

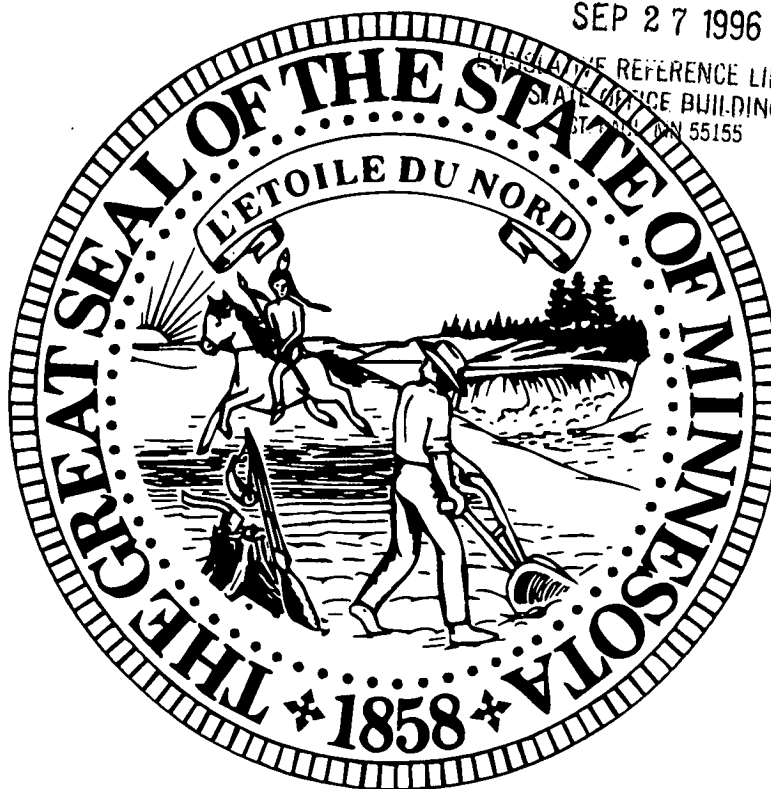
The Minnesota
**State
Register**

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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, professional-technical-consulting contracts, non-state bids and public contracts and grants.

A *Contracts Supplement* is published Tuesday, Wednesday and Friday and contains bids and proposals for commodities, including printing bids.

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Vol. 21 Issue Number	PUBLISH DATE	Deadline for both Adopted and Proposed RULES	Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts
# 14	Monday 30 September	Monday 16 September	Monday 23 September
# 15	Monday 7 October	Monday 23 September	Monday 30 September
# 16	Monday 14 October	Monday 30 September	Monday 7 October
# 17	Monday 21 October	Monday 7 October	Monday 14 October

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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:

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

Contact: House Information Office (612) 296-2146
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Individual copies and subscriptions for both publications are available through Minnesota's Bookstore, (612) 297-3000 or 1-800-657-3757.

Minnesota Rules: Amendments and Additions

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 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 1-800-657-3757.

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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 Recordkeeping

DUAL NOTICE: Notice of Intent to Adopt a Rule Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing if 25 or More Requests for Hearing are Received

Proposed Rules Governing Minimum Record Keeping Standards, *Minnesota Rules* 3100.9600.

Introduction. The Board of Dentistry intends to adopt a rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28 and rules of the Office of Administrative Hearings, parts 1400.2300-1400.2310. If, however, 25 or more persons submit a written request for a hearing on the rule within 30 days or by October 30, 1996, a public hearing will be held at the State Office Building, Room 200, 100 Constitution Avenue, St. Paul, Minnesota 55155, starting at 9:00 a.m. on December 6, 1996. To find out whether the rule will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after November 1, 1996 and before December 1, 1996.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to Patricia H. Glasrud, Executive Director, Minnesota Board of Dentistry, 2700 University Avenue West, Suite 70, St. Paul, Minnesota 55114-1055; Telephone: (612) 642-0579. TTY users may call the MN Relay Service for Hearing/Speech Impaired at 800-627-3529.

Subject of Rule and Statutory Authority. The proposed rule is about the minimum record keeping standards for dental patient records. The statutory authority to adopt the rule is *Minnesota Statutes* 150A.04, subd. 5; 150A.08, subd. 1 (6); 150A.08, subd. 1 (13); 144.335, sub. 2 (b) and 144.335, subd. 3. A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m. on October 30, 1996, to submit written comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change desired. Any comments that you would like to make on the legality of the proposed rule must also be made during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on October 30, 1996. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rule to which you object or state that you oppose the entire rule. Any request that does not comply with these requirements is not valid and cannot be counted by the agency for determining whether a public hearing must be held. You are also encouraged to state the reason for the request and any changes you want made to the proposed rule.

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

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

Modifications. The proposed rule may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must be supported by data and views submitted to the agency or presented at the hearing and the adopted rule may not be substantially different than this proposed rule. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for December 6, 1996, will be canceled if the agency does not receive requests from 25 or more persons that a hearing be held on the rule. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call the agency contact person at (612) 642-0579 after November 1, 1996 to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rule, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The hearing will be held on the date and at the time and place listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Howard Kaibel, Jr. is assigned to conduct the hearing. Judge Kaibel can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, 100 Washington Avenue So., Minneapolis, Minnesota 55401-2138, telephone (612) 341-7608, fax (612) 349-2665.

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

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

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from Karen L. Ramsey, Minnesota Board of Dentistry, 2700 University Avenue West, Suite 70, St. Paul, Minnesota 55114 or by calling (612) 642-0581. TTY users may call the MN Relay Service for Hearing/Speech Impaired at 800-627-3529. This statement contains a summary of the justification for the proposed rule, including a description of who will be affected by the proposed rule and an estimate of the probable cost of the proposed rule. The statement may also be reviewed and copies obtained at the cost of reproduction from either the agency or the Office of Administrative Hearings.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the Ethical Practices Board. Questions regarding this requirement may be directed to the Ethical Practices Board at 658 Cedar Street, Centennial Office Building, St. Paul, Minnesota 55155.

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

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Proposed Rules

Adoption Procedure After the Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rule. You may ask to be notified of the date when the judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date on which the agency adopts the rule and files it with the Secretary of State, and can make this request at the hearing or in writing to the agency contact person stated above.

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

Dated: 13 September 1996

Patricia H. Glasrud
Executive Director

Rules as Proposed (all new material)

RECORDKEEPING

3100.9600 RECORDKEEPING

Subpart 1. Definitions. For the purposes of this part, "patient" means a natural person who has received dental care services from a provider for treatment of a dental condition. In the case of a minor who has received dental care services pursuant to *Minnesota Statutes*, sections 144.341 to 144.347, patient includes a parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian.

Subp. 2. Dental records. Dentists shall maintain dental records on each patient. The records shall contain the components specified in subparts 3 to 10.

Subp. 3. Personal data. Dental records shall include at least the following information:

- A. the patient's name;
- B. the patient's address;
- C. the patient's date of birth;
- D. if the patient is a minor, the name of the patient's parent or guardian;
- E. the name and telephone number of a person to contact in case of an emergency; and
- F. the name of the patient's insurance carrier and insurance identification number, if applicable.

Subp. 4. Patient's reasons for visit. When a patient presents with a chief complaint, dental records shall include the patient's stated oral health care reasons for visiting the dentist.

Subp. 5. Dental and medical history. Dental records shall include information from the patient or the patient's parent or guardian on the patient's dental and medical history. The information shall include a sufficient amount of data to support the recommended treatment plan.

Subp. 6. Clinical examinations. When a clinical examination is performed, dental records shall include the following:

- A. recording of existing oral health care status;
- B. any radiographs used; and
- C. the facsimiles or results of any other diagnostic aids used.

Subp. 7. Diagnosis. Dental records shall include a diagnosis.

Subp. 8. Treatment plan. Dental records shall include an agreed upon written and dated treatment plan. The treatment plan shall be updated to reflect the current status of the patient's oral health and treatment.

Subp. 9. Informed consent. Dental records shall include a notation that:

- A. the dentist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and
- B. the patient has consented to the treatment chosen.

Subp. 10. Progress notes. Dental records shall include a chronology of the patient's progress throughout the course of treatment and postoperative visits. The chronology shall include the treatment provided and identify all medications used and materials placed.

Subp. 11. Corrections of records. Notations shall be legible, written in ink, and contain no erasures or "white-outs." If incorrect information is placed in the record, it must be crossed out with one single line and initialed by a dental health care worker.

Subp. 12. Retention of records. A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven years past the age of majority.

Subp. 13. **Transfer of records.** A patient's dental records shall be transferred in accordance with *Minnesota Statutes*, section 144.335, irrespective of the status of the patient's account.

Subp. 14. **Electronic recordkeeping.**

- A. The requirements of subparts 1 to 13 apply to electronic recordkeeping as well as to recordkeeping by any other means.
- B. When electronic records are kept, a dentist must keep either a duplicate hard copy record or use an unalterable electronic record.

Department of Health

Proposed Permanent Rules Relating to Hospitals and Surgical Centers; Financial, Utilization, and Services Data

DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing if 25 or More Requests for Hearing are Received

Proposed Amendment of Rules Relating to Hospitals and Surgical Centers; Financial, Utilization, and Services Data, *Minnesota Rules*, Chapter 4650.

Introduction. The Department of Health intends to adopt rules without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28, and rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310. If, however, 25 or more persons submit a written request for a hearing on the rules within 30 days or by 4:30 p.m. on October 30, 1996, a public hearing will be held in Room LL56, Metro Square Building, 121 East Seventh Place, St. Paul, Minnesota 55101, starting at 9:00 a.m. on Thursday, November 21, 1996. To find out whether the rules will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after October 30, 1996, and before November 21, 1996.

Agency Contact Person. Comments or questions on the rules and written requests for a public hearing on the rules must be submitted to the agency contact person. The agency contact person is: Sharon Mitchell at Minnesota Department of Health, Health Policy and Systems Compliance Division, P.O. Box 64975, 121 East Seventh Place, Suite 400, St. Paul, Minnesota 55164-0975, 612/282-3874. TTY users may call the Minnesota Department of Health at 612/623-5522. If you want to request a copy of the rules or Statement of Need and Reasonableness, contact Denine Casserly at the above address or by phone at 612/282-5650.

Subject of Rules and Statutory Authority. The proposed rules govern the collection of aggregate financial, utilization, and services data from hospitals and outpatient surgical centers. Under the rules, hospitals and outpatient surgical centers will have to provide aggregate data, including financial data on revenues and expenses and statistical data on patient services. *Minnesota Statutes*, section 144.703, subdivision 1, is the statutory authority for amending rules relating to the Health Care Cost Information System (HCCIS) under sections 144.695 to 144.703. *Minnesota Statutes*, section 62J.321, subdivision 6, is the statutory authority for amending rules to implement sections 62J.301 to 62J.452. *Minnesota Statutes*, section 144.56, subdivision 1, is the statutory authority for amending rules to implement sections 144.50 to 144.56. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed. A free copy of the rules is available upon request by calling Denine Casserly at the Department at 612/282-5650.

Comments. You have until 4:30 p.m. on Wednesday, October 30, 1996, to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change desired. Any comments that you would like to make on the legality of the proposed rules must also be made during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rules. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on October 30, 1996. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed

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Proposed Rules

rules to which you object or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and cannot be counted by the agency for determining whether a public hearing must be held. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

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

Alternative Format/Accommodation. Upon request, this Notice can be made available in an alternative format, such as large print, Braille, or cassette tape. To make such a request or if you need an accommodation to make this hearing accessible, please contact Denine Casserly at the Department at 612/282-5650.

Modifications. The proposed rules may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must be supported by data and views submitted to the agency or presented at the hearing and the adopted rules may not be substantially different than these proposed rules. If the proposed rules affect you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for November 21, 1996, will be canceled if the agency does not receive requests from 25 or more persons that a hearing be held on the rules. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call Denine Casserly at the Department at 612/282-5650 after October 30 to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rules, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The hearing will be held on the date and at the time and place listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Howard L. Kaibel, Jr., is assigned to conduct the hearing. Judge Kaibel can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone 612/341-7608, and fax 612/349-2665.

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

Copies of Comments to the Agency. The agency requests that any person submitting written views or data to the Administrative Law Judge prior to the hearing or during the comment or response period also submit a copy of the written views or data to the agency contact person at the address stated above.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from Denine Casserly at the Department at 612/282-5650. This statement contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. The statement may also be reviewed and copies obtained at the cost of reproduction from either the agency or the Office of Administrative Hearings.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Ethical Practices Board. Questions regarding this requirement may be directed to the Ethical Practices Board at: First Floor South, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone 612/296-5148 or 1-800-657-3889.

Adoption Procedure if No Hearing. If no hearing is required, the agency may adopt the rules after the end of the comment period. The rules and supporting documents will then be submitted to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date the rules are submitted to the office. If you want to be so notified, or want to receive a copy of the adopted rules, or want to register with the agency to receive notice of future rule proceedings, submit your request to Denine Casserly at the Department at 612/282-5650.

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

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

Dated: 18 September 1996

Anne M. Barry, Commissioner
Department of Health

CHAPTER 4650
DEPARTMENT OF HEALTH
HEALTH CARE COST INFORMATION SYSTEM
HOSPITALS AND SURGICAL CENTERS
FINANCIAL, UTILIZATION, AND SERVICES DATA

4650.0102 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4650.0102 to 4650.0174, the following terms have the meanings given them.

Subp. 1a. **Accounting and financial reporting expenses.** "Accounting and financial reporting expenses" means all ~~direct~~ costs related to fiscal services, such as general accounting, budgeting, cost accounting, payroll accounting, accounts payable, and plant and equipment, and inventory accounting. ~~Direct costs include wages and benefits, supplies, purchased services, and other resources used in performing these accounting and financial reporting activities. Accounting and financial reporting expenses does not include management information systems costs.~~

Subp. 2. **Accounting period.** "Accounting period" means the fiscal year of a facility which is a period of 12 consecutive months established by the governing authority of a facility for purposes of accounting.

Subp. 2a. **Administrative expenses.** "Administrative expenses" means the sum of the following:

- A. admitting, patient billing, and collection expenses;
- B. accounting and financial reporting expenses;
- C. quality assurance and utilization management program or activity expenses;
- D. community and wellness education expenses;
- E. promotion and marketing expenses;
- F. taxes, fees, and assessments;
- G. malpractice expenses; and
- H. other administrative expenses.

Subp. 3. [See repealer.]

Subp. 3a. **Admitting, patient billing, and collection expenses.** "Admitting, patient billing, and collection expenses" means all ~~direct costs incurred in~~ related to inpatient and outpatient admission or registration, whether scheduled or nonscheduled, ~~and in~~ the scheduling of admission times; insurance verification, including coordination of benefits; preparing and submitting claim forms; and cashiering, credit, and collection functions. ~~Direct costs include wages and benefits, supplies, purchased services, and other resources used in performing these admitting activities.~~

Subp. 3b. [See repealer.]

Subp. 3c. [See repealer.]

Subp. 4. [See repealer.]

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Proposed Rules

Subp. 6. [See repealer.]

Subp. 8a. Business day. "Business day" means Monday through Friday, but does not include those days listed as holidays in Minnesota Statutes, section 645.44, subdivision 5.

Subp. 9. Charity care services. "Charity care services" means the dollar amount of that would have been charged for health care services that were provided to patients for which the provider did not charge or charged at a level below the reasonable cost of the service, because the provider determined that the patient was unable to pay part or any of its reasonable costs. Charity care services includes care provided to indigent patients, patients with inadequate or no insurance, or patients receiving costly treatment with no expectation of cash inflows. Charity care results from a provider's policy to provide health care services free of charge or at a charge below the reasonable cost of the service to individuals who meet the provider's established criteria of inability to pay. For purposes of reporting under part 4650.0112, charity care is included in gross revenue from patient care and in adjustments and uncollectibles.

Subp. 9a. Community and wellness education expenses. "Community and wellness education expenses" means all direct costs related to wellness programs, health promotion, community education classes, support groups, and other outreach programs and health screening, included in a specific community or wellness education cost center or reclassified from other cost centers. Community and wellness education expenses does not include patient education programs. Direct costs include wages and benefits, supplies, purchased services, and other resources used in performing these community and wellness education activities.

Subp. 9b. Commissioner. "Commissioner" means the commissioner of health and duly authorized agents of the commissioner of health.

Subp. 10. [See repealer.]

Subp. 12a. [See repealer.]

Subp. 12b. Donations and grants for charity care. "Donations and grants for charity care" means revenues from an individual, group, foundation, government entity, or corporate donor that are designated by the donor for providing charity care. For purposes of reporting under part 4650.0112, donations and grants for charity care are operating revenue.

Subp. 12c. Donations and grants for operations. "Donations and grants for operations" means revenues from an individual, group, foundation, or corporate donor that are designated by the donor for supporting the continued operation of the facility. Donations and grants for operations do not include funding for charity care. For purposes of reporting under part 4650.0112, donations and grants for operations are operating revenue.

Subp. 13. [See repealer.]

Subp. 14. [See repealer.]

Subp. 15. [See repealer.]

Subp. 17. [See repealer.]

Subp. 18. [See repealer.]

Subp. 19. [See repealer.]

Subp. 19a. Full-time equivalent employee. "Full-time equivalent employee" means an employee or any combination of employees that are reimbursed paid by the facility for 2,080 hours of employment per year.

Subp. 19b. [See repealer.]

Subp. 19c. Full-time equivalent resident. "Full-time equivalent resident" means a graduate medical resident who is on assigned rotation at the hospital during the full reporting year. Full-time equivalent resident also means any combination of graduate medical residents who are on assigned rotation at the hospital during a portion of the reporting year for a combined amount of time equivalent to one resident for a full year. A graduate medical resident means an individual who is being trained as a physician and is in an accredited residency program at a teaching hospital.

Subp. 20a. [See repealer.]

Subp. 20b. Gross patient revenue from patient care. "Gross patient revenue from patient care" means the amount charged at the facility's established rates and recorded on an accrual basis total charges billed by the facility for patient care regardless of whether the facility expects to collect the amount billed.

Subp. 20c. [See repealer.]

Subp. 20d. Group purchaser. "Group purchaser" has the meaning given in Minnesota Statutes, section 62J.03, subdivision 6.

Subp. 20e. Hospital. "Hospital" means a facility licensed as a hospital under Minnesota Statutes, sections 144.50 to 144.58, to provide to inpatients:

- A. diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or
- B. rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

Subp. 21a. [See repealer.]

Subp. 22. [See repealer.]

Subp. 23a. [See repealer.]

Subp. 24. [See repealer.]

Subp. 24a. **Malpractice expenses.** "Malpractice expenses" means all ~~direct~~ costs of malpractice including malpractice insurance, self-insurance expenses including program administration, and malpractice losses not covered by insurance, including deductibles and malpractice attorney fees.

Subp. 24b. **Management information systems expenses.** "Management information systems expenses" means all ~~direct~~ costs related to maintaining and operating the data processing system of the facility, including such functions as admissions, medical records, patient charges, decision support systems, and fiscal services. ~~Direct costs include wages and benefits, supplies, purchased services, and other resources used in accomplishing these management information systems activities.~~

Subp. 24c. **Medical care surcharge.** "Medical care surcharge" means the ~~surcharge~~ expenses under Minnesota Statutes, section sections 147.01, subdivision 6, and 256.9657; subdivision 2; paid to the Department of Human Services. For purposes of reporting under part 4650.0112, medical care surcharge is an operating expense.

Subp. 24d. [See repealer.]

Subp. 24e. **MinnesotaCare tax.** "MinnesotaCare tax" means the ~~tax expense established~~ expenses for the MinnesotaCare tax under Minnesota Statutes, section sections 295.52; paid to the Minnesota Department of Revenue and 295.582. For purposes of reporting under part 4650.0112, the MinnesotaCare tax is an operating expense.

Subp. 24f. [See repealer.]

Subp. 24g. [See repealer.]

Subp. 24h. [See repealer.]

Subp. 25. [See repealer.]

Subp. 25a. [See repealer.]

Subp. 26. [See repealer.]

Subp. 26a. **Nonoperating donations and grants.** "Nonoperating donations and grants" means revenues from an individual, group, foundation, or corporate donor that are not designated by the donor for a specific purpose or are designated by the donor for a purpose not directly related to the normal day-to-day operations of the facility. For purposes of reporting under part 4650.0112, nonoperating donations and grants are nonoperating revenue.

Subp. 26b. **Nonoperating expenses.** "Nonoperating expenses" means all costs not directly associated with the normal day-to-day operation of the facility.

Subp. 26c. **Nonoperating public funding.** "Nonoperating public funding" means revenue from taxes or other municipal, county, state, or federal government sources, including grants and subsidies, that are not designated for a specific purpose or are designated for a purpose not directly related to the normal day-to-day operations of the facility. For purposes of reporting under part 4650.0112, nonoperating public funding is nonoperating revenue.

Subp. 26d. **Nonoperating revenue.** "Nonoperating revenue" means all income received that is not directly related to the normal day-to-day operations of the facility.

Subp. 26e. **Operating expenses.** "Operating expenses" means all costs directly associated with providing patient care or other services that are part of the normal day-to-day operation of the facility.

Subp. 26f. **Operating revenue.** "Operating revenue" means the sum of net patient revenue and other income received as part of the normal day-to-day operation of the facility.

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Subp. 28a. **Other support services administrative expenses.** “Other support services administrative expenses” means all costs for the overall operation of the facility associated with management, administration, and legal staff functions, including the costs of governing boards, executive wages and benefits, auxiliary and other volunteer groups, purchasing, telecommunications, printing and duplicating, receiving and storing, and personnel management. Other support services administrative expenses includes all wages and benefits, donations and support, direct and in-kind, for the purpose of lobbying and influencing policymakers and legislators, including membership dues, and all expenses associated with public policy development, such as response to rulemaking and interaction with government agency personnel including attorney fees to review for reviewing and analyze analyzing governmental policies. Other support services administrative expenses does not include the costs of public relations included in promotion and marketing expenses, the costs of legal staff already allocated to other functions, and or the costs of medical records, social services, and nursing administration.

Subp. 29. [See repealer.]

Subp. 30. **Outpatient visit registration.** “Outpatient visit registration” means ~~an a~~ documented acceptance of a patient by a ~~hospital facility~~ for the purpose of providing outpatient services in an outpatient or ancillary department, including documented acceptance for the provision of emergency and outpatient surgery services. Each acceptance of a patient by a hospital for purposes of providing outpatient services for a distinct episode of care counts as one outpatient visit regardless of the number of clinics attended during that visit. Outpatient visits include all visits to hospital outpatient and ancillary departments, emergency visits, and outpatient surgeries. An outpatient registration may involve the provision of more than one outpatient service, and a patient may have more than one outpatient registration per day. Outpatient registration does not include failed appointments or telephone contacts.

Subp. 30a. [See repealer.]

Subp. 30b. [See repealer.]

Subp. 30c. [See repealer.]

Subp. 30d. **Outpatient surgical center.** “Outpatient surgical center” means a freestanding facility licensed under Minnesota Statutes, sections 144.50 to 144.58, and organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low-risk patients.

Subp. 31. [See repealer.]

Subp. 31a. **Plant, equipment, and occupancy expenses.** “Plant, equipment, and occupancy expenses” means all ~~direct~~ costs associated with related to plant, equipment, and occupancy expenses, including maintenance, repairs, and engineering expenses, building rent and leases, equipment rent and leases, and utilities. Plant, equipment, and occupancy expenses includes interest expenses and depreciation.

Subp. 32a. **Promotion and marketing expenses.** “Promotion and marketing expenses” means all ~~direct~~ costs related to marketing, promotion, and advertising activities such as billboards, yellow page listings, cost of materials, advertising agency fees, marketing representative wages and fringe benefits, travel, and other expenses allocated to the promotion and marketing activities. Promotion and marketing expenses does not include costs charged to other departments within the hospital.

Subp. 32b. **Psychiatric hospital.** “Psychiatric hospital” means a facility licensed as a psychiatric hospital under Minnesota Statutes, sections 144.50 to 144.58, to provide psychiatric services to inpatients for the diagnosis and treatment of mental illness.

Subp. 32c. **Public funding for operations.** “Public funding for operations” means revenue from taxes or other municipal, county, state, or federal government sources, including grants and subsidies, that are designated for supporting the continued operation of a facility. Public funding for operations does not include funding for charity care. For purposes of reporting under part 4650.0112, public funding for operations is operating revenue.

Subp. 32d. **Quality assurance and utilization management program or activity expenses.** “Quality assurance and utilization management program or activity expenses” means all ~~direct~~ costs associated with any activities or programs established for the purpose of quality of care evaluation and utilization management. ~~These costs may be included in a specific quality assurance cost center or may need to be reclassified from other cost centers, for example, medical staff, medical records, or finance.~~ Activities include quality assurance, development of practice protocols, utilization review, peer review, provider credentialing, and all other medical care evaluation activities. ~~Direct costs include wages and benefits, supplies, purchased services, and other resources used in performing these quality assurance activities.~~

Subp. 34a. **Regulatory and compliance reporting expenses.** “Regulatory and compliance reporting expenses” means ~~an estimate of~~ all ~~direct~~ costs of the facility associated with, or directly incurred in the preparation and filing submission of financial, statistical, or other utilization, satisfaction, or quality reports, or summary plan descriptions that are required by federal, state, and local agencies, ~~or other third parties.~~ ~~Direct costs include wages and benefits, professional fees, supplies, purchased services, and the cost of other resources used to fulfill these reporting requirements.~~

Subp. 34b. Reporting organization. “Reporting organization” has the meaning given in Minnesota Statutes, section 144.702, subdivision 6.

Subp. 35. Research expenses. “Research expenses” means the costs incurred by a facility for research purposes. Research means a systematic, intensive study directed toward a better scientific knowledge of the science and art of diagnosing, treating, curing, and preventing mental or physical disease, injury, or deformity; relieving pain; and improving or preserving health. Research may be conducted at a laboratory bench without the use of patients or it may involve patients. Furthermore, there may be research projects that involve both laboratory bench research and patient care research.

Subp. 35a. Resident salaries and benefits. “Resident salaries and benefits” means the total salaries or stipends paid to graduate medical residents, as well as costs for job-related benefits provided for residents, including health or disability insurance. Resident salaries and benefits include those salaries and benefits for the proportion of time on assigned rotation at the hospital, regardless of whether the salaries and benefits are paid by the hospital or another entity. A graduate medical resident means an individual who is being trained as a physician and is in an accredited residency program at a teaching hospital.

Subp. 35b. Rural hospital planning and transition grant. “Rural hospital planning and transition grant” means a grant awarded under Minnesota Statutes, section 144.147. For purposes of reporting under part 4650.0112, a rural hospital planning and transition grant is public funding for operations.

Subp. 35c. Sole community hospital financial assistance grant. “Sole community hospital financial assistance grant” means a grant awarded under Minnesota Statutes, section 144.1484, subdivision 1. For purposes of reporting under part 4650.0112, a sole community hospital financial assistance grant is public funding for operations.

Subp. 35d. Specialized hospital. “Specialized hospital” means a state-operated facility licensed as a specialized hospital under Minnesota Statutes, sections 144.50 to 144.58, to provide services to inpatients for the diagnosis and treatment of mental illness.

Subp. 36. [See repealer.]

Subp. 37. [See repealer.]

Subp. 38. [See repealer.]

Subp. 39. [See repealer.]

Subp. 39a. Taxes, fees, and assessments. “Taxes, fees, and assessments” means the direct payments made to government agencies including property taxes; medical care surcharge; MinnesotaCare tax; unrelated business income taxes; any assessments imposed by local, state, or federal jurisdiction; all fees associated with the facility’s new or renewal certification with state or federal regulatory agencies, including fees associated with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation; and any fees or fines paid to government agencies for examinations related to regulation.

Subp. 40. [See repealer.]

4650.0104 SCOPE; REPORT REQUIREMENTS.

Subpart 1. Scope. All acute care hospitals, psychiatric hospitals, specialized hospitals, and freestanding outpatient surgical centers licensed under Minnesota Statutes, sections 144.50 to 144.58, are subject to the Minnesota health care cost information system established by parts 4650.0102 to 4650.0174 this chapter.

Beds located in acute care hospitals, which are not licensed as acute care beds under Minnesota Statutes, sections 144.50 to 144.58, are not subject to the Minnesota health care cost information system. Where costs incurred through the operation of these beds are commingled with the costs of operation of acute care beds in a facility subject to the system, associated revenue and expenses and other related data must be separated in a manner consistent with the normal requirements for allocation of costs as stated by Code of Federal Regulations, title 20, section 405.453.

Subp. 2. Report requirements. A hospital, psychiatric hospital, or specialized hospital shall submit a financial, utilization, and services report as described in part 4650.0112. An outpatient surgical center shall submit a financial, utilization, and services report as described in part 4650.0113. A hospital or outpatient surgical center shall submit an audited annual financial statement as described in part 4650.0110 and a Medicare cost report as described in part 4650.0111.

Subp. 3. Citations. Citations of federal law or federal regulations incorporated in parts 4650.0102 to 4650.0174 are for those laws and regulations as amended.

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4650.0110 AUDITED ANNUAL FINANCIAL STATEMENT.

Subpart 1. **Reporting requirements.** A facility hospital or outpatient surgical center shall submit an audited annual financial statement, including all notes, footnotes, and auditor's opinion, to the system commissioner or the voluntary, nonprofit reporting organization approved by the commissioner. This annual financial statement must include a balance sheet, a statement of income and expenses, a statement of changes in fund balances, and a statement of cash flows and must meet the requirements of subparts 2 to 5:

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

Subp. 5. [See repealer.]

Subp. 6. [See repealer.]

4650.0111 MEDICARE COST REPORT.

A facility hospital or outpatient surgical center shall submit to the system on an annual basis an unaudited commissioner or the voluntary, nonprofit reporting organization approved by the commissioner a copy of the facility's cost report as filed under United States Social Security Act, title XVIII, stated in Code of Federal Regulations, title 42, section 413.20, and the uniform cost report required under United States Code, title 42, section 1320a. These cost reports must correspond to the same accounting period as that used in the compilation of data for other requirements for the annual financial statement. The report must be accompanied by an attestation by the governing authority of the facility or its designee that the contents of the report are true.

4650.0112 REVENUE AND EXPENSE FINANCIAL, UTILIZATION, AND SERVICES REPORT; HOSPITALS.

Subpart 1. **Reporting requirements.** A facility hospital, psychiatric hospital, or specialized hospital shall submit a report of revenue and expense to the system on an annual basis. This report must include statistical and including financial, utilization, and services information for:

A. the facility's last full and audited accounting period prior to the accounting period during which a facility files it submits this report with the system. This period shall be known as is called the prior reporting year. A hospital must include the information described in subparts 2, 2a, and 3. A psychiatric hospital or a specialized hospital must include the information described in subparts 2, 2a, and 3, item A, but is not required to report the detailed financial data described in subpart 3, items B to R. Information for the prior year must be actual reported according to subpart 1c.

B. The facility's full accounting period during which a facility files this report with the system. This period shall be known as the current year. Information for at least the first three months of the current year must be actual; information for the remaining months of the current year must be estimated based on budgeted information for this year.

Subp. 1a. Changes in accounting period. If a hospital, psychiatric hospital, or specialized hospital changes its audited accounting period, reports must include financial, utilization, and services information for all time periods. Required information for a period of up to 13 months may be included in one report.

Subp. 1b. Clinic data reporting. If a hospital is not part of a multihospital system, but is affiliated with a clinic as evidenced on the audited annual financial statement, the hospital must separately report the hospital and affiliated clinic information. Reporting affiliated clinic information as specified in subpart 7 fulfills the requirements of chapter 4651 for physicians whose information is included in the clinic reporting.

Subp. 1c. Estimating. Whenever reasonably possible, a hospital, psychiatric hospital, or specialized hospital must report actual numbers in all categories. If it is not reasonably possible for the facility to report actual numbers, the facility may estimate using reasonable methods. Upon request from the commissioner, the facility must provide a written explanation of the method used for the estimate.

Subp. 2. **Statistical Utilization information.** Statistical Utilization information for the revenue and expense report must include:

A. the number of patient days for the facility, excluding swing bed and subacute or transitional care patient days, categorized by third-party type of payer, and for the daily patient services of each by designated care unit or revenue center;

B. the number of admissions for the facility, excluding swing bed and subacute or transitional care admissions, categorized by third-party type of payer, and for daily patient services of each by designated care unit or revenue center;

C. the total number of nonacute patient days for the facility including swing bed patient days, subacute or transitional care patient days, and nursing days; and nursing home days;

D. by employee classification, the average number of vacant full-time equivalent positions and the average number of full-time equivalent employees for the facility for each service center, and for employee classification categorized by consulting or contracting, full-time, part-time, and total;

E. the total number of nonacute admissions including swing bed admissions and nursing home subacute or transitional care admissions categorized by origin, and the number of patients readmitted to a swing bed within 60 days of a patient's discharge from the facility;

F. the number of licensed beds, the number (the statistical mean) of beds physically present, and the number (the statistical mean) of setup beds for the facility and each appropriate service center, excluding nursery of licensed bassinets, and the average number of beds used by the facility for swing beds and subacute or transitional care;

G. the total number of births for the facility;

H. the total number of major surgical procedures and ambulatory surgical procedures for the facility discharges, excluding swing bed and subacute or transitional care discharges;

I. the number of outpatient visits for the facility, including the number of emergency visits, outpatient department visits, and same day surgery visits swing bed and subacute or transitional care discharges categorized by destination; and

J. the number of units of service provided by each of the facility's other service centers. The facility shall select the statistic that best measures the level of activity for a particular function or service center and that, in addition, is compiled on a routine basis by the facility to serve as the appropriate unit of service for each of its service centers.

For example, although patient days might be used as the unit of service for daily patient services, treatments, procedures, visits, hours, or other statistics would be the applicable measure of activity in other service centers. any changes in the number of licensed beds during the reporting year and the effective dates of the changes;

K. the number of physicians with admitting privileges; and

L. the average length of stay if the average length of stay for the facility is greater than or equal to 25 days.

Subp. 2a. Services information. Services information must:

A. specify whether the following services are provided on or off site, and whether the services are provided by facility staff or by contractual arrangement:

(1) inpatient and outpatient abortion services;

(2) cardiac catheterization services;

(3) outpatient chemical dependency treatment and detoxification services;

(4) computerized tomography scanning services, including mobile unit services;

(5) electroencephalography services;

(6) extracorporeal shock wave lithotripter (ESWL) services;

(7) geriatric day care services;

(8) home health care services;

(9) hospice services;

(10) mammography services;

(11) nuclear magnetic resonance imaging (MRI) services;

(12) outpatient psychiatric services;

(13) radiation therapy services, including cobalt-60 devices, linear accelerators, and other devices greater than one mega-electron volt;

(14) diagnostic and therapeutic radioisotope services;

(15) radium, cesium, or iridium therapy services;

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(16) inpatient and outpatient renal dialysis services;

(17) reproductive health services, including diagnostic ultrasound, family planning services, and genetic counseling;

(18) social services;

(19) surgical services, including outpatient surgery services, inpatient surgery services, open-heart surgery services, and organ transplant services;

(20) therapy services, including inhalation therapy, outpatient medical rehabilitation, occupational therapy, physical therapy, and speech therapy;

(21) volunteer services;

(22) X-ray therapy services; and

(23) emergency department or emergency room services, including radio, paging, and telemedicine capabilities;

B. provide the following measures of utilization:

(1) the total number of catheterizations and the number of intracardiac or coronary artery catheterizations;

(2) the number of computerized tomography (CT) scanners and the number of inpatient, outpatient, total, and mobile unit procedures;

(3) the number of inpatient, outpatient, and total extracorporeal shock wave lithotripter (ESWL) treatments;

(4) the number of home health care visits;

(5) the number of hospice visits;

(6) the number of inpatient, outpatient, and total mammography X-rays;

(7) the number of inpatient, outpatient, and total nuclear magnetic resonance imaging (MRI) scans;

(8) the number of outpatient registrations;

(9) the number of devices, the number of cancer cases treated, and the total number of treatments for cobalt-60 devices, linear accelerators, and other devices greater than one megaelectron volt;

(10) the number of inpatient and outpatient renal dialysis treatments;

(11) the number of diagnostic ultrasounds;

(12) the number of registrations for family planning services;

(13) the number of outpatient surgical registrations;

(14) the number of inpatient surgical admissions;

(15) the number of open-heart surgical procedures;

(16) the number of kidney, bone marrow, heart, and other transplants, and the total number of organic transplants; and

(17) the number of scheduled, nonscheduled, and total emergency department or emergency room registrations, and the number of admissions through the emergency department or emergency room; and

C. provide the following measures of staffing:

(1) the number of volunteers;

(2) the level and type of emergency department or emergency room staffing; and

(3) the name of the emergency department or emergency room physician director.

Subp. 2b. Additions in required services information. When medical or technological advances introduce a new health care service, the commissioner shall determine if information about the new health care service will be requested under this chapter. To make this determination, the commissioner shall consider:

A. whether the service is likely to be provided in a significant number of hospitals, psychiatric hospitals, specialized hospitals, or outpatient surgical centers;

B. whether the geographic location of the service is important to monitoring access to the service;

C. whether information about the service is important consumer or industry information;

D. whether reporting information about the service is an administrative burden for the hospital, psychiatric hospital, specialized hospital, or outpatient surgical center; and

E. other factors which relate to the anticipated utilization of the health care service.

Subp. 2c. Elimination of required services information. The commissioner shall eliminate requests for information about obsolete health care services. To determine if a health care service is obsolete, the commissioner shall consider whether:

A. there has been a significant reduction in the number of hospitals, psychiatric hospitals, or specialized hospitals that provide the service;

B. there has been a significant overall reduction in the statewide utilization of the service;

C. the elimination of information about the service would adversely affect the public interest; and

D. the elimination of information about the service would conflict with standards imposed by law.

Subp. 3. Financial information. Financial information for the revenue and expense report must include:

A. a statement of total operating expenses for the facility and for each of its service centers and a statement according to natural classifications of expenses as provided by part 4650.0110, subpart 3, item F, the medical care surcharge amount paid by the facility, and the MinnesotaCare tax paid by the facility total operating revenue;

B. a statement of management information systems expenses and plant, equipment, and occupancy expenses. A hospital licensed for 50 or more beds shall make percentage allocations of management information systems expenses and plant, equipment, and occupancy expenses to each of the support services functions listed in item C. A hospital licensed for fewer than 50 beds shall estimate percentage allocations of management information systems expenses and plant, equipment, and occupancy expenses to total support services;

C. a statement of total support services administrative expenses for the facility. A hospital licensed for 50 or more beds shall make a statement of report expenses for each of the following support services functions: admitting; patient billing, and collection; accounting and financial reporting; quality assurance and utilization management program or activity; community and wellness education; promotion and marketing; research; education; taxes, fees, and assessments; malpractice; and other support services. The statements required by this item may be estimated from existing accounting methods with allocation to specific categories based on a written methodology that is available for review by the commissioner and that is consistent with the methodology described in this part administrative expenses;

D. an estimate of the cost of regulatory and compliance reporting;

E. a statement of patient charges for the facility by type of payer, including Medicare, medical assistance, MinnesotaCare, health maintenance organizations, nonprofit health service plans, insurance companies, and self-pay and by inpatient or and outpatient category, by outpatient services categories, for services provided in swing beds, and for subacute or transitional care services;

F. a statement of all gross revenue for the facility for each of its service centers from patient care, including gross revenue from patient care by the top ten diagnosis related groups, as those groups are maintained under Code of Federal Regulations, title 42, part 412, and gross revenue from patient care by designated care unit or revenue center;

G. a statement of adjustments and uncollectibles for the facility by type of payer, including Medicare, medical assistance, MinnesotaCare, health maintenance organizations, and for charity care, for Hill Burton Act care under *United States Code*, title 42, section 291, et seq., and for other discounts, and by inpatient or outpatient category;

H. a statement of other operating revenue including revenue from research, education, donations, grants, and government subsidies public funding for operations and donations and grants for charity care with estimates of the percentage received from private and public sources;

I. a statement of total operating revenue and expenses and of income or loss from facility hospital operations;

J. a statement of total direct and indirect costs for the facility and for each of its service centers before and after the allocation of expenses;

K. a statement of total direct and indirect costs for the facility by type of payer, including Medicare, medical assistance, and MinnesotaCare;

L. a statement of the gross receivables by payer and net receivables by type of purchaser of services and a statement of the average aggregate number of days' charges outstanding at the end of each period;

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M. a statement of the capital budget of the facility; and

N. information on services provided at no charge or for a reduced fee to patients unable to pay K. a description of charity care policies and services provided, and information on a description of other benefits provided to the community, including unpaid public programs, nonbilled services, and other community services;

L. a description of the care provided in swing beds;

M. operating expenses by a natural classification of expense;

N. the medical care surcharge and MinnesotaCare tax paid;

O. nonoperating revenue and nonoperating expenses;

P. nonoperating donations and grants and nonoperating public funding;

Q. salaries and wages by employee classification; and

R. the number of full-time equivalent residents, resident salaries and benefits, and research expenses.

Subp. 5. [See repealer.]

Subp. 6. Budget year reporting. A hospital shall report budgeted information or reasonable estimates of total operating expenses, total gross revenue from patient care, total adjustments and uncollectibles, total salaries and wages, total patient days, total admissions, and total outpatient registrations for the hospital's full accounting period during which it submits the report. This period is called the budget year.

Subp. 7. Affiliated clinic data reporting. If affiliated clinic data is reported according to subpart 1b, the clinic data must include the following:

A. gross patient revenue, adjustments and uncollectibles, net patient revenue by type of payer, and charity care as defined in part 4651.0100, subpart 4;

B. operating revenue categorized by education revenue as defined in part 4651.0100, subpart 8, research revenue as defined in part 4651.0100, subpart 22, and donations for charity care as defined in part 4651.0100, subpart 4;

C. the number of registrations by clinic location;

D. other patient care costs as defined in part 4651.0100, subpart 16, bad debt as defined in part 4651.0100, subpart 2, education-degree program costs as defined in part 4651.0100, subpart 9, and research costs as defined in part 4651.0100, subpart 21;

E. the total number of full-time equivalent employees for the clinic by employee classification;

F. malpractice expenses, if separate from the hospital;

G. addresses of each clinic location;

H. names and provider identifiers of physicians by clinic location; and

I. a description of how the clinic is defined and how it is distinguished from other outpatient services of the hospital.

4650.0113 FINANCIAL, UTILIZATION, AND SERVICES REPORT; OUTPATIENT SURGICAL CENTERS.

Subpart 1. Reporting requirements. An outpatient surgical center shall submit a report, including the financial, utilization, and services information described in subpart 4, for the outpatient surgical center's last full accounting period prior to the accounting period during which it submits the report. This period is called the reporting year. Information must be reported according to subpart 3.

Subp. 2. Changes in accounting period. If an outpatient surgical center changes its audited accounting period, reports must include financial, utilization, and services information for all time periods. Required information for a period of up to 13 months may be included in one report.

Subp. 3. Estimating. Whenever reasonably possible, an outpatient surgical center must report actual numbers in all categories. If it is not reasonably possible for the facility to report actual numbers, the facility may estimate using reasonable methods. Upon request from the commissioner, the outpatient surgical center must provide a written explanation of the method used for the estimate.

Subp. 4. Financial, utilization, and services information. Financial, utilization, and services information must include:

A. the number of surgical cases;

B. the number of operating rooms;

C. the average weekly hours open;

D. the type of nonsurgical procedures or services provided, including radiology, laboratory, and medical procedures and services;

E. the average number of full-time equivalent employees by employee classification;

F. the number of physicians with staff privileges;

G. the ten surgical procedures performed most frequently during the reporting year, including the procedure name, the current procedural terminology code number, and the number of procedures. Current procedural terminology code numbers are contained in "Physician's Current Procedural Terminology" (CPT manual) (4th edition 1996 and subsequent editions), published by the American Medical Association. The CPT manual is incorporated by reference, is subject to frequent change, and is available through the Minitex interlibrary loan system;

H. gross revenue from patient care;

I. charges by type of payer;

J. adjustments and uncollectibles by type of payer, and for charity care;

K. bad debt and total operating expenses;

L. total administrative expenses;

M. an estimate of the cost of regulatory and compliance reporting;

N. management information systems expenses and plant, equipment, and occupancy expenses;

O. a description of ownership, including corporations that the outpatient surgical center is owned by or owns;

P. a description of contracts or formal affiliations with hospitals, providers of radiology services, providers of laboratory services, other outpatient surgical centers, or third-party payers, including the name of the entity, the purpose of the contract, and whether the contract or affiliation includes price discounts, quality or practice patterns, performance incentives, volume of business guarantees, or exclusivity arrangements;

Q. the availability of price information, including whether:

(1) prices are posted at the surgical center;

(2) a written price list is available on request;

(3) specific service prices are available on request;

(4) prices are included in advertising and other literature; or

(5) it is the surgical center's policy not to disclose price information;

R. the number of inquiries concerning the price of services the surgical center receives in an average business week;

S. a description of charity care policies, including income guidelines, asset guidelines, medical assistance status impact, and sliding fee schedules;

T. a general description of the change in the demand for charity care to be provided in the budget year; and

U. a general estimate of the change in the amount of charity the surgical center expects to provide in the budget year.

4650.0130 PROVISIONS FOR FILING SUBMITTING REPORTS.

Subpart 1. Forms to be specified. The system shall design and issue forms as necessary for meeting the requirements of reports established by parts 4650.0102 to 4650.0174. These forms must contain clear instructions for their completion. The commissioner or the voluntary, nonprofit reporting organization approved by the commissioner shall provide a data collection form or electronic application and instructions for reporting the financial, utilization, and services data. A hospital, psychiatric hospital, specialized hospital, or outpatient surgical center shall submit its financial, utilization, and services data on the form or electronic application provided by the commissioner or the approved voluntary, nonprofit reporting organization.

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

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Subp. 5. Due date. A licensed hospital, psychiatric hospital, specialized hospital, or outpatient surgical center shall annually submit all reports required by this chapter within 180 days of the close of the facility's accounting period, and shall base all reports required by this chapter on the same accounting period.

Subp. 6. Extensions. If a hospital, psychiatric hospital, specialized hospital, or outpatient surgical center requests an extension in writing by the due date specified in subpart 5 and shows reasonable cause, the commissioner shall grant an extension of the due date of a report for a specified period of time. The commissioner shall respond to the facility's request for an extension within five business days of receipt of the request. The response must include approval, disapproval, or a request for more information. In determining whether a facility has met the burden of showing reasonable cause, the commissioner shall consider:

- A. delays in the availability of the forms described in subpart 1;
- B. additional reporting requirements of the facility;
- C. emergency conditions of the facility, including natural disasters;
- D. the absence of a key administrative employee; or
- E. other factors which impact the economic or administrative condition of a facility.

4650.0138 FILING OF REPORTS IN MULTIFACILITY CORPORATIONS AND OTHER REPORTING; ORGANIZATIONS OPERATING MORE THAN ONE FACILITY.

The system requires the filing of all Except as allowed under part 4650.0139, subpart 2, reports required by this chapter are required for each individually licensed acute care hospital, psychiatric hospital, specialized hospital, and each individually licensed freestanding outpatient surgical center, as provided by parts 4650.0108 to 4650.0114. A multifacility corporation or If an organization operating more than one facility may act as the organization which submits reports for the facility to more than one facility, the system. This organization shall provide all information separately for each facility it operates individually licensed hospital, psychiatric hospital, specialized hospital, or outpatient surgical center covered by the reports. The organization which reports for the facility shall also provide with this information a statement detailing the financial relationship between each facility it operates and the organization, as required by part 4650.0110, for the annual financial information report.

4650.0139 VARIANCES.

Subpart 1. Data from other sources. Upon a written request from a hospital, psychiatric hospital, specialized hospital, or outpatient surgical center, or upon the commissioner's own initiative, the commissioner shall determine whether to use data from other sources instead of collecting data required by this chapter. To make this determination, the commissioner shall consider whether:

- A. data from other sources are duplicative of data required under this chapter;
- B. data from other sources are available at a reasonable cost;
- C. the commissioner has the resources readily available to use the data from other sources;
- D. data from other sources is in an acceptable form; and
- E. the commissioner will be able to use the data from other sources to meet all statutory data collection, analysis, verification, and privacy requirements.

Subp. 2. Aggregate reporting for systems. An organization operating a hospital, psychiatric hospital, specialized hospital, or outpatient surgical center which is part of a system of hospitals, psychiatric hospitals, specialized hospitals, outpatient surgical centers, clinics, or group purchasers may make a written request for permission to report to the commissioner for all components of the system as an aggregate. If the commissioner determines that the commissioner will be able to use the data from the system as an aggregate to meet all statutory data collection, analysis, verification, and privacy requirements, the commissioner shall grant the request. The commissioner may accept some system data reported in aggregate and may require some data to be reported for each individually licensed hospital, psychiatric hospital, specialized hospital, outpatient surgical center, clinic, or group purchaser.

Subp. 3. Additional variances. Upon written application or upon the commissioner's own initiative, the commissioner shall grant a variance to this chapter when the commissioner determines that:

- A. enforcing a rule would impose an excessive burden on the applicant or others affected by the rule;
- B. granting the variance would not adversely affect the public interest; and
- C. granting the variance would not conflict with standards imposed by law.

Subp. 4. Burden. When a facility makes a request under this part, the facility has the burden of showing that the required criteria under subpart 1, 2, 3, or 5 are met.

Subp. 5. Alternative practices. A variance granted under this part may be conditioned upon alternative practices proposed by the applicant or by the commissioner and adapted to the circumstances and facts justifying approval of the variance. The commis-

tioner must determine that the variance will not significantly increase the cost of data collection required under this chapter and that the commissioner will be able to use the data collected under the variance to meet statutory data collection, analysis, verification, and privacy requirements.

Subp. 6. Notice. Within 30 calendar days after receiving an application, the commissioner shall notify the applicant in writing that the variance is granted or denied and shall specify the reasons for the decision. The commissioner may extend the review period, provided the applicant is notified in writing of the reasons for the extended review period.

Subp. 7. Duration; revocation. A variance may be of limited duration. The commissioner shall revoke a variance if a material change occurs in the circumstances that justified the variance under this part, or if the applicant fails to comply with the conditions of the variance.

4650.0141 SUBMITTING AMENDED REPORTS.

Subpart 1. Reports amended by facility. A hospital, psychiatric hospital, specialized hospital, or outpatient surgical center may submit an amended financial, utilization, and services report at any time within 18 months of the required submission date specified in part 4650.0130, subpart 5, and must include justification for the amended report. The commissioner must review and approve the amended report before it replaces the previously submitted report.

Subp. 2. Reports amended by commissioner. The commissioner may amend a report of a hospital, psychiatric hospital, specialized hospital, or outpatient surgical center at any time if the commissioner finds that the data submitted were not accurate.

4650.0150 COMPLETENESS COMPLETE REPORTS.

Subpart 1. Review by system of each report. The system commissioner or the voluntary, nonprofit reporting organization approved by the commissioner shall review each report required by parts 4650.0102 to 4650.0174 in order to ascertain that submitted under this chapter to determine if the report is complete. A report is filed when the system has ascertained that the report is complete. "Complete" means that the report contains adequate data for the system to begin its review in a form determined to be acceptable by the system according to parts 4650.0110 to 4650.0114 that will allow further review and verification of the accuracy of the report. A report is considered submitted when the commissioner or the approved voluntary, nonprofit organization has determined that the report is complete.

Subp. 2. Timely reply that report is incomplete. If the system has not responded commissioner or the voluntary, nonprofit reporting organization approved by the commissioner does not respond to the facility within ten working 30 calendar days after receiving a report, the report is considered complete and filed submitted on the first day the system commissioner or approved voluntary, nonprofit reporting organization received the report. The system may stipulate any additional time it may need to ascertain a report's completeness in which case the ten-working-day period does not apply. The stipulated additional time must not exceed 30 days after the day the system first receives a report. If a report is not found to be incomplete during the additional period, it shall be deemed to be complete and filed as of the day the system first received the report.

Subp. 3. Incomplete report. A report determined by that the system commissioner or the voluntary, nonprofit reporting organization approved by the commissioner determines to be incomplete must be returned immediately by the system within three business days of the determination to the facility hospital, psychiatric hospital, specialized hospital, or outpatient surgical center with a statement describing the report's deficiencies. The facility shall correct the deficiencies and resubmit an amended the report to the system within ten business days or request an extension according to part 4650.0130, subpart 6. Such a return and resubmittal shall be recorded in that facility's file as maintained by the system. If the resubmitted report is determined to be complete by the system, then it shall be deemed to be filed is considered complete and submitted on the date the resubmitted report is was received by the system.

Subp. 5. [See repealer.]

Subp. 6. Error in reports. If the system commissioner discovers a significant error in the statements or calculations in a submitted report filed with it, it may the commissioner shall require the facility hospital, psychiatric hospital, specialized hospital, or outpatient surgical center to amend and resubmit the report provide corrections by a date determined by the system to be reasonable agreed upon by the commissioner and the facility. The initial filing date is not affected if the facility resubmits the report by the determined date. If the facility fails to resubmit the amended report by that date, the date of filing shall be the date the system receives the resubmittal.

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Proposed Rules

4650.0154 APPROVAL FOR OPERATION OF SYSTEM VOLUNTARY, NONPROFIT REPORTING ORGANIZATION.

Subpart 1. Voluntary, nonprofit reporting organization approval. The commissioner of health may approve the operation of the system by any a voluntary, nonprofit reporting organization to collect and process the data and prepare reports required by this chapter. The approval shall extend for a period specified by the commissioner not to exceed two years. If the approval extends for a period of more than one year, the voluntary, nonprofit reporting organization's reporting procedures must be consistent with the written operating requirements established annually by the commissioner. An organization desiring this approval may apply for approval by the procedure in parts 4650.0156 to ~~4650.0164~~ 4650.0160.

Subp. 2. Termination of approved voluntary, nonprofit reporting organization. The commissioner may withdraw approval of the approved voluntary, nonprofit reporting organization according to *Minnesota Statutes*, section 144.702, subdivision 8.

4650.0156 OPEN APPLICATION PERIOD.

A voluntary, nonprofit reporting organization may apply for approval of its reporting and review procedures after January 1 and before March 31 of a state fiscal year, for operation of the Minnesota health care cost reporting system during the next subsequent state fiscal year. The commissioner may at any time issue a request for applicants to be a voluntary, nonprofit reporting organization to collect and process the data and prepare reports required by this chapter during the subsequent state fiscal year or to replace a voluntary, nonprofit reporting organization that has been terminated according to *Minnesota Statutes*, section 144.702, subdivision 8.

4650.0158 CONTENTS OF APPLICATION.

An application for approval shall ~~shall~~ **must** include:

A. general information about the applicant organization, including: organization's name, address, telephone number, contact person, proposed staff, and a detailed description of its computing facilities;

B. a detailed ~~statement~~ **description** of the type of ~~proposed~~ reports and administrative procedures proposed by the applicant which shall demonstrate that, in all instances, the reports and procedures are substantially equivalent to those established by the system, pursuant to parts 4650.0108 to 4650.0114, and 4650.0130 to 4650.0150 related to the collection and analysis of aggregate hospital data;

C. a statement that all reports ~~submitted by the facilities~~ determined to be complete and information filed with the applicant from its participating facilities according to part 4650.0150 will be available for inspection by the commissioner of health and the public within five working ~~business~~ days after completeness of reports is proposed to be determined of the determination;

D. proposed criteria whereby the applicant may judge whether a facility is eligible for participation in its proposed program a description of the primary activities of the applicant that qualify the applicant as a reporting organization as defined under *Minnesota Statutes*, section 144.702, subdivision 6; and

E. any additional statements or information which is necessary to ensure that the proposed reporting and review procedures of the applicant are substantially equivalent to all the rules established for the system, pursuant to parts 4650.0108 to 4650.0114, and 4650.0130 to 4650.0152; ~~adequate documentation to demonstrate that the proposed reporting and review procedures meet or exceed the requirements of this chapter and~~ *Minnesota Statutes*, sections 144.695 to 144.703;

F. a detailed description of the procedures used to receive and verify the accuracy of reports, including data processing procedures and the capability to receive and transmit report data electronically;

G. a statement guaranteeing that all data from submitted financial, utilization, and services reports will be transmitted electronically to the commissioner by a date specified by the commissioner;

H. a detailed fee schedule showing the fees for submission of the reports required by this chapter, the method used to determine the fee schedule, the estimated costs of processing the aggregate data required by this chapter, and a statement that, to the extent possible, the fees will not exceed the costs of reviewing the reports and processing the aggregate data required by this chapter;

I. a detailed description of the procedures the applicant will use to process data and the associated completed reports in accordance with *Minnesota Statutes*, chapter 13; and

J. any other documentation or information considered necessary by the commissioner to satisfy a law or rule.

4650.0160 REVIEW OF APPLICATION.

Subpart 1. Commissioner's decision. By May 15 of each year, the commissioner of health shall issue a decision regarding an ~~unsolicited~~ application from a voluntary, nonprofit reporting organization that the procedures for reporting and review proposed by the applicant are approved or disapproved. Within 45 days of the close of the application period specified in a request for appli-

cants, the commissioner shall issue a decision regarding applications received in response to the request that the applicant and the applicant's proposed procedures for reporting and review are approved or disapproved. Approval by the commissioner is effective immediately.

Subp. 2. **Disapproval.** The commissioner of health may disapprove any application on demonstration that the reporting and review procedures of ~~any~~ a voluntary, nonprofit reporting organization are not substantially equivalent to those established by the commissioner or if the commissioner reasonably believes that the reporting and review procedures of a voluntary, nonprofit reporting organization are not likely to meet the deliverable dates established in the written operating requirements or specified in the request for proposals.

Subp. 3. **Reapplication.** An organization whose application has been disapproved by the commissioner of health may submit a new or amended application to the commissioner within 15 calendar days after disapproval of the initial application. ~~An organization may only reapply for approval on one occasion during any fiscal year.~~

Subp. 4. **Oral presentation.** The commissioner may request an oral presentation from a voluntary, nonprofit reporting organization that has submitted an application under parts 4650.0154 to 4650.0158. The oral presentation must include the items in the application as described in part 4650.0158 and must address any questions the commissioner has about the application.

4650.0166 FEES; HOSPITALS.

Facilities ~~A~~ hospital whose reports are reviewed by the commissioner of health ~~as distinct from a~~ rather than the voluntary, nonprofit reporting organization shall submit ~~filing fees a fee to the commissioner with revenue and expense reports and rate notification reports which are submitted to the commissioner the reports.~~ These fees are ~~The fee shall be determined by the commissioner~~ based on the cost of report reviews and the number of beds in the hospital licensed as ~~acute care hospital beds in a facility,~~ pursuant to *Minnesota Statutes*, sections 144.50 to 144.58. A fee set under this part must be set at a level that neither significantly over recovers nor under recovers costs, including overhead costs. Before setting a fee under this part, the commissioner of health must submit the proposed fee to the commissioner of finance for review and comment and must address any fiscal and policy concerns raised by the commissioner of finance in the review and comment.

4650.0167 FEES; OUTPATIENT SURGICAL CENTERS.

An outpatient surgical center whose reports are reviewed by the commissioner rather than the voluntary, nonprofit reporting organization shall submit a fee of \$200 to the commissioner with the reports.

4650.0173 FINES.

If a hospital, psychiatric hospital, specialized hospital, or outpatient surgical center does not comply with the requirements of this chapter and does not respond to requests from the commissioner and the voluntary, nonprofit reporting organization approved by the commissioner to comply with the requirements of this chapter, the commissioner shall charge the facility a fine in addition to the original submission fees. The fine is a base of \$100 plus \$10 per day until the facility complies with the requirements of this chapter. The fine shall not exceed \$1,000.

4650.0174 SUSPENSION OF FEES AND FINES.

The commissioner of health may suspend all or any portion of the ~~filing submission~~ fees and ~~late fees~~ fines if a facility shows cause. ~~Cause may consider such factors as~~ In determining whether a facility has shown cause, the commissioner shall consider:

- A. the inability of a facility to pay the fees or fines without directly affecting the ~~aggregate~~ rates charged to patients;
- B. the occurrence of any emergency financial condition of a facility, including natural disasters or difficulties associated with completion of reports related to sickness or other absences of related facility employees or other administrative complications resulting in delay in the completion of reports; and
- C. other factors which relate to the economic or administrative condition of a facility.

REPEALER. *Minnesota Rules*, parts 4650.0102, subparts 3, 3b, 3c, 4, 6, 10, 12a, 13, 14, 15, 17, 18, 19, 19b, 20a, 20c, 21a, 22, 23a, 24, 24d, 24f, 24g, 24h, 25, 25a, 26, 29, 30a, 30b, 30c, 31, 36, 37, 38, 39, and 40; 4650.0106; 4650.0108; 4650.0110, subparts 2, 3, 4, 5, and 6; 4650.0112, subpart 5; 4650.0114; 4650.0130, subparts 2, 3, and 4; 4650.0132; 4650.0133; 4650.0134; 4650.0136; 4650.0140; 4650.0150, subpart 5; 4650.0168; 4650.0170; and 4650.0172, are repealed.

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

Department of Health

Proposed Permanent Rules Relating to X-ray Equipment Operation

Notice of Intent to Adopt a Rule Without a Public Hearing

In the Matter of the Proposed Adoption of the Rules of the Minnesota Department of Health Relating to Individuals who May Apply Radiation and Examination Requirements for X-ray Equipment Operators, *Minnesota Rules*, part 4730.1510, subpart 3; part 4730.5000; and part 4730.5400, subparts 2, 3 and 4.

The Minnesota Department of Health intends to adopt permanent rules without a public hearing following the procedures set forth in the Administrative Procedures Act, *Minnesota Statutes*, sections 14.22 to 14.28 and rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310. You have 30 days to submit written comment on the proposed rules and may also submit a written request that a hearing be held on the rules.

Agency Contact Person. Comments or questions on the rules and written requests for a public hearing must be submitted to the agency contact person. The agency contact person is:

Judith Ball, Manager Radiation Control
Division of Environmental Health
Minnesota Department of Health
121 East 7th Place, P.O. Box 64975
St. Paul, Minnesota 55164-0975
(612) 215-0945 FAX (612) 215-0976

Statutory Authority. The statutory authority to adopt the rules is *Minnesota Statutes*, section 144.121, subdivision 5.

Subject of Rules. The proposed rules amend and repeal portions of adopted rule parts 4730.5000 to 4730.5500 that establish standards for the examination of any individual who operates x-ray equipment on humans. The proposed amendments and repeals clarify the inapplicability of the adopted rules to individuals already credentialed by other state boards. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed. Additional copies of the proposed rules are available from the agency contact person.

Comment. You have until 4:30 p.m. on October 30, 1996 to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rules addressed and the reason for the comment. You are encouraged to propose any change desired. Any comments that you would like to make on the legality of the proposed rules must also be made during this comment period.

Request for Hearing. In addition to submitting comments, you may also request that a hearing be held on the rules. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on October 30, 1996. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rules to which you object or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and cannot be counted by the agency for determining whether a public hearing must be held. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

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

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

Modifications. The proposed rules may be modified as a result of public comment. The modifications must be supported by comments and information submitted to the agency and the adopted rules may not be substantially different than these proposed rules. If the proposed rules affect you in any way, you are encouraged to participate in the rulemaking process.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. Copies of the statement may be obtained from the agency.

Impact on Agricultural Lands. The proposed rules will have no direct or substantial adverse impact on agricultural land.

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

Dated: 12 September 1996

Anne M. Barry
Commissioner of Health

4730.1510 REGISTRANT'S SAFETY REQUIREMENTS.

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

Subp. 3. **Individuals who may apply radiation.** Only those individuals who are licensed practitioners of the healing arts, or individuals who are qualified by training and experience have successfully passed an examination specified in parts 4730.5000 to 4730.5500 and who are under the direct supervision of a licensed practitioner of the healing arts, may intentionally apply radiation to an individual.

[For text of subs 4 to 13, see M.R.]

4730.5000 APPLICABILITY.

Except for an individual licensed under Minnesota Statutes, chapter 147, 150A, or 153, or sections 148.01 to 148.106, and rules adopted thereunder, after January 1, 1997, an individual operating X-ray equipment for use on humans must pass an examination as specified in parts 4730.5000 to 4730.5200 or part 4730.5400.

REPEALER. Minnesota Rules, part 4730.5400, subparts 2, 3, and 4, are repealed.

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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 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.

Department of Labor and Industry

Adopted Permanent Exempt Rules Relating to Medical Record Cost Reimbursement; Independent Medical Examination Fees; Adjustments

5219.0500 INDEPENDENT MEDICAL EXAMINATION FEES.

[For text of subs 1 to 3, see M.R.]

Subp. 4. **Adjustments.** On October 1, 1994, and on October 1 of each succeeding year, the fees in this part must be adjusted by the percentage determined under *Minnesota Statutes*, section 176.645, in the same manner as the conversion factor of the relative value fee schedule is adjusted under *Minnesota Statutes*, section 176.136. This provision does not apply to expenses under subpart 3, item E, subitem (1). The fees shall be adjusted as follows:

A. On October 1, 1994, the fees in this part shall be increased by 1.65 percent;

B. On October 1, 1995, the fees as adjusted in item A shall be increased by 2.64 percent; and

C. On October 1, 1996, the fees as adjusted in item B shall be increased by 3.76 percent.

Department of Public Safety

Adopted Permanent Rules Relating to Driver Education

The rules proposed and published at *State Register*, Volume 20, Number 48, pages 2558-2571, May 28, 1996 (20 SR 2558), are adopted with the following modifications:

Rules as Adopted

7411.0100 DEFINITIONS.

Subp. 2a. **Approving authority.** "Approving authority" means the commissioner of the Department of Public Safety or an authorized agent of the department. ~~The Department of Public Safety may request the assistance of the State Board of Education in the administration and enforcement of this chapter, provided however, that where a statute requires that an act be performed by the State Board of Education, then "approving authority" means the State Board of Education.~~

7411.0400 VEHICLE REQUIREMENTS.

Subp. 1a. **Equipment required.** A class A, class B, ~~or class C,~~ or class D vehicle used for driver education instruction must have an outside rearview mirror on each side of the vehicle, separate inside rearview or visor mirror for the instructor's use, and seat belts for each occupant of the vehicle as required by law. In addition:

Subp. 2. **Vehicle age; exemption.** Except as otherwise provided in this subpart, a program's class ~~C~~ D vehicle and a motorcycle used for driver education purposes may not be used for more than six years from the date it was first put into service and a class A ~~or class B, or class C~~ vehicle used for driver education purposes may not be used for more than ten years from the date it was first put into service. "The date first put into service" means the date the vehicle was first driven more than the limited driving necessary to move or road test the vehicle before delivery to a customer. If a vehicle is used by a dealer as a demonstration model, "the date first put into service" means the date the vehicle was first driven by a potential customer. If records are not available to show this date, then "the date first put into service" means the date of the beginning of the model year of the vehicle.

Subp. 4. **Marking.** While being used for laboratory instruction, class A, class B, ~~and class C,~~ and class D program vehicles must have signs conspicuously and legally displayed on the rear, with background and letters of contrasting colors stating "Student Driver." On vehicles used for class ~~E~~ D driver education, the lettering must be at least two but not more than five inches in height. On vehicles used for class A ~~and class B,~~ and class C driver education, the lettering must be at least ten inches in height. No other signs or advertising may be displayed without the approval of the approving authority. The sign, when used for public high schools, must be removed when the vehicle is used for purposes other than driver education instruction.

7411.0510 STUDENT AND COURSE REQUIREMENTS; CLASS A, B, ~~AND C,~~ AND D VEHICLES.

Subpart 1. **Scope.** This part applies to driver education in class A, class B, ~~and class C,~~ and class D vehicles and does not apply to driver education on motorcycles.

Subp. 2. **Required age and qualifications of students.** A driver education program may not offer class A driver education to a student who is not at least 18 years old and in possession of at least a class ~~E~~ D license.

A program may not offer class B or class C driver education to a student who is not at least 16 years old and in possession of at least a class ~~E~~ D license.

Subp. 6. **Concurrent classroom and laboratory instruction.** When a program conducts classroom and laboratory phases of instruction concurrently for those wishing to obtain a class ~~E~~ D license, the program may not provide laboratory instruction to a student until the student has completed at least 15 hours of classroom instruction. An authorized school operator or instructor may then complete a certificate of enrollment indicating when laboratory instruction will begin. The certificate must specify that the classroom instruction is being conducted concurrently with the laboratory instruction. The department accepts this certificate from the student at driver examination stations when the student is applying for an instruction permit. The program may not provide laboratory instruction to a student who has not obtained the instruction permit.

A program offering class A ~~and class B,~~ and class C driver education must have a concurrent course consisting of at least 40 hours of classroom instruction, 60 hours of laboratory instruction, and 60 hours of observation time for each student.

Subp. 9. **Laboratory schedule requirements.** A program:

C. and instructor, except for the education offered in class A ~~or class B,~~ or class C vehicles, shall not give a student more than 30 hours of laboratory instruction without the written authorization of the approving authority; and

Subp. 10. **Laboratory instruction requirements.** The following requirements apply to laboratory instruction:

F. A program offering class A ~~or class B,~~ or class C education shall provide a paved driving range of at least 90,000 square feet. If more than two class A vehicles are to be used on the driving range at the same time, an additional 45,000 square feet of driving range must be provided for each added motor vehicle, but the surface of the additional area need not be paved.

Subp. 13. **Education limitations.** After a student receiving class A ~~or class B,~~ or class C driver education has completed 50 percent of the required observation time, the program may offer the student up to 15 hours per day of observation time. If a student receives eight or more hours of observation time in a day, the student may not receive classroom or laboratory education that day.

Except as otherwise provided in this subpart or in other rule or statute, a program may offer a student who is receiving class A ~~or class B,~~ or class C driving education up to a total of eight hours of education per day.

7411.0610 INSTRUCTOR REQUIREMENTS.

Subp. 8. **Education for truck, bus, and automobile instructors.** The education requirements for an instructor who teaches a class A, class B, ~~or class C,~~ or class D vehicle driver education course are contained in this subpart. A licensed instructor must have satisfactorily completed a 40-hour course of driver and traffic safety education approved or supervised by the department or have satisfactorily fulfilled the licensure requirements of parts 8700.4901 and 8700.4902. An instructor for a certified program or public high school must have satisfactorily fulfilled the licensure requirements of parts 8700.4901 and 8700.4902. The department shall require instructors, except public high school instructors, to complete driver and traffic safety education periodically when these courses are approved or supervised by the department. A simulator instructor shall complete a course in simulation approved by the approving authority.

Subp. 9. **Tests for truck, bus, and automobile instructors.** The test requirements for an instructor, except a public high school instructor, who teaches a class A, class B, ~~or class C,~~ or class D vehicle driver education course are contained in this subpart.

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Official Notices

7411.0700 PROGRAM REQUIREMENTS.

Subp. 5. **Agreements and contracts.** Contractual requirements are as follows:

E. A contract must be limited to a maximum of ten hours of laboratory instruction, except for class A ~~or~~, class B, or class C driver education courses provided in item F. A contract may be renewable only by mutual agreement in writing in a manner and form approved by the commissioner. At the expiration of the original contract and each subsequent contract or renewal agreement for laboratory instruction, the instructor shall evaluate with the student the progress made and determine how much further education, if any, is necessary.

F. A contract for a review course in a class A ~~or~~, class B, or class C vehicle must be limited to 20 hours of laboratory instruction. Contracts for complete education courses in class A ~~or~~, class B, or class C vehicles must state that at least 40 hours of classroom education, 60 hours of laboratory education, and 60 hours of observation time will be provided for each student. The supervisor and the instructor shall evaluate the progress made with each student enrolled in a class A ~~or~~, class B, or class C education course after 40 hours of education, and shall then determine if the student can successfully complete the course. If a determination is made that the student cannot successfully complete the course, the program shall notify the commissioner in writing and may continue the education of that student only if authorized to do so in writing.

Subp. 11. **Certified programs; licensure and age conditions.** A certified or public high school program shall not employ a person as an instructor unless the person has satisfactorily fulfilled the licensure requirements of parts 8700.4901 and 8700.4902.

A certified program shall not offer a course in driver education to a student unless the student is not more than 18 years of age and the student is taking the course to qualify for a class ~~C~~ D instruction permit or driver's license or unless the program is conducted by a college, university, or high school as part of the normal program for that institution.

TERM CHANGES. To conform with Laws 1996, chapter 275, the revisor of statutes shall change "class C driver's license" to "class D driver's license" and change "class CC driver's license" to "class C driver's license," and similar words, terms, and phrases referring to those drivers' licenses, wherever else they appear in Minnesota Rules.

EFFECTIVE DATE. These amendments to *Minnesota Rules*, chapter 7411, are effective August 1, 1996.

Department of Veterans Affairs

Adopted Permanent Rules Relating to Soldiers Assistance Fund

The rules proposed and published at *State Register*, Volume 20, Number 23, pages 1284-1287, December 4, 1995 (20 SR 1284), are adopted as proposed.

Official Notices

Pursuant to the provisions of Minnesota Statutes §14.101, 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.

Department of Agriculture

Agronomy and Plant Protection Division

Notice of *Location Change* for the Minnesota Agricultural Chemical Response Compensation Board (ACRRA Board) Meeting

Notice of location change for the Minnesota Agricultural Chemical Response Compensation Board (ACRRA Board) meeting scheduled for October 16, 1996. The regularly scheduled ACRRA Board meeting will convene at 9:00 a.m. St. Paul Downtown/Holman Field Airport, 644 Bayfield, St. Paul, Minnesota, second floor conference room.

Should you require additional information, please call the ACRRA Program at (612) 297-3490.

Department of Agriculture

Agronomy and Plant Protection Division

Notice of Local Unit of Government Resolution to Develop a Local Implementation Proposal for Local Implementation of Portions of the State Pesticide Control Law

On September 10, 1996, the commissioner of agriculture received a copy of City Resolution 96-90 of the City of Dodge Center to develop a Local Implementation Proposal which was adopted by action of the City Council on August 13, 1996. This action begins the process described in *Minnesota Rule* Chapter 1505, through which the City may obtain delegation of authorities to implement portions of the State Pesticide Control Law.

Minnesota Rule Part 1505.4030 requires: "The commissioner shall, within 30 days of receipt of a copy of the resolution, provide notification of the local unit of government's resolution to the general public through publication of a notice in the *State Register*."

Metropolitan Airports Commission (MAC)

Notice of Public Hearing on General Traffic and Driving Rules on MAC Property

NOTICE IS HEREBY GIVEN that on the 9th day of October, 1996, at 1:00 p.m. in the Lindbergh Terminal Building at Minneapolis-St. Paul International Airport, Room 301, the Metropolitan Airports Commission will hold a public hearing to receive testimony relative to the adoption of:

Ordinance No. 80 - Repealing Ordinance Nos. 59 and 62

An ordinance to promote and conserve public safety, health, peace, convenience and welfare, by regulating the use of the properties owned by or under the supervision and control of the Metropolitan Airports Commission (MAC); applying certain Minnesota laws as they pertain to vehicles on MAC property (including any and all amendments to these laws); and repealing MAC Ordinance Nos. 59 & 62.

The Ordinance sets forth the general traffic and driving rules applicable to MAC property. The purpose of this ordinance is to make state traffic laws applicable to MAC property.

Copies of proposed Ordinance No. 80 may be obtained by contacting:

Margaret Crowe
Metropolitan Airports Commission
6040 - 28th Avenue South
Minneapolis, MN 55450
(612) 726-8197

Dated this 16th day of September, 1996.

Mr. Jeffrey W. Hamiel
Executive Director
Metropolitan Airports Commission
6040 - 28th Avenue South
Minneapolis, MN 55450

Department of Health

Public Hearing Regarding the Minnesota Department of Health Application to the Federal Department of Health and Human Services for Federal Fiscal Year 1997 Preventive Health and Health Services Block Grant Funding

The Minnesota Department of Health will sponsor a public hearing to obtain comment on its application for federal fiscal year 1997 Preventive Health and Health Services Block Grant funds. The draft application for those funds is available for inspection upon request.

Official Notices

The public hearing will be conducted as part of a meeting of the State Preventive Health Advisory Committee held Thursday, October 10, 1996 at the Minnesota Department of Health, Metro Square Building, 121 E. Seventh Place, St. Paul, Minnesota. The meeting and Public Hearing will begin at 1:00 p.m. in the Lower Level Room 56. Any person or group may submit either written or oral comments at the meeting.

Written comments may be submitted by October 9th to the address below.

For further information contact:

Debra Burns, Section Manager
Health Systems Development
Minnesota Department of Health
121 East Seventh Place
P.O. Box 64975
St. Paul, Minnesota 55164-0975
(612) 296-8209

Department of Human Services

Notice of Formation of Parental Fee Advisory Committee

Laws of Minnesota 1996, Chapter 451, Article 2, section 57, authorizes the Commissioner of Human Services to study and report to the Minnesota Legislature, by January 15, 1996, the advisability and feasibility of compensating clients on Medical Assistance, General Assistance Medical Care and MinnesotaCare if a client has successfully reversed a private insurer's denial of health insurance. The report will also include recommendations on reducing the parental fees under *Minnesota Statutes*, section 252.27, subdivision 2a, if a parent has successfully reversed a private insurer's denial of insurance.

The Commissioner of Human Services is seeking persons, including clients, advocates, other interested persons and the 1996 Parental Fee Advisory Committee, to assist in this study. The Department will hold meetings in early November. Please note: Participants will not be reimbursed for serving on the advisory committee.

Persons wishing to assist in the study should send a letter of interest no later than October 25, 1996. The letter should include a description of the person's qualifications, interest or experience in this area and should be sent to Shelly Engle, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155-3848. (612) 297-7011. Please note: Members of the 1996 Parental Fee Advisory Committee do not need to reapply to assist with the study.

Department of Labor and Industry

Labor Standards Division

Notice of Prevailing Wage Certifications for Commercial Construction Projects

Effective September 30, 1996 prevailing wage rates were determined and certified for commercial construction projects in the following counties:

Crow Wing: Mission Township Fire Hall Expansion-Mission Township.

Dakota: Rosemount Senior Housing-Rosemount.

Hennepin: HCMC Comprehensive Cancer Care Center-Minneapolis.

Polk: MN DOT Fishers Landing Rest Area - HVAC-Crookston; MN DOT Headquarters - Boiler & Piping-Crookston.

Ramsey: Asbestos Removal Building "A" - Metropolitan State University-St. Paul; Como Park Conservatory - Phase One: Utility Work-St. Paul.

Renville: Reroofing Interpretive Center, Lower Sioux Agency-Morton.

St. Louis: ROTC Building Thermal Insulation - U of M Duluth-Duluth; Husky Manufacturing Building - Tower Business Park-Tower; Voss Kovach Hall Elevator Modernization - U of M Duluth-Duluth; Lake Superior Hall Elevator Modernization - U of M Duluth-Duluth.

Stearns: Ventilation Upgrades - Education Building-St. Cloud.

Wabasha: Wabasha Truck Station - Water & Sewer Connection - MN DOT-Wabasha.

Washington: MN DOT Oakdale Headquarters - Chiller Replacement-Oakdale.

Watsonwan: Asbestos Abatement - Watsonwan County Courthouse-St. James.

Copies of the certified wage rate for these projects may be obtained by writing the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155-4306. The charge for the cost of copying and mailing are \$1.36 per project. Make check or money order payable to the State of Minnesota.

Gary W. Bastian, Commissioner

Department of Natural Resources (DNR)

Notice of Intent to Add Areas to State Metallic Minerals Preference Rights Lease Availability List

NOTICE IS HEREBY GIVEN of the intent to add areas to the preference rights lease availability list on November 1, 1996. Leases to explore for, mine and remove metallic minerals may be obtained by application for all lands included on the preference rights lease availability list. Included in the areas to be added to the list may be trust fund lands, lands and minerals forfeited for non-payment of taxes, lands and minerals otherwise acquired, and other state-owned land under the jurisdiction of the Commissioner of Natural Resources, and located in portions of Aitkin, Beltrami, Carlton, Crow Wing, Itasca, Koochiching, Lake, Roseau, and Saint Louis Counties. No land or water areas within the Boundary Waters Canoe Area Wilderness or Voyageurs National Park are included in the areas to be added to the preference rights lease availability list.

The preference rights leasing system is in addition to the public lease sale process. All lands to be added to the preference rights availability list have been offered at a public lease sale within the last two years.

The preference rights availability list will be maintained in the office of the Division of Minerals, Department of Natural Resources, 500 Lafayette Road, Saint Paul, Minnesota 55155-4045. The list will be available for inspection by the public and interested parties during regular business hours. Those interested in obtaining a copy of the preference rights availability list may obtain one by submitting a request to the Commissioner. The Commissioner shall charge a fee for each copy of the list based on copying and mailing costs.

Information on procedures and applications for a preference rights lease may be obtained from the Commissioner of Natural Resources, c/o Division of Minerals, 500 Lafayette Road, Saint Paul, Minnesota 55155-4045 (telephone 612-296-4807). Each application must be accompanied by a certified check, cashier's check, or bank money order, payable to the Department of Natural Resources in the sum of the following amounts: a) an application fee of \$100.00 for each mining unit for which a preference rights lease is requested; and b) rental for one full calendar year for each mining unit for which a preference rights lease is requested.

Applications may be submitted in person or by mail to the office of the Division of Minerals, Fourth Floor, DNR Building, 500 Lafayette Road, Saint Paul, Minnesota 55155-4045. Applications will only be accepted during the hours of 8:30 a.m. to 4:00 p.m. on regularly scheduled business days. Applications received at any other time will not be officially accepted until the next regularly scheduled business day, and the Commissioner assumes no responsibility for applications submitted in person at any time other than the time specified.

Evidence of qualification to hold a state mineral lease, as specified in *Minnesota Rules*, part 6125.0410, must be submitted with the application. The rules state that a lease will only be issued to an applicant qualified to do business in Minnesota and qualified to conduct exploratory borings in Minnesota. Within ten days after receipt of an application, the Commissioner will send written acknowledgment that the application was received. The Commissioner may request evidence that the lease applicant is technically and financially capable of performing under the terms of a state mineral lease. The requested evidence must be provided within 45 days of the request from the Commissioner or the application will be rejected.

A lease shall be awarded by the Commissioner, with the approval of the State Executive Council, to the first qualified applicant who files an application that is not rejected. The right is reserved to the State, through the Executive Council, to reject any and all applications for preference rights leases. Preference rights leases shall be in the form set out in *Minnesota Rules*, part 6125.0700. The rental and royalty rates shall not be less than prescribed in *Minnesota Rules*, part 6125.0700. Upon the award of a lease, the application fee submitted with the application will be deposited with the State Treasurer as a fee for the lease. If the application for a preference rights lease is rejected, the rental payment accompanying the application will be returned to the applicant. The application fee will not be refunded under any circumstances.

Official Notices

The purpose of Minnesota's metallic minerals rules is to promote and regulate the prospecting for, mining and removal of metallic minerals on state-owned and state-administered lands. These rules, and the leases issued under the rules, authorize exploration and development of these minerals and impose certain requirements on the lessee. The requirements include: the payment of minimum rentals which increase with the passage of time, the payment of royalty for all ore mined and removed, the submission of data and other reports, and the submission of exploration plans. In addition, the state lessee must comply with all applicable regulatory laws.

Dated: 30 September 1996

Rodney W. Sando, Commissioner
William C. Brice, Director
Division of Minerals
Department of Natural Resources
Saint Paul, Minnesota

Department of Public Service

Notice of Public Meeting and Solicitation of Outside Comment and Opinions

NOTICE IS HEREBY GIVEN that a public meeting will be held by the Minnesota Department of Public Service (the Department) regarding the Department's proposed 1996 Energy Policy and Conservation Report (Energy Report) submitted to the Minnesota Legislature as required by *Minnesota Statutes* Section 216C.18. The public meeting will be held at the University of Minnesota, Earle Brown Continuing Education Center, 1890 Buford Avenue, St. Paul, MN 55108, on October 15, 1996, at 10:00 a.m. This public meeting is required by *Minnesota Statutes* 216C.18, subd. 2.

At said time and place the Department shall give all parties who appear an opportunity to express their views with respect to the proposed Energy Report.

Interested persons are also invited to attend a discussion sponsored by the Department on issues related to electric competition that will take place immediately before the hearing, beginning at 8:15 a.m., with registration from 8:00 - 8:15 a.m. at the Earle Brown Center.

Any written or oral comment received by the Department shall become part of the record in the development of the Energy Report.

U.S. Department of Agriculture

Soil Conservation Service

Notice of Minnesota Farm Bill Public Forum for Input on the 1996 Farm Bill Legislation

The USDA Farm Services Agency and the Natural Resources Conservation Service is holding a Minnesota Farm Bill Public Forum to get input from the public about 1996 Farm Bill legislation including CRP, EQIP, HEL, WRP and Wetlands.

Date: October 15, 1996
Time: 9:00 a.m. to 3:00 p.m.
Where: St. Cloud Civic Center
Stockinger Suite
10 4th Avenue South
St. Cloud, MN 56301

Contact persons for this forum are:

William Hunt, State Conservationist, NRCS at 612-290-3675.
Wally Sparby, State Executive Director, Farm Services Agency, at 612-290-3651.

State Grants and Loans

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

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

Department of Corrections

Notice of Availability of Funds for Services to Victims of Crime

The Minnesota Department of Corrections, Victims Services Unit, announces the availability of state and federal grant funds for community-based programs, programs servicing traditionally underserved populations and special time-limited projects that provide services to battered women and sexual assault victims.

The following grants are for the six-month period from January 1, 1997, through June 30, 1997. Applications are due on *Thursday, November 14, 1996*.

Battered Women Services

1. **Criminal Justice Intervention Services:** One grant of \$20,000 is available to establish criminal justice intervention services for battered women in unserved counties and on unserved American Indian reservations. Nonprofit and tribal organizations that have programming specifically designed to address the needs of battered women are eligible to apply. The successful applicant may be eligible to apply for continued funding of \$27,000 in FY98.
2. **Expansion of Services for African American Battered Women:** One grant of \$45,000 is available to support the recommendations of the African American needs assessment special project, for expansion of services for African American battered women in the seven-county Twin Cities metropolitan area. Applicant organizations must have a history of and commitment to serving African American battered women. Nonprofit organizations are eligible to apply.
3. **Regional Training:** One grant of \$7,500 is available to provide regional training sessions on child welfare and domestic abuse for rural battered women's programs. Nonprofit organizations that have a primary mission of serving battered women are eligible to apply.
4. **Criminal Justice Intervention Training:** One grant of \$10,000 is available to provide training and technical assistance for up to four new battered women criminal justice intervention programs. Nonprofit organizations that have a primary mission of serving battered women are eligible to apply.

Sexual Assault Services

1. **Services for Metro-area American Indian Communities:** One grant of up to \$30,000 is available to establish new services to American Indian communities in the Minneapolis/St. Paul metropolitan area. Nonprofit organizations that have a primary mission of serving American Indian communities; and Indian tribal organizations, local units of government and nonprofit sexual assault programs that work in collaboration with American Indian women are eligible to apply. The successful applicant may be eligible to apply for continued funding of \$37,000 in FY98.

To receive a request for proposals that provides complete information and describes how to apply, contact: **Minnesota Department of Corrections, Victim Services Unit, 1450 Energy Park Drive, Suite 200, St. Paul, Minnesota 55108-5219** or call (612) 642-0251, (800) 657-3679 outside the Twin Cities metropolitan area, or TTY at 612/643-3589.

Department of Human Services

Notice of Availability of Funds for Restructuring Existing Mental Health Services for Adults

The Minnesota Department of Human Services (DHS) announces the availability of funding to be used in the restructuring of existing mental health services for adults who have a mental illness and are deaf or hard of hearing. The Department plans to fund a single project to provide a range of mental health services in the greater metropolitan area, including residential treatment services and community support services. The grantee will receive an award for both CY (Calendar Year) 1997 and 1998 (January 1, 1997 through December 31, 1998). The annual grant award is expected to be approximately \$570,000 per year.

This notice does not obligate the state to complete the project. The State reserves the right to cancel the solicitation if it is considered to be in its best interest.

Applications must follow DHS format, and are due by 4:00 p.m. on November 1, 1996. Interested parties should contact John A. Anderson (612/296-7836) at DHS for application instructions and forms.

State Grants and Loans

Department of Human Services

Notice of Request for Proposals for a Southeast Asian Public Awareness and Community Capacity Project for a Compulsive Gambling Treatment Program

Context/Background

This request for proposals is the result of recommendations from various agencies working with the Southeast Asian communities, results of surveys identifying issues in the communities, the Department of Human Service's committee for the Children of Color Initiative and the Mental Health Division's gambling program's commitment to dedicate some funds for an education and public awareness effort concerning the problems created by compulsive gambling. Particular concern has been expressed about the involvement of Southeast Asian youth in gambling activities as well as the negative impact on them when family members and other significant persons are involved in inappropriate gambling activities.

Funding is made available through a one time appropriation made by the Minnesota Legislature. In addition, the Department will provide two 80% (\$1,120) scholarships for the spring 1997 sixty hour training conducted by the Minnesota Council on Compulsive Gambling.

Funding Available

A maximum of \$25,000 in state funding is available for this project. The project is expected to begin on November 15, 1996 and end June 30, 1997. While the state's preference is to fund only one collaborative project, smaller, individual projects at a lower funding level will be considered.

Overall Purpose of the Project Described in this RFP

The basic purpose for this project is to assist the Southeast Asian communities in continuing to develop community ownership and a capacity to offer culturally specific and competent education, prevention, intervention, treatment and recovery support services concerning problem gambling. While it is understood that any project must involve all segments of a community in order to be successful, applicants have considerable discretion in designing the project. However, the project must address prevention and education efforts to children and adolescents within the Southeast Asian communities.

Project Tasks

1. Develop and conduct a public awareness/education campaign to the Southeast Asian communities regarding compulsive gambling that is culturally specific.
2. Utilize content of the sixty hour training and existing knowledge and skill in both the development and utilization of culturally specific materials including but not limited to the translation of curriculum and training of additional community resources;
3. Develop a strategy and plan that will build a sense of community ownership and empowerment;
4. Maintain a focus on children and youth as the ultimate beneficiary of the project;
5. Strengthen the existing level of collaboration and partnerships;
6. Ensure the continuation of the intent if not the actual project after July 1, 1997 through both a commitment of financial support and incorporation in day-to-day program operations;
7. Submit quarterly progress and fiscal reports and a final report indicating progress made toward achieving goals of the project, an accounting of project expenditures and recommendations for other actions that will build on existing community capacity.

Proposal Contents

In order to be considered for this project the following will be viewed as minimum contents of the proposal:

1. Respondent's understanding of the problems or issues to be addressed within the context of the culture(s) represented;
2. A statement of achievable objectives;
3. A description of any agreements relating to collaboratives, partnerships and/or coalitions;
4. A description of a work plan with specific tasks and timelines, responsibilities and how progress will be monitored;
5. A description of the results that can be built on and how the goals of the project will be maintained after July 1, 1997 including any monetary commitments that have been made or plans to seek continuation funding and, plans to continue the intent of the project within an existing agency's program operations;
6. A line item description of project costs including any external funding and/or in kind resources and any sub-contracts if applicable;

7. A description of the applicant's history in working with the community(ies) addressed in the project, previous collaborative efforts, three references; and
8. A statement indicating that applicant will use the two training scholarships held for this project.

Review/Evaluation Process

All proposals received by the deadline will be reviewed by a committee consisting of representatives of the Department of Human Services and other state agencies, and non-competing or non-vested persons who are knowledgeable about human service needs in Southeast Asian communities, organizational development, funding and service delivery. A face-to-face interview may be required as part of the evaluation process.

Proposals will be evaluated based on the following weighted factors:

1. Understanding of the project's goals as evidenced by the statement of objectives and tasks—10%;
2. Project work plan—ability to demonstrate a clear plan of action to successfully implement the project and achieve the goals including a delineation of how collaboration or partnering will occur, how all segments of the community will be involved and how this project will be integrated into ongoing applicant operations, if applicable—50%;
3. Procedures to ensure client confidentiality; demonstration of knowledge of federal and state laws regarding data privacy—5%;
4. Qualifications of personnel, whether individual, agency or sub-contractors, including knowledge of the cultures addressed in the proposal and prior experience working with them—20%;
5. Evidence of the availability of continuation funding or a plan to obtain it—10%; and
6. Reasonableness of the proposed budget demonstrating how the available funds will be used including the extent of matching funds and/or in-kind resources—5%.

Staff of the Department of Human Services and an advisory panel of persons from outside the Department will review the proposals. It is intended that the review and selection will be completed by November 8. Results will be sent immediately by mail to all applicants.

Submittal of Proposals

Proposals in response to this Request for Proposals (RFP) must be submitted in the format described in the Proposals Content Section. Upon request, this information will be made available in an alternative format such as Braille, large print or audio tape.

An original and five copies of the proposal must be received no later than 4:00 p.m. Monday, October 28, 1996. Mail or deliver to:

DHS Gambling Program
Mental Health Division, 3rd Floor South
444 Lafayette Road
St. Paul, Minnesota 55155-3828

Late proposals will not be accepted. The original and each copy of the proposal must be signed, in ink, by the respondent or an authorized member of the respondent team. Prices and terms of the proposal must valid for the length of the proposal. Proposals must be submitted in a sealed mailing envelope or package with the responder's name and address clearly written on the outside. The form "Proof of Human Rights Certificate or Affidavit of Exemption" must be attached to the outside of the envelope or package. A copy of these requirements is available on request.

This Request for Proposals does not obligate the State to complete the project, enter into a contract or to accept the lowest cost proposal. The State also reserves the right to cancel the solicitation if it is considered to be in the best interest of the State. The State of Minnesota shall not be held responsible for any costs incurred in the preparation or submission of proposals.

There will not be a proposer's conference.

Department Contact

Questions regarding this Request for Proposals may be addressed to Jay Bambery by phone at 612-296-3923 or at the address listed for submittal of proposals. No other state personnel are authorized to respond to questions regarding this RFP.

Dated: 30 September 1996

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.

In accordance with *Minnesota Rules Part 1230.1910*, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a 6% preference in the evaluation of their proposal. For information regarding certification, call the Materials Management Helpline (612)296-2600 or [TDD (612)297-5353 and ask for 296-2600].

Department of Administration

Real Estate Management Division

Wanted to Buy or Lease Residential Properties in Rice and Steele Counties

The State of Minnesota is interested in the following in Rice and Steele Counties: 1) buying or leasing *existing* 3 & 4 bedroom rambler style homes; 2) leasing *newly constructed* 4 bedroom rambler style homes; and 3) buying residential lots. If you own or develop such properties and are interested in selling or leasing, or have an exclusive listing on such properties, please send information to the Department of Administration, Room 309, 50 Sherburne Avenue, St. Paul, MN 55155. Call (612) 296-2278 if you have any questions regarding this request for information.

Minnesota State Arts Board

Request for Proposals for Program Evaluation

The Minnesota State Arts Board is seeking proposals from qualified individuals and firms to design and implement an evaluation of its Arts in Education (AIE) Program. The contract for service will be limited to \$5,000.

The primary objectives of the Contract will be to:

- 1) Clarify program goals as they relate to the current arts in education field;
- 2) Determine client satisfaction and effectiveness of program; and
- 3) Conduct an arts education needs assessment for schools and arts organizations.

The Arts Board's AIE Program includes two grant programs: School Support, offering assistance to K-12 Minnesota educational organizations for artist residencies; and Organizational Support, underwriting portions of Minnesota art organizations' artist residency programs.

Successful candidates will have excellent written and oral communication ability, plus a proven track record of successful program evaluations. The ideal candidate will have a current knowledge of arts education trends in Minnesota and nationally.

Proposals must be received by the Minnesota State Arts Board no later than 4:30 p.m., October 14, 1996. Late proposals will not be accepted.

Department of Transportation

Finance and Administration Division

Notice of Availability of a Contract for Professional Services to Develop an Interactive Multimedia Training Course for CD-ROM

The Department of Transportation is requesting proposals for a qualified vendor to identify requirements in the development of an interactive training course for CD-ROM from a preexisting training series called "Geometric Design Video Training." The vendor will produce a needs analysis, preliminary design, detailed instructional and architectural design, detailed marketing plan for national and international distribution, cost and earnings (shared, partnership, individual), and lesson production (3 or more Mn/DOT designated

Non-State Public Bids, Contracts & Grants

modules). The department estimates that the cost of this project need not approach but shall not exceed \$74,000.00 (Seventy-four thousand dollars.) It is anticipated that the contract period will begin on December 15, 1996 and continue through September, 1997.

For further information, or to obtain a copy of the completed Request for Proposal contact:

Lonnie P. Cowherd, Employee Development
Mail Stop 200, 395 John Ireland Boulevard
St. Paul, MN 55155

Phone: 612-296-3101
FAX: 612-297-7944

Proposals must be received at the above address no later than 4:00 p.m. on October 25, 1996. This request does not obligate the State of Minnesota, Department of Transportation to complete the work contemplated in this notice, and the department reserves the right to cancel this solicitation. All expenses incurred in responding to this notice shall be borne by the responder.

Non-State Public Bids, Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector.

It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact the editor for further details.

Minnesota Comprehensive Health Association

Notice of Request for Proposals for Audit and Tax Services

The Minnesota Comprehensive Health Association (Association) has prepared a Request for Proposal for multi-year audit and tax services beginning for fiscal year ending December 31, 1996. MCHA is an independent, nonprofit Minnesota corporation created by the Minnesota Legislature in 1976 to provide individual health insurance policies for Minnesota residents who are unable to purchase health coverage in the commercial market because of pre-existing health conditions. MCHA is regulated by the Minnesota Department of Commerce, but is not a state agency and receives no state funding.

Proposals must be received by October 18, 1996. Prospective responders who have questions or would like a complete Request for Proposal may call or write:

Minnesota Comprehensive Health Association
Lynn R. Gruber
Executive Director
Suite 910
St. Louis Park, MN 55416
(612) 593-9609

Metropolitan Council Environmental Services

Public Notice for Letters of Interest for Professional Services for Industrial Rate System Study

NOTICE IS HEREBY GIVEN that the Metropolitan Council Environmental Services (MCES) is soliciting qualifications for professional services for the Industrial Rate System Study (MCES Contract Number C-3180). The project goals are to review costs for wastewater services borne by industrial users, research functions and development of optional industrial rate systems, and develop a computer model for future use by MCES in analyzing cost allocation components and industrial user rates. This project is to be completed by September 1997. The cost of professional services shall not exceed \$90,000.

The scope of professional services includes: analyzing existing MCES industrial rate system, investigating industrial rate systems used by other Publicly Owned Treatment Works, developing potential options for the MCES, and reporting/presenting findings related to the Industrial Rate System Study. The computer model shall include all software and training of MCES staff. This model shall enable the MCES staff to determine cost allocations and industrial rates.

The tentative schedule for selecting a consulting firm for the Industrial Rate System Study is as follows:

Receive Letters of Interest	September/October 1996
Request For Proposals (RFP) issued	September/October 1996
General Informational Meeting	October 1996
Proposals Received	October 1996
Determine shortlist of firms from proposals received	October 1996
Interview shortlisted firms	October 1996
Select Consultant	October 1996
Negotiate final Contract Agreement	November 1996
Notice To Proceed given	November 1996

All firms interested in being considered for this project are invited to submit a Letter of Interest asking for the Request For Proposals (RFP) package.

All inquiries are to be addressed to:

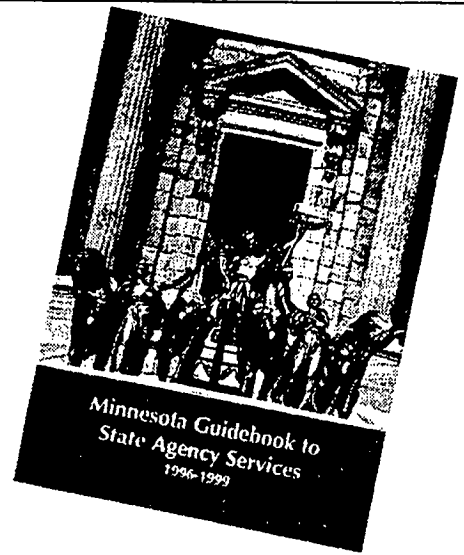
Administrative Assistant, Contracts & Documents Division
Metropolitan Council Wastewater Services
Mears Park Centre
230 East Fifth Street
St. Paul, MN 55101
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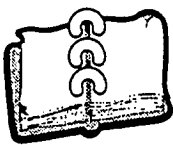
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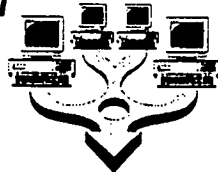
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* Please Note: The **CDROM** edition of the Guidebook is currently in production. **Anticipated delivery Sept. 16.** Checks/credit card orders for CDROM purchases will NOT be processed until CDROM available.



Admin MINNESOTA

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