Shield of Minnesota, 3535 Blue Cross Road, Eagan, Minnesota, in the 6th floor dining room.

For additional information please call Lynn Gruber at (612) 593-9609.

Minnesota Comprehensive Health Association

Notice of Meeting of the Executive Committee

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association (MCHA), Executive Committee will be held at 1:00 p.m. on Tuesday, July 28, 1992 at Group Health, Inc., 2829 University Avenue S.E., Minneapolis, Minnesota, in the sixth floor large conference room.

For additional information please call Lynn Gruber at (612) 593-9609.

Minnesota Job Skills Partnership Board

Postponement of Meeting

The Minnesota Job Skills Partnership Board is postponing its next meeting from Monday, August 17, 1992 to TUESDAY,

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Official Notices

SEPTEMBER 29, 1992, 1:00 p.m., Room 300 North of the State Office Building. The deadline date for grant proposal applications for this meeting will also be changed, from July 20, 1992 to AUGUST 31, 1992.

The Minnesota Job Skills Partnership Board solicits grant proposals from educational and other non-profit organizations for training programs designed for specific businesses. Please contact the Partnership office at 612/296-0388 for details regarding grant applications.

Following are the grant application deadline dates and Board meeting dates for the remainder of 1992:

<u>Deadline Dates for New Grant Applications</u>	<u>MJSP Board Meeting Dates</u>
August 31, 1992	September 29, 1992
October 19, 1992	November 16, 1992 (Annual Meeting)

Minnesota Joint Underwriting Association

Notice of Activation to Insure Specified Classes of Business and Public Hearing

NOTICE IS HEREBY GIVEN that, pursuant to *Minnesota Statutes*, section 621.21, the Minnesota Joint Underwriting Association (MJUA) and the Market Assistance Plan (MAP) are activated to provide assistance to the following classes of business unable to obtain insurance from private insurers:

PUBLIC OFFICIALS DIRECTORS & OFFICERS LIABILITY
ASBESTOS ABATEMENT CONTRACTORS
NANNY REFERRAL AGENCIES

The MJUA and MAP are activated to provide assistance to the above classes of business for a period of 180 days following publication of this notice. A public hearing will be held, for the purpose of determining whether activation should continue beyond 180 days, at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota, 55401-2138, on August 28, 1992, at 9:00 a.m. and continuing until all interested persons and groups have had an opportunity to be heard. The hearing shall be governed by *Minnesota Statute* Sections 14.57-14.69 and by *Minnesota Rules* Parts 1400.1500-1400.8400, (1985). Questions regarding the procedure may be directed to Administrative Law Judge, Peter C. Erickson, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone (612) 341-7606. The authority for this proceeding is found in Chapter 621 of *Minnesota Statutes*, specifically sections 621.21 and 621.22. (A copy of those sections follows this notice.)

Prior to the hearing a pre-hearing conference will be held at 1:00 p.m. on August 10, 1992, at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138.

Minnesota Statutes, Chapter 621, which governs the Minnesota Joint Underwriting Association provides for temporary activation for 180 days by the Commissioner of Commerce. To extend the Minnesota Joint Underwriting Association's authority beyond the 180 day period a hearing must be held. Those classes of business for which the Minnesota Joint Underwriting Association was temporarily activated, by this notice and by previously published notices, must prove, at the hearing, that they meet the statutory requirements for coverage by the Minnesota Joint Underwriting Association.

Among those requirements are:

- (1) That members of those classes are unable to obtain insurance through ordinary means;
- (2) That the insurance being sought is required by statute, ordinance, or otherwise required by law, or is necessary to earn a livelihood or conduct a business; and
- (3) That the classes of business serve a public purpose.

The classes of business specified in this notice and previously published notices must be shown to meet the statutory requirements of the Minnesota Joint Underwriting Association's authority to provide coverage to them will end after 180 days from the date the notice of activation was published in the *State Register*.

Activation of a class of business does not guarantee coverage to any class member. Coverage of individual class members is determined by the Minnesota Joint Underwriting Association on a case by case basis once the class has been activated. The MJUA's address is: Pioneer Post Office Box 1760, St. Paul, Minnesota 55101. Their phone number is (612) 222-0484.

The Department strongly suggests that any persons affected by this hearing or otherwise interested in the proceedings familiarize themselves with the requirements of Chapter 621 and the contested case procedures prior to the hearing, that they take such other steps as are appropriate to protect their interest and that any questions they may have as to how to proceed or how to participate at the hearing be directed to the Administrative Law Judge prior to the hearing.

All interested or affected persons will have an opportunity to participate at the hearing. Questioning of agency representatives or witnesses, and of interested persons making oral statements will be allowed in the manner set forth in the Rules pertaining to contested cases (*Minnesota Rules* parts 1400.1500-1400.8400).

Anyone wishing to oppose activation beyond the 180 days for any particular class, must file a petition to intervene with the administrative law judge at least 10 days before the hearing date. If no notice to intervene is filed for a class, then the class is activated beyond the 180 day period without further action.

Minnesota Statutes chapter 10A requires each lobbyist to register with the State of Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in *Minnesota Statute* Section 10A.01, subdivision 11 as an individual:

(a) Engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials; or

(b) Who spends more than \$250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Dated: 30 June 1992

621.21 ACTIVATION OF MARKET ASSISTANCE PLAN AND JOINT UNDERWRITING ASSOCIATION.

At any time the commissioner of commerce deems it necessary to provide assistance with respect to the placement of general liability insurance coverage on Minnesota risks for a class of business, the commissioner shall by notice in the *State Register* activate the market assistance plan and the joint underwriting association. The plan and association are activated for a period of 180 days from publication of the notice. At the same time the notice is published, the commissioner shall prepare a written petition requesting that a hearing be held to determine whether activation of the market assistance plan and the joint underwriting association is necessary beyond the 180-day period. The hearing must be held in accordance with section 621.22. The commissioner by order shall deactivate the market assistance program and the joint underwriting association at any time the commissioner finds that the market assistance program and the joint underwriting association are not necessary.

621.22 HEARING.

Subdivision 1. ADMINISTRATIVE LAW JUDGE. The commissioner shall forward a copy of the petition to activate the market assistance plan and the joint underwriting association with respect to a class of business to the chief administrative law judge. The chief administrative law judge shall, within three business days of receipt of the copy of the petition, set a hearing date, assign an administrative law judge to hear the matter, and notify the commissioner of the hearing date and administrative law judge assigned to the matter. The hearing date must be no less than 60 days nor more than 90 days from the date of receipt of the petition by the chief administrative law judge.

Subd. 2. NOTICE. The commissioner of commerce shall publish notice of the hearing in the *State Register* at least 30 days before the hearing date. The notice should be that used for rulemaking under chapter 14. Approval by the administrative law judge of the notice prior to publication is not required. The notice must contain a statement that anyone wishing to oppose activation beyond 180 days for any particular class, must file a petition to intervene with the administrative law judge at least ten days before the hearing date. If no notice to intervene is filed for a class then the class is activated beyond the 180 day period without further action.

Subd. 3. CONTESTED CASE; REPORT. The hearing and all matters after the hearing are a contested case under chapter 14. Within 45 days from the commencement of the hearing and within 15 days of the completion of the hearing of the administrative law judge shall submit a report to the commissioner of commerce. The parties, or the administrative law judge, if the parties cannot agree, shall adjust all time requirements under the contested case procedure to conform with the 45 day requirement.

Subd. 4. DECISION. The commissioner shall make a decision within ten days of the receipt of the administrative law judge's report.

Subd. 5. WAIVER OF MODIFICATION. If all parties to the proceeding agree, any of the requirements of this section may be waived or modified.

Subd. 6. CASE PRESENTATION. The department of commerce, upon request by small businesses as defined by section 14.115, subdivision 1, shall assist small businesses in any specific class requesting continuation of coverage beyond the 180 day period, in coordinating the class and presenting the case in the contested hearing.

Minnesota Pollution Control Agency

Notice of Intent to Solicit Outside Information Regarding Proposed Rule Amendments Governing Procedural Rules of the Minnesota Pollution Control Agency

NOTICE IS HEREBY GIVEN that the Minnesota Pollution Control Agency (Agency) is seeking information or opinions from outside sources in preparing to propose amendments to rules governing Agency operational procedures, *Minnesota Rules* Ch. 7000 (1991) and affected parallel procedural provisions of *Minnesota Rules* Ch. 7001 (1991). The adoption of amendments to these rules are authorized by *Minnesota Statutes* § 116.07, subd. 3 (1990), which allows the Agency to adopt, amend, and rescind rules governing its own administration and procedures.

The Agency requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views in writing or orally. Written or oral statements or comments should be directed to Karen O'Connor, Minnesota Pollution Control Agency, 520 Lafayette Road North, St. Paul, Minnesota, 55155, Telephone: (612) 296-7306.

Oral statements will be received during regular business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday.

All statements of information and opinion will be accepted until August 14, 1992. Any written materials received by the Agency shall become part of the rulemaking record in the event that the rules are amended.

Charles Williams
Commissioner

Minnesota State Retirement System

Meeting of Board of Directors

The regular meeting of the Board of Directors, Minnesota State Retirement System, will be held on Friday, July 17, 1992 at 9:00 a.m. in the office of the System, 175 W. Lafayette Frontage Rd., St. Paul, Minnesota.

State Board of Technical Colleges

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing the Rules for Licensure of Postsecondary Technical Education Personnel

NOTICE IS HEREBY GIVEN that the State Board of Technical Colleges is seeking information or opinions from sources outside the agency in preparing to amend Chapter Thirty-Five: Rules for Licensure of Vocational Technical Education Personnel and specifically in Medical Laboratory Technician. The adoption of these rules is authorized by *Minnesota Statutes* § 136C.04, subd. 9, and 125.185 subd. 4.

The State Board of Technical Colleges requests information and comments concerning the subject matter of these rules. Interested or affected persons may submit written statements of information or comment orally. Written comments should be addressed to:

Mr. M. Robert Babcock
State Board of Technical Colleges
314 Capitol Square Bldg.
550 Cedar Street
St. Paul, Minnesota, 55101
(612) 296-1867

Ms. Georgia Pomroy
State Board of Technical Colleges
322 Capitol Square Bldg.
550 Cedar Street
St. Paul, Minnesota, 55101
(612) 297-2204

Oral statements will be received during regular business hours, over the telephone at (612) 296-0680 or in person at the above address.

All statements of information and comments shall be accepted until 4:30 p.m. Wednesday, August 12, 1992. Any written materials received by the State Board of Technical Colleges shall become part of the record to be submitted to the Attorney General or Administrative Law Judge in the event the rule is adopted.

Helen Henrie, Deputy Chancellor
State Board of Technical Colleges

State Grants

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Department of Administration

Administrative Services—STAR Program

Notice of Request for Proposals for Two Assistive Technology Programs

The STAR Program, a project of the Governor's Advisory Council on Technology for People with Disabilities, is seeking Request for Proposals for two grant programs.

The first grant program is for community-based assistive technology resources, which will encourage the expansion of existing community-based technology-related assistance programs and the creation of new programs that will provide technology-related assistance to underserved people with disabilities throughout the state. The anticipated level of funding for this program is \$100,000 with the average grant award being \$5,000-\$25,000.

The second grant program is for an assistive technology mobile van delivery programs to improve the delivery of assistive technology devices and services to underserved populations in all geographic areas of the state. The anticipated level of funding for this program is \$100,000, with the average grant award being \$40,000-\$100,000.

Applications must be received by 4:30 p.m. on Friday, October 23, 1992. For applications and further information, please contact Rachel Wobschall, Executive Director, STAR Program, Department of Administration, 300 Centennial Office Building, 658 Cedar Street, St. Paul, Minnesota 55155, (612) 296-2771, (612) 296-9962 TDD.

Department of Corrections

Notice of Availability of Funds for Services to General Crime Victims

The Minnesota Department of Corrections, Victim Services Unit, announces the availability of grant funds for services to general crime victims as defined in *Minnesota Statute* 611A.01(b) within unserved areas of Minnesota where no services are provided through funded sources. For the purpose of the application, a crime victim is a natural person who incurs loss, trauma or harm as a result of a crime. If the victim is deceased, victim means the deceased's surviving spouse or next-of-kin. A general crime victims services/program or agency provides services to victims of crime charged or chargeable. Existing county or Department of Corrections funded general crime programs are not eligible to expand their current programs.

A total of \$175,652 in state funds is available for direct services to general crime victims including community education, professional training, and system change to enhance overall response to victims for a nine month period beginning October 1, 1992 through June 30, 1993. These funds are made available through the Minnesota State Legislature.

Up to \$50,000 is available for a program serving two or more counties

Up to \$25,000 for a program serving a county

Up to \$10,000 for a program serving a city, municipality.

The Request for Proposals contains detailed requirements. Successful applicant(s) may be eligible for continued funding after the initial grant period.

Private, non-profit organizations and governmental units are eligible to apply. The deadline for submission of grant proposals is August 31, 1992. To receive a request for proposals which describes how to apply, contact: Sue Craig, Minnesota Department of Corrections, Victim Services Unit, 300 Bigelow Building, 450 North Syndicate, St. Paul, MN 55104—612/642-0256.

Professional, Technical & Consulting Contracts

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

State Designer Selection Board

Request for Proposal for a University of Minnesota Project

To Minnesota Registered Design Professionals:

The State Designer Selection Board has been requested to select a designer for a University of Minnesota project. Design firms who wish to be considered for this project should deliver proposals on or before 4:00 p.m., August 4, 1992, to:

George Iwan
Executive Secretary, State Designer Selection Board
Room G-10, Administration Building
St. Paul, Minnesota 55155-3000

The proposals must conform to the following:

- 1) Six copies of the proposal will be required.
- 2) All data must be on 8½" x 11" sheets, soft bound.
- 3) The cover sheet of the proposal must be clearly labeled with the project number, as listed in number 7 below, together with the designer's firm name, address, telephone number and the name of the contact person.

4) Mandatory Proposal contents in sequence:

a) Identity of firm and an indication of its legal status, i.e. corporation, partnership, etc. If the response is from a joint venture, this information must be provided for firms comprising the joint venture.

b) Names of the persons who would be directly responsible for the major elements of the work, including consultants, together with brief descriptions of their qualifications. Identify roles that such persons played in projects which are relevant to the project at hand. **NOTE NEW REQUIREMENT:** The proposal must contain a statement indicating whether or not the consultants listed have been contacted and have agreed to be a part of the design team.

c) A commitment to enter the work promptly, if selected, by engaging the consultants, and assigning the persons named 4b above along with adequate staff to meet the requirements of work.

d) A list of State and University of Minnesota current and past projects and studies under contract or awarded to the prime firm(s) submitting this proposal during the three (3) years immediately preceding the date of this request for proposal. The prime firm(s) shall list and total all fees associated with these projects and studies whether or not the fees have been received or are anticipated. In addition, the prime firm(s) shall indicate the amount of fees listed which were paid directly to engineers or other specialty consultants employed on the projects and studies listed pursuant to the above. **NOTE:** Please call for a copy of the acceptable format for providing this information.

e) A section containing graphic material (photos, plans, drawings, etc.) as evidence of the firm's qualification for the work. The graphic material must be identified. It must be work in which the personnel listed in "c" have had significant participation and their roles must be clearly described. It must be noted if the personnel were, at the time of the work, employed by other than their present firms.

The proposal shall consist of no more than twenty (20) pages. Proposals not conforming to the parameters set forth in this request will be disqualified and discarded without further examination.

5) Statutory Proposal Requirements:

In accordance with the provisions of *Minnesota Statutes*, 1981 Supplement, Section 363.073; for all contracts estimated to be in excess of \$50,000.00, all responders having more than 20 full-time employees at any time during the previous 12 months must have an affirmative action plan approved by the Commissioner of Human Rights before a proposal may be accepted.

The proposal will not be accepted unless it includes one of the following:

- a) A copy of your firm's current certificate of compliance issued by the Commissioner of Human Rights; or
 - b) A statement certifying that the firm has a current certificate of compliance issued by the Commissioner of Human Rights;
- or
- c) A statement certifying that the firm has not had more than 20 full-time employees in Minnesota at any time during the previous 12 months; or

Professional, Technical & Consulting Contracts

- d) A statement certifying that the firm has an application pending for a certificate of compliance.
- 6) Design firms wishing to have their proposals returned after the Board's review must follow one of the following procedures:
- Enclose a self-addressed stamped postal card with the proposals. Design firms will be notified when material is ready to be picked up. Design firms will have two (2) weeks to pick up their proposals, after which time the proposals will be discarded; or
 - Enclose a self-addressed stamped mailing envelope with the proposals. When the Board has completed its review, proposals will be returned using this envelope.

In accordance with existing statute, the Board will retain one copy of each proposal submitted.

Any questions concerning the Board's procedures, their schedule for the project herein described or the fee format form may be referred to George Iwan at (612) 296-4656.

7) PROJECT—16-92

Shops Building Remodeling
University of Minnesota
Minneapolis, Minnesota

The building contains 89,000 gsf on six floors. Project scope includes:

- conversion of shops space to open administration office space
- upgrading of existing office space
- code upgrade, including the ADA
- new entrance and elevator
- mechanical systems upgrading, including air conditioning, sprinkler
- electrical system, including lighting, power, and communications

The project will need to be designed and constructed in phases, while it is partially occupied. Completion of two floors will be necessary to accommodate occupancy by spring 1993.

The project budget is approximately \$5 million. Prior experience in remodeling for open office environments is required.

Questions concerning this project may be referred to Roger Wegner at 625-9866.

James Tillitt, Chairman
State Designer Selection Board

Department of Health

Maternal and Child Health Division

Request for Proposals for Fetal/Infant Mortality Cohort Study

Purpose: The Minnesota Department of Health (MDH) has funds available for one fetal/infant mortality cohort study to be conducted using a retrospective case control research methodology. The study will include the review of all fetal and infant deaths which occurred to residents of one or more non-metro county/ies of the State during a specific time period, and the review of two live births not resulting in death which occurred to residents of the same county/ies, matched by selected factors or characteristics, for each death which occurred.

The study will include the collection, abstraction, review, and analysis of medical, vital, autopsy, and other data to determine the causes and the contributing and risk factors for fetal and infant deaths in the county/ies included in the study; the development of recommendations to prevent future deaths; and the dissemination of study findings.

Duration: November 1, 1992 to February 28, 1994. This contract may be renewed for another two years depending upon satisfactory performance.

Amount: A total of \$60,000 is available on a competitive basis for a new contract award for the eighteen-month funding period. Continued State funding after the initial contract period cannot be guaranteed at this time.

Eligibility: Any public or private agency, foundation, institution or private individual in Minnesota.

Applications: The complete Request for Proposals packet, including the more detailed request for proposals, the application form, and the criteria for review of applications, is available upon request from Junie Svenson at the address and phone number below.

Professional, Technical & Consulting Contracts

Deadline: Six copies of the completed application must be submitted by **4:30 p.m., Friday, September 30, 1992**, to:

Junie Svenson, M.P.H., Infant Mortality Consultant
Maternal and Child Health Division
Minnesota Department of Health
717 Delaware Street S.E.
P.O. Box 9441
Minneapolis, Minnesota 55440
612/623-5411

Department of Health

Community Health Services Division

Emergency Medical Services Section

Notice of Request for Proposal for EMS Medical Director

The Minnesota Department of Health is requesting proposals from eligible physicians to serve as medical director of its Emergency Medical Services (EMS) Section for the period from September 1, 1992, through June 30, 1993. The Department has determined that total costs, including professional services (up to 250 hours) and expenses, may not exceed \$15,800.

Qualifications for the position include: current active practice of emergency medicine or a related specialty; recognized standing in the professional community (e.g., current or recent chairmanships and memberships in American College of Emergency Physicians, Minnesota Medical Association, Minnesota Association of EMS Physicians, or other relevant professional associations); experience with governmental agencies; familiarity with state emergency medical systems; ability to assist the Department in defining and achieving goals specific to planning, developing and regulating EMS, and setting appropriate guidelines and standards.

Minimum tasks include:

- Assist the Department in administering EMS rules and regulations;
- Review requests for licensure, waivers and variances;
- Represent the Department in its contacts with other agencies, associations and the general public;
- Provide EMS technical assistance to the Department;
- Attend state and national conferences appropriate to medical director involvement levels;
- Provide consultation to Department EMS field staff and to local EMS providers and medical directors;

Applicants for EMS Medical Director must respond in the form of a written proposal not later than Friday, July 31, 1992.

Copies of the Request for Proposal (RFP), containing additional information about medical director duties and complete instructions for submitting proposals, are available from:

Wayne Arrowood, EMS Section
Minnesota Department of Health
717 S.E. Delaware St., P.O. Box 9441
Minneapolis, MN 55440 (612) 623-5483

Department of Human Services

Division for Persons with Developmental Disabilities

Request for Proposal to Provide Public Guardianship Services

The Minnesota Department of Human Services is soliciting proposals from qualified persons to:

- 1) Identify, analyze, and resolve administrative and legal issues in the performance of public guardianship functions on behalf of persons with mental retardation who are wards of the Commissioner of Human Services;
- 2) Implement the provision of the Adult Public Guardianship Act to provide approval or disapproval for decisions on behalf of wards and conservatees under public guardianship;

Professional, Technical & Consulting Contracts

3) Establish, modify, and terminate public guardianship functions as outlined in provisions of the Adult Public Guardianship Act and a portion of the Minnesota Commitment Act on behalf of persons with mental retardation who are wards of the Commissioner of Human Services;

4) Provide training, education, technical assistance and consultation on public guardianship and substitute decision-making to other agencies, service providers, county social services personnel, and the general public.

The Department has estimated that the cost of this contract will not exceed \$15,000 and not extend past December 31, 1992. Proposals, which must include a description of experiences and work activities that are related to the duties as described above, must be submitted to Kay C. Hendrikson at the address below and postmarked no later than August 3, 1992. Experience with persons with mental retardation or other developmental disabilities, through direct service, planning, or consultation, as well as experiences in guardianship, conservatorship, law, or hearing processes are required.

For a copy of a more detailed explanation of this request for proposal, please contact:

Kay C. Hendrikson
Division for Persons with Developmental Disabilities
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3825
(612) 296-3618

Iron Range Resources and Rehabilitation Board

Solicitation of (Request for) Proposal for the Leasing of a Ski Rental and Sales Shop, Ski School, and Kindercare (Daycare) Operations

The Office of the Commissioner of Iron Range Resources and Rehabilitation is seeking proposals from qualified respondents to rent/lease space at the Giants Ridge Recreational Complex for the purpose of operating a ski rental and sales shop. The lessee will be required to operate the rental/sales shop in conjunction with the operation at Giants Ridge as well as the Giants Ridge Ski School Program and the Kindercare (daycare) program.

Final date for submission of formal proposals is **noon, August 4, 1992**, at the Giants Ridge Recreation Area, Biwabik, Minnesota 55708.

A complete RFP may be obtained from:

Mr. Mike Gentile, Director
Giants Ridge Recreation Area
P.O. Box 190
Biwabik, MN 55708
Phone: 218-865-4143

Iron Range Resources and Rehabilitation Board

Solicitation of (Request for) Proposal for Contractual Food Service/Dining/Bar Concessionaire(s)

The Office of the Commissioner of Iron Range Resources and Rehabilitation is seeking proposals from Minnesota food/liquor service operators to staff, operate, and manage food service/dining and bar operations within the chalet at the Giants Ridge Recreation Area, located in the Town of White, near Biwabik, Minnesota.

For formal **REQUEST FOR PROPOSAL** documents, interested parties should contact:

Mr. Mike Gentile, Director
Giants Ridge Recreation Area
P.O. Box 190
Biwabik, MN 55708
Phone: 218-865-4143

Proposals must be submitted no later than **noon, August 4, 1992**, at the Giants Ridge Recreation Area, Biwabik, Minnesota 55708.

Professional, Technical & Consulting Contracts

Department of Jobs and Training

Notice of Proposed Contracts for Federal Fiscal Year 1993

The Minnesota Department of Jobs and Training, Services for the Blind and Visually Handicapped (SSB) is publishing notice that the contracts listed below are available and will be awarded for federal fiscal year 1993 (October 1, 1992 to September 30, 1993).

A. Notice of Proposed Contract for a Braille Textbook Format Consultant

SSB is seeking an individual/organization to serve as a format consultant and accept assignments for formatting material that is to be transcribed into braille according to the rules of the Code of Textbook Formats and Techniques. The candidate must 1) be certified as a Volunteer Braille Transcriber by the National Library Services, 2) be thoroughly knowledgeable of the Code of Braille Textbook Formats and Techniques, 3) have the ability to communicate clearly the correct braille format to volunteer braille transcribers, and 4) be sensitive to the unique needs of volunteer braille transcribers.

The selected contractor will be paid \$600 per month and may have an annual training allowance of \$500 to attend National Braille Association Workshops as funds are available. The total cost of this contract will not exceed \$7,700.00.

Inquiries and/or proposals including a statement of qualifications and training/work experience should be directed to:

Cindy Farrell, Senior Accounting Officer
Services for the Blind and Visually Handicapped
1745 University Avenue
St. Paul, MN 55104
(612) 642-0888

All proposals must be received by 4:30 p.m., Friday, 7/31/92 for consideration.

B. Notice of Proposed Contracts for Reader Services

SSB is seeking individuals/organizations to provide reader services as a reasonable accommodation to blind or visually handicapped employees of the agency. As a Reader, the individual will read incoming correspondence, case file information, regulations, grants/grant applications, etc. and record information on fiscal documents, rehabilitation plans, applications and client information system forms as dictated by the blind or visually handicapped employee. The following approximate number of contracts will be let:

1. 7 Readers for the Metro area: 1 of these must have a working knowledge or familiarity of computer-related technical terms and language;
2. 1 Reader for the Duluth area;
3. 1 Reader for the Rochester area.

All individuals will be paid at a starting rate of \$4.75 per hour. For each full consecutive Federal Fiscal Year that the individual remains under contract, the rate of pay will be increased by a percentage determined by SSB management by July 1 of the preceding Federal Fiscal Year. Contracts will range from 10-20 hours per week based on the individual needs of the employee. Total cost of all contracts is not expected to exceed \$25,000.00.

Inquiries and/or proposals including a brief statement of qualifications and training/work experience should be directed to:

Cindy Farrell, Senior Accounting Officer
Services for the Blind and Visually Handicapped
1745 University Avenue
St. Paul, MN 55104
(612) 642-0888

All proposals must be received by 4:30 p.m., Friday 7/31/92 for consideration. Individuals responding after this date, as well as those individuals who responded by the date although were not selected, will have their name on file for a period of one year, and will be contacted if vacancies occur or additional services are needed this period.

C. Notice of Proposed Contracts for Driver Services

SSB is seeking individuals/organizations to provide driver services as a reasonable accommodation to blind or visually handicapped employees of the agency. As a Driver, the individual will drive the blind or visually handicapped employee to meetings, client interviews or appointments and return to the office in their own or a state-owned vehicle. The following approximate number of contracts will be let:

1. 6 Drivers for the Metro area;
2. 1 Driver for the Duluth area serving the northern half of the state;
3. 1 Driver for the Rochester area serving Dodge, Faribault, Fillmore, Freeborn, Houston and Mower counties.

State Contracts and Advertised Bids

Candidates must possess a valid driver's license and good driving record and provide proof of insurance if their own vehicle is to be used.

All individuals will be paid at a starting rate of \$4.75 per hour. For each full consecutive Federal Fiscal Year that the individual remains under contract, the rate of pay will be increased by a percentage determined by SSB management by July 1 of the preceding Federal Fiscal Year. Contracts will range from 10-20 hours per week based on the individual need of the employee. Individual providing driver services who uses his/her own vehicle shall be reimbursed as part of the contract at a rate of \$.27 per mile. Total cost of all contracts is not expected to exceed \$25,000.00.

Inquiries and/or proposals including a brief statement of qualifications and training/work experience should be directed to:

Cindy Farrell, Senior Accounting Officer
Services for the Blind and Visually Handicapped
1745 University Avenue
St. Paul, MN 55104
(612) 642-0888

All proposals must be received by 4:30 p.m., Friday 7/31/92 for consideration. Individuals responding after this date, as well as those individuals who responded by the date but were not selected, will have their name on file for a period of one year, and will be contacted if vacancies occur or additional services are needed this period.

Individuals interested in both the reader and the driver activities should indicate this in their brief statement.

State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Commodities contracts with an estimated value of \$15,000 or more are listed under the Materials Management Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

Awards of contracts and advertised bids for commodities and printing, as well as awards of professional, technical and consulting contracts, appear in the midweek **STATE REGISTER Contracts Supplement**, published every Thursday. Call (612) 296-0931 for subscription information.

Materials Management Division—Department of Administration:

Contracts and Requisitions Open for Bid

Call 296-2600 for information on a specific bid, or to request a specific bid.

COMMODITY CODE KEY

A = Sealed Bid	G = \$5,000-\$15,000 Estimated Dollar Value	J = Targeted Vendors Only
B = Write for Price	H = \$15,000-\$50,000 Sealed Bid	K = Local Service Needed
C = Request for Proposal	I = \$50,000 and Over Sealed Bid/Human Rights Compliance Required	L = No Substitute
D = Request for Information		M = Installation Needed
E = \$0-\$1,500 Estimated Dollar Value		N = Pre-Bid Conference
F = \$1,500-\$5,000 Estimated Dollar Value		O = Insurance or Bonding Required

State Contracts and Advertised Bids

Commodity: Telecommunications: cable & misc. blocks/cords installation & supply—zone 1—REBID

Contact: Patricia Anderson 612-296-3770

Bid due date at 2pm: July 24

Agency: Various

Deliver to: Various

Requisition #: Price Contract

Commodity: B G M—CCTV security system

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 14

Agency: Department of Public Safety/Finance

Deliver to: Various Places

Requisition #: B 07700-27270

Commodity: B F—Navigational radar

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 14

Agency: Department of Natural Resources—Duluth Fisheries Headquarters

Deliver to: Duluth

Requisition #: B 29002-22274

Commodity: G M—Steel OH door installation

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 16

Agency: Minnesota Department of Transportation

Deliver to: Various Places

Requisition #: B 79000-23570

Commodity: B G—Time base connector

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 14

Agency: Minnesota Department of Transportation

Deliver to: St. Paul

Requisition #: B 79000-23955

Commodity: B G—Palletainer

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 14

Agency: Materials Management Division

Deliver to: Arden Hills

Requisition #: B 02511-25722

Commodity: B E—Photographic supplies

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 14

Agency: North Hennepin Community College

Deliver to: Brooklyn Park

Requisition #: B 27153-21439

Commodity: B G—Sodium flood lights

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 14

Agency: St. Peter Regional Treatment Center

Deliver to: St. Peter

Requisition #: B 55105-09109

Commodity: B G—Cleaning/Janitorial Services

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 16

Agency: Department of Natural Resources—Division of Forestry

Deliver to: Various Places

Requisition #: B 29000-58725

Commodity: B G—Global positioning system

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 14

Agency: Minnesota Pollution Control Agency

Deliver to: St. Paul

Requisition #: B 32300-31552

Commodity: B F—Tektronix waveform monitor

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 14

Agency: Minnesota Department of Transportation

Deliver to: St. Paul

Requisition #: B 79000-23953

Commodity: A H M K—Video equipment

Contact: Pam Anderson 612-296-1053

Bid due date at 2pm: July 20

Agency: Minnesota Office of Waste Management

Deliver to: St. Paul

Requisition #: B 99650-90878

Commodity: A H—Mycobacteria

Contact: Joan Breisler 612-296-9071

Bid due date at 2pm: July 13

Agency: Minnesota Department of Health

Deliver to: Minneapolis

Requisition #: B 12500-10697

Commodity: B E—Word Perfect software

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 17

Agency: Department of Human Services

Deliver to: St. Paul

Requisition #: B 55000-25891

Commodity: A H—Fluorescent Fixtures

Contact: Joan Breisler 612-296-9071

Bid due date at 2pm: July 22

Agency: St. Peter Regional Treatment Center

Deliver to: St. Peter

Requisition #: B 55105-09110

Commodity: A I—Fixtures

Contact: Joan Breisler 612-296-9071

Bid due date at 2pm: July 20

Agency: Willmar R.T.C.

Deliver to: Willmar

Requisition #: B 55106-02211

Commodity: B F L—Exit lights

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 14

Agency: Minnesota Department of Transportation

Deliver to: Maplewood

Requisition #: B 79000-24148

Commodity: B G—Bookstore software

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 14

Agency: Department of Revenue

Deliver to: St. Paul

Requisition #: B 67540-43838

Commodity: B E—Software—Prepackaged

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 13

Agency: Minnesota Department of Transportation

Deliver to: St. Paul

Requisition #: B 79000-24171

State Contracts and Advertised Bids

Commodity: B E—Motherboards
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 15
Agency: St. Cloud State University
Deliver to: St. Cloud
Requisition #: B 26073-23898

Commodity: B F—VCR & disk player
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 16
Agency: Mankato State University
Deliver to: Mankato
Requisition #: B 26071-67072

Commodity: B F—Elevator repair
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 14
Agency: Southwest State University
Deliver to: Marshall
Requisition #: B 26175-02362

Commodity: A H—Radio towers
Contact: Pam Anderson 612-296-1053
Bid due date at 2pm: July 20
Agency: Department of Natural Resources—Field Services
Deliver to: Various Places
Requisition #: B 29000-58699

Commodity: B G—Labor/materials steel barred gate
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 17
Agency: Minnesota Correctional Facility
Deliver to: St. Cloud
Requisition #: B 78830-11258

Commodity: A H L—Lithonia fixtures
Contact: Joan Breisler 612-296-9071
Bid due date at 2pm: July 22
Agency: Ah Gwah Ching Nursing Home
Deliver to: Ah Gwah Ching
Requisition #: B 55510-03939

Commodity: B F—Ohaus balance scale
Contact: Bernadette 612-296-3778
Bid due date at 4:30pm: July 15
Agency: Minnesota Department of Transportation
Deliver to: Mankato
Requisition #: B 79000-24074

Commodity: B E—Camcorder
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 14
Agency: Southwest State University
Deliver to: Marshall
Requisition #: B 26175-02361

Commodity: B F—Audio/Video equipment
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 16
Agency: Austin Community College
Deliver to: Coon Rapids
Requisition #: B 27152-46946

Commodity: B F—Stereo equipment
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 16
Agency: St. Peter Regional Treatment Center
Deliver to: St. Peter
Requisition #: B 55105-09107

Commodity: A H—Exit lights
Contact: Joan Breisler 612-296-9071
Bid due date at 2pm: July 22
Agency: Ah Gwah Ching Nursing Home
Deliver to: Ah Gwah Ching
Requisition #: B 55510-03938

Commodity: A H L M—Door locks and lock hardware
Contact: Linda Parkos 612-296-3725
Bid due date at 2pm: July 17
Agency: Ah Gwah Ching Nursing Home
Deliver to: Ah Gwah Ching
Requisition #: B 55510-03786

Commodity: B F—Etherswitch cards
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Minnesota Department of Health
Deliver to: Minneapolis
Requisition #: B 12200-88841

Commodity: B G—Informer terminals
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Minnesota Department of Jobs & Training
Deliver to: St. Paul
Requisition #: B 21200-42876

Commodity: B F—H P Laserjet printer
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Anoka Ramsey Community College
Deliver to: Coon Rapids
Requisition #: B 27152-46961

Commodity: B F—486/33 computer
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Department of Labor & Industry
Deliver to: St. Paul
Requisition #: B 42100-17496

Commodity: B G—Sound masking system installation
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 17
Agency: Department of Public Safety/Finance
Deliver to: Various places
Requisition #: B 07700-27282

Commodity: B F—LCD video projector
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 17
Agency: Willmar Community College
Deliver to: Willmar
Requisition #: B 27145-07785

Commodity: B F—Audio video equipment
Contact: Pam Anderson 612-296-1053
Bid due date at 4:30pm: July 20
Agency: Department of Revenue
Deliver to: St. Paul
Requisition #: B 67110-43734

Commodity: B F—386/16 computer
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Indian Affairs Council
Deliver to: Various places
Requisition #: B 19000-00148

Commodity: B G—Cadd system
Contact: Bernadette Vogel 612-296-3778
Bid due date at 4:30pm: July 17
Agency: Community College Board
Deliver to: St. Paul
Requisition #: B 27000-52623

State Contracts and Advertised Bids

Commodity: B F—Synoptics concentrators

Contact: Bernadette Vogel 612-296-3778

Bid due date at 4:30pm: July 17

Agency: North Hennepin Community College

Deliver to: Brooklyn Park

Requisition #: B 27153-21436

Commodity: B F—386/33 computer

Contact: Bernadette Vogel 612-296-3778

Bid due date at 4:30pm: July 17

Agency: Department of Labor & Industry

Deliver to: St. Paul

Requisition #: B 42150-17498

Commodity: B E—Delite projection screen

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 17

Agency: Willmar Community College

Deliver to: Willmar

Requisition #: B 27145-07782

Commodity: A H M—Windows

Contact: Pam Anderson 612-296-1053

Bid due date at 2pm: July 22

Agency: Ag Gwah Ching Nursing Home

Deliver to: Ah Gwah Ching

Requisition #: B 55510-03927

Commodity: B F—Pentax levels

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 17

Agency: Minnesota Department of Transportation

Deliver to: Bemidji

Requisition #: B 79000-23979

Commodity: B F—Automatic levels

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 20

Agency: Minnesota Department of Transportation

Deliver to: Crookston

Requisition #: B 79000-23980

Commodity: B F—Scotchmark marker locators

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 17

Agency: Minnesota Department of Transportation

Deliver to: Fort Snelling

Requisition #: B 79000-24031

Commodity: B G—Software, upgrade for Unix

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Trade & Economic Development/Fiscal Services

Deliver to: St. Paul

Requisition #: B 22700-00583

Commodity: B F—Fluorescent bulbs

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Ah Gwah Ching Nursing Home

Deliver to: Ah Gwah Ching

Requisition #: B 55510-03940

Commodity: B E—Software

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Minnesota Department of Corrections

Deliver to: St. Paul

Requisition #: B 78000-30486

Commodity: B F—Holding cabinet

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Minnesota Department of Transportation

Deliver to: New Brighton

Requisition #: B 79000-24135

Commodity: B F—Electrostatic painting

Contact: Jack Bauer 612-296-2621

Bid due date at 4:30pm: July 17

Agency: Bemidji State University

Deliver to: Bemidji

Requisition #: B 26070-14705

Commodity: B F—Laser level

Contact: Pam Anderson 612-296-1053

Bid due date at 4:30pm: July 20

Agency: Minnesota Department of Transportation

Deliver to: Crookston

Requisition #: B 79000-23981

Commodity: B F—Metal detectors

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 17

Agency: Minnesota Department of Health

Deliver to: Minneapolis

Requisition #: B 12200-88745

Commodity: B F L—Exit fixtures

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Bemidji State University

Deliver to: Bemidji

Requisition #: B 26070-14750

Commodity: B F L—Lotus license

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Department of Revenue

Deliver to: St. Paul

Requisition #: B 67540-43867

Commodity: B G—Testing screens—rebid

Contact: Joan Breisler 612-296-9071

Bid due date at 4:30pm: July 16

Agency: Minnesota Department of Transportation

Deliver to: Rochester

Requisition #: B 79000-23985-1

Commodity: A H—Test scoring equipment

Contact: Linda Parkos 612-296-3725

Bid due date at 2pm: July 22

Agency: St. Cloud State University

Deliver to: St. Cloud

Requisition #: B 26073-23730

Commodity: B G M—Lounge furniture

Contact: Jack Bauer 612-296-2621

Bid due date at 4:30pm: July 17

Agency: Moorhead State University

Deliver to: Various places

Requisition #: B 26072-03647

Commodity: B F—Silkscreen sign

Contact: Jack Bauer 612-296-2621

Bid due date at 4:30pm: July 17

Agency: Department of Natural Resources—Division of Parks

Deliver to: St. Paul

Requisition #: B 29000-58994

Commodity: B F—CAD workstations
Contact: Jack Bauer 612-296-2621
Bid due date at 4:30pm: July 17
Agency: Minnesota Department of Transportation
Deliver to: St. Paul
Requisition #: B 79000-24038

Commodity: B F—Electronic field book
Contact: Jack Bauer 612-296-2621
Bid due date at 4:30pm: July 17
Agency: Department of Natural Resources—Regional Headquarters
Deliver to: Bemidji
Requisition #: B 29001-20104

Commodity: B F—Press-air meter
Contact: Jack Bauer 612-296-2621
Bid due date at 4:30pm: July 17
Agency: Minnesota Department of Transportation
Deliver to: Mankato
Requisition #: B 79000-24073

Commodity: B E—Auto level
Contact: Jack Bauer 612-296-2621
Bid due date at 4:30pm: July 17
Agency: Minnesota Department of Transportation
Deliver to: Mankato
Requisition #: B 79000-24201

Department of Administration: Print Communications Division

Printing vendors for the following printing contracts must review contract specifications in printing buyers office at 117 University Avenue, Room 134-B, St. Paul, MN.

Printing vendors NOTE: Other printing contracts can be found in the Materials Management Division listing above, and in the Professional, Technical & Consulting Contracts section immediately following this section.

Commodity: Duluth community college catalog, dylux, 5M, 102pp plus cover, perfect binding
Contact: Printing Buyer's Office
Bids are due: July 15
Agency: Duluth Community College
Deliver to: Duluth
Requisition #: 24224

Commodity: Special copying services, 20# recycled papers, tabs, GBC binding, delivery within 24 hours of initial call, 65# covers
Contact: Printing Buyer's Office
Bids are due: July 16
Agency: Health Department
Deliver to: Minneapolis
Requisition #: 24209

Commodity: Window envelope, 19M, camera ready copy, one-sided, 28# brown kraft
Contact: Printing Buyer's Office
Bids are due: July 16
Agency: Commerce
Deliver to: St. Paul
Requisition #: 23914

Getaway in Style

Room at the Inn Wisconsin. Includes hard-to-find lodgings in out-of-the-way places, as well as in Wisconsin's major metropolitan areas and most popular vacation destinations. 224pp. Stock #19-3, \$12.95 plus tax.

Room at the Inn Minnesota. Looking for a weekday or weekend get-away? For a business meeting or simply pleasure? This is the only guide to more than 60 historic "Bed & Breakfast" homes, hotels, and country inns. 160pp. Stock #19-72, \$9.95 plus tax.

Roughing It Elegantly. A guide for the canoe camper visiting the BWCA, Voyageurs Park and Quetico Provincial Park. Full of practical tips and information: planning, organizing, packing, site location, and camp set-up. Simple, creative, enjoyable meals are a major feature. 159pp. Stock #9-3, \$9.95 plus tax.

A Paddler's Guide to the Boundary Waters Canoe Area, 78 pages of detailed maps and descriptions of 31 wilderness canoe routes in the Superior National Forest of Northern Minnesota. Includes what to bring along on canoe trips, regulations, canoe tips and detailed information for self-guided tours. Stock #19-17, \$4.95.



TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free in Minnesota: 1-800-657-3757. Minnesota residents please include 6½% sales tax. On all orders, add \$2.00 per order for handling. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.

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Welcome wildlife to your property

Landscaping for Wildlife. Attract wildlife to your land and gardens, farms and woodlots by spreading nature's welcome mat. Songbirds, butterflies, hummingbirds, pheasants, deer and other wildlife are drawn through these gardening tips and landscaping techniques that add natural beauty to your property and habitat for wildlife. Over 70 color photos and 144 pages give you simple, enjoyable, and inexpensive methods for adding the right touches for a "wildlife party" on your grounds, whether urban or rural. Stock #9-15, \$8.95 plus tax.

Woodworking for Wildlife. Songbirds, owls, ducks, geese, loons and other wildlife will show appreciation for your skills by adding a "wild" dimension to your property. Carefully illustrated with a variety of game bird and mammal box designs, this booklet provides important tips on the placement of nest in proper habitat areas and maintenance requirements. Construction diagrams included. 47 pp. Stock #9-14, \$3.95 plus tax.

Wildlife Set. Order both books above as a set and save 15%. Stock #9-20, \$10.95 plus tax.

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Resolve Bargaining Disputes and Grievances

Public Employment Labor Relations Act 1989. The collective bargaining rights and responsibilities of public employers and public employees. Details employees' right to organize and the legislature's authority. Code #2-90, \$6.00 plus tax.

Public Sector Labor Relations in Minnesota. A practical resource and training guide analyzing public sector labor relations in Minnesota. A special emphasis on contract administration, grievance handling and the arbitration process. 286 pages, paperbound. Code #10-51, \$12.50.

Minnesota Guidebook to State Agency Services 1992-95. A treasure of helpful, useful, and interesting information about Minnesota state government. This important resource guides you through applications, fees, licenses, reports, history and travel highlights. Describes agencies in detail, giving addresses, phones and contact people. Code #1-11, \$16.90 plus tax. FAX: (612) 296-2265.



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A Wise Investment—the rules of the game

Securities Laws, 1990. Governs the activities of broker/dealers, agents and investment advisors. *Minnesota Statutes* Chapter 80A. Code #2-12, \$7.00 plus tax.

Securities Rules, 1991. Rules implementing the legislative mandate. Subjects include equity securities and investment companies. *Minnesota Rules* Chapter 2875. Code #3-5, \$14.00 plus tax.

Minnesota Guidebook to State Agency Services, 1992-95. Packed with information to help you, this 640-page resource guides you through license requirements, forms, fees, reports, services, grants, and more. Its listing of addresses, phones, and agency descriptions cut red tape for easy and fast service from state agencies. Code #1-11, \$16.90 plus tax.

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101 Ways to Promote Academic Excellence. A collection of nuts-and-bolts methods educators have successfully used to foster academic achievement. These are techniques that directly help students, can be replicated easily, are cost-effective, and that work in meeting the public education's great challenge: helping every single child learn. Code #5-1, \$4.50.

1989 Pollution Control Laws. Laws dealing with water pollution, disposal facilities, solid waste management, the Minnesota Environmental Rights Act, recycling, and more. Code #2-21, \$24.95.

1991 Hazardous Waste Rules. Governs the production, storage, transportation and disposal of hazardous waste. *Minnesota Rules* Chapter 7045 and 7046. Code #3-71, \$17.95.

Real Estate Rules 1991. Chapters 2800, 2805 and 2810 from the *Minnesota Rules. Essential* for both students and established brokers and salespersons. It contains all education and licensing requirements. Code #3-99, \$6.00.

Police Report Writing Style Manual 1989. A common framework for report writing throughout the state. Discusses the general purpose of police reports, reviews field notetaking, offers instructions on completing common report forms and introduces the Data Practices Law. Code #14-13, \$15.00.

OTHER PUBLICATIONS

Voices of the Loon. Includes introduction, loon call identification, distant chorus, tremolo duet, wail duet, border confrontation, wails with morning songbird chorus, tremolos while running, wails during thunderstorm and coyotes calling with loons. Cassette tape. Code #19-73, \$12.00.

Secrets of the Congdon Mansion. A complex, intriguing murder case set in one of Minnesota's most spectacular mansions. Now a top Minnesota tourist attraction on Duluth's famous Lake Superior North Shore Drive. By Joe Kimball. Code #19-56, \$5.95.

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Minnesota Manufacturer's Directory, 1992. More than 7,000 entries listing name, address, phone, staff size, sales volume, market area, year of establishment, type of firm, CEO, sales or marketing and purchase managers, and four manufactured products. Stock #40-2. \$90.00.

SUBSCRIPTIONS:

State Register. Minnesota's official weekly publication for agency rules and notices, executive orders of the Governor, state contracts, Supreme Court Calendar, Supreme Court and Tax Court Decisions. Annual subscription: Monday edition only \$150.00; Monday and Thursday's State Contract Supplement \$195; 13-week trial (includes both Monday and Thursday editions) \$60.00.

Workers Compensation Decisions. Volume 46. Selected landmark decisions of the Worker's Compensation Court of Appeals during the period Dec. '91 through July '92. The subscription rate for this volume is \$180.00.

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State Register Binder. Durable 3½ inches, forest green binders imprinted with the *State Register* logo. \$10.00 + tax.

