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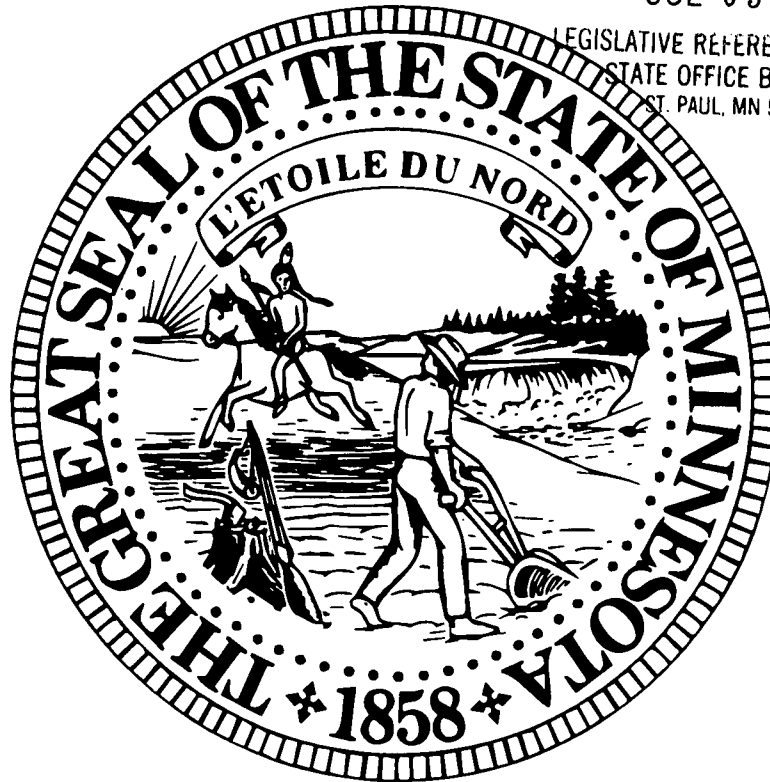
The Minnesota
**State
Register**

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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.

Printing Schedule and Submission Deadlines

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
# 2	Monday 8 July	Monday 24 June	Friday 28 June
# 3	Monday 15 July	Friday 28 June	Monday 8 July
# 4	Monday 22 July	Monday 8 July	Monday 15 July
# 5	Monday 29 July	Monday 15 July	Monday 22 July

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Joanne E. Benson, Lt. Governor 612/296-3391	Judi Dutcher, State Auditor 612/297-3670	Michael A. McGrath, State Treasurer 612/296-7091
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PUBLISHING NOTICES IN THE *State Register*: State agency submissions must include a "State Register Printing Order" form, and with contracts for professional, technical and consulting services a "Certification/Internal Contract Negotiation" form. Non-State Agencies should submit TWO COPIES, with a letter on your letterhead stationery requesting publication and date to be published. FAXED submissions to 612-297-8260 are received to meet deadline requirements, followed by originals and applicable forms or letters to be accepted. The charge is \$80.00 per page, billed in tenths of a page (columns are seven inches wide). About 2-1/2 pages typed double spaced on 8-1/2"x11" paper equal one typeset page in the *State Register*. Submit TWO COPIES of your notice, typed double-spaced. Contact the editor if you have questions.

An "Affidavit of Publication" can be obtained at a cost of \$5.00 for notices published in the *State Register*. This service includes a notarized "Affidavit of Publication" and a copy of the issue of the *State Register* in which the notice appeared.

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- *State Register* (published every Monday, or Tuesday if Monday is a holiday) One year subscription: \$150.00
- *Contracts Supplement* (published every Tuesday, Wednesday, Friday) One year subscription: \$125.00 via first class mail, \$140.00 via fax or through our On-Line Service via your computer modem. For a free sample demo of the On-Line Service call via your modem: 612/821-4096. Access item "S": *State Register* Modem parameters 8-N-1 1200/2400. On-Line users agree not to redistribute without authorization.
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- "Commodity Contract Awards Reports," - lists awards of contracts and bids published in the Tuesday-Wednesday-Friday "Contracts Supplement" - published every two weeks, \$5.00 per individual report, plus \$3.00 shipping if applicable. Order stock # 99-42. Six-month subscriptions cost \$75.00. Appears every two weeks. Order stock # 90-14. Available in hard copy format only.
- "Professional-Technical-Consulting Award Reports," - monthly listing of previous month's awards of contracts and RFPs appearing in Monday's "State Register" magazine. Individual copies are \$15.00 per report, plus \$3.00 shipping if applicable. Order stock # 99-43. Six-month subscriptions cost \$75.00. Appears monthly. Order stock # 90-15. Available in hard copy format only.

FOR LEGISLATIVE NEWS

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

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

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

Minnesota Rules: Amendments & Additions		Nursing Home Administrators Board of Examiners	
Volume 21, issues #1-2.....	42	Comments sought on planned amendment of rules on licensure and discipline of nursing home administrators....	64
Proposed Rules		DUAL NOTICE:	
Health Licensing Boards		Trade and Economic Development Department Health Department	
Infection control by the Board of Chiropractic Examiners, the Board of Dentistry, the Board of Medical Practice, the Board of Nursing, and the Board of Podiatric Medicine..	43	Comment sought on planned rule revision of the drinking water revolving fund.....	65
Human Services Department		Transportation Department	
Family community support services and therapeutic support of foster care	48	Information sought on Nova: Minnesota Guidestar strategic plan.....	66
Executive Orders		Professional, Technical & Consulting Contracts	
Office of the Governor		Health Department	
Emergency executive order # 96-12: Providing for assistance to the City of Victoria.....	57	Proposals sought to provide technical assistance to the Minnesota Department of Health in the development of a plan for risk adjustment for the State of Minnesota administered public health care programs	68
Emergency executive order # 96-13: Providing for assistance to the Department of Natural Resources in Northern Minnesota.....	57	Hennepin Technical College	
Official Notices		Proposals sought for child care services at Hennepin Technical College.....	68
Accountancy Board		Human Services Department	
Comments sought on planned amendment to rules for administration, examination, licensing, professional conduct, continuing professional education and practice monitoring	58	Willmar Regional Treatment Center seeks psychiatric services	69
Chiropractic Examiners Board		Natural Resources Department	
Comments sought on planned rules for criteria for membership on the Peer Review Committee	60	Fish and wildlife habitat stamp art contests.....	69
Minnesota Health Care Commission		Non-State Public Bids, Contracts & Grants	
Public testimony sought on Health Technology Advisory Committee report on cadaver donor pancreas transplantation for poorly controlled Type I diabetes	60	Metropolitan Council	
Health Department		Proposals sought for para-transit vehicles	70
Comment sought on planned rules for the examination of an individual operating an x-ray machine.....	61	The Professional-Technical-Consulting Contract Award Reports is published monthly.	
Community meeting on request for proposal process for HIV/STD funding.....	62	The <i>State Register Contracts Supplement</i> with commodities and price contracts advertised by the state is published every Tuesday, Wednesday and Friday. Award results are currently only available from the Materials Management Helpline.	
Higher Education Facilities Authority		Individual copies and subscriptions for both publications are available through Minnesota's Bookstore, (612) 297-3000 or 1-800-657-3757.	
Public hearings on revenue obligations on behalf of:		Vendors interested in responding to the commodity and price contracts advertised in the Contracts Supplement should contact the Department of Administration Materials Management Division Helpline 612/296-2600.	
Gustavus Adolphus College	62		
Hamline University Board of Trustees.....	62		
Human Services Department			
Individuals sought who are interested in participating on a Foster Care Studies Task Force	63		

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.

Volume 21, issues #1-2

Arts Board

1900.0110; .0210; .0310; .0410; .0510; .0610; .0710; .0810; .0910; .1010; .1110; .1210; .1310; .1410; .1510; .1610; .1710; .1810; .1910; .2010; .2110; .2210; .2310; .2410; .2510; .2610; .2710; .2810; .3110; .3210; .3310; .3410; .3510; .3610; .3710; .3810; .3910; .4010; .4110 (adopted).....	5
1900.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000; .1100; .1200; .1300; .1400; .1500; .1600; .1700; .1800; .1900; .2000; .2100; .2200; .2300; .2400; .2500; .2600; .2700; .2800; .2900; .3000; .3100; .3200; .3300; .3400; .3500; .3600; .3700; .3800; .3900; .4000; .4100; .4200; .4300; .4400; .4500; .4600; .4700; .4800; .4900; .5000; .5100; .5200; .5300; .5400; .5500; .5600; .5700; .5800; .5900 (repealed).....	5

Health Department

4688.0005; .0010; .0030; .0040; .0050; .0060; .0070; .0080; .0090; .0100; .0110; .0120; .0130; .0140; .0150; .0160 (adopted).....	6
--	---

Health Licensing Boards

6950.1000-.1090 (proposed).....	43
---------------------------------	----

Human Services Department

9505.0326; .0327 (proposed).....	48
----------------------------------	----

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.

Health Licensing Boards

Proposed Permanent Rules Relating to Infection Control by the Board of Chiropractic Examiners, the Board of Dentistry, the Board of Medical Practice, the Board of Nursing, and the Board of Podiatric Medicine

Notice of Intent to Adopt a Rule Without a Hearing

Proposed Rule Governing Infection Control Standards, *Minnesota Rules* 6950.1000 - 6950.1090.

Introduction. The Minnesota Boards of Chiropractic Examiners, Dentistry, Medical Practice, Nursing, and Podiatric Medicine (hereinafter Boards), intend to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedures Act, *Minnesota Statutes*, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rule and may also submit a written request that a hearing be held on the rule. The 30 day period ends on August 9, 1996.

Agency Contact Person. Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to: Lois E. Mizuno, Chair, Infection Control Steering Committee, Board of Podiatric Medicine, Suite 40, 2700 University Avenue West, St. Paul, MN 55114-1080, (612) 642-0401, Speech/Hearing Relay (612) 297-5353 or 1-(800)-627-3529.

Subject of Rule and Statutory Authority. The proposed rule is about infection control standards for individuals regulated by the above named Boards. The statutory authority to adopt this rule is *Minnesota Statutes*, section 214.24 subd. 4. which authorizes joint rulemaking by the above named boards. A copy of the proposed rule is published in the *State Register* and is attached to this notice as mailed.

Comments. You have until 4:30 p.m. on August 9, 1996, to submit written comment in support of or in opposition to the proposed rule and 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 comment should identify the portion of the proposed rule 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 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 August 9, 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 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 request in writing. If enough requests for a 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 with-

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

drawal, 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.

Modifications. The proposed rule 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 rule may not be substantially different from the proposed rule. If the proposed rule affects 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 rule, including a description of persons likely to be affected by the proposed rule and an estimate of the probable cost of the proposed rule.

Resubmission of Proposed Rule. In January 1996, the Attorney General's Office denied approval of the proposed rules governing infection control standards because of failure by the Boards to meet procedural requirements under *Minnesota Statutes*, Chapter 14. One board did not mail the Notice of Intent to Adopt Rules Without a Public Hearing to persons registered for that purpose. The Boards are reinitiating joint rulemaking in the belief that the public is better served if the Boards have uniform infection control standards for the professions they regulate.

Adoption and Review of Rule. If no hearing is required, the Boards 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 be placed on the mailing list of one or more boards to obtain notice of future rulemaking, submit your request to the board or to the listed contact person.

Larry A. Spicer
Executive Director
Board of Chiropractic Examiners

Robert A. Leach
Executive Director
Board of Medical Practice

Lois E. Mizuno, Executive Director
Board of Podiatric Medicine

Patricia H. Glasrud
Executive Director
Board of Dentristry

Joyce M. Schowalter
Executive Director
Board of Nursing

Rules as Proposed (all new material)

6950.1000 STATEMENT OF PURPOSE.

Parts 6950.1000 to 6950.1090 are intended to promote the health and safety of patients and regulated persons by reducing the risk of transmission of HBV and HIV in the provision of health care through the use of universal precautions and other infection control procedures.

6950.1010 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 6950.1000 to 6950.1090 have the meanings given in this part and *Minnesota Statutes*, section 214.18.

Subp. 2. **Clinical practice location.** "Clinical practice location" means a site at which a regulated person practices.

Subp. 3. **Contaminated.** "Contaminated" means the presence or the reasonably anticipated presence of potentially infectious materials on an item or surface.

Subp. 4. **Decontamination.** "Decontamination" means the removal, inactivation, or destruction of HBV and HIV on a surface or item to the point where HBV and/or HIV are no longer capable of causing infection and the surface or item is rendered safe for barehanded touching, use, or disposal.

Subp. 5. **Exposure incident.** "Exposure incident" means that a person has eye, mucous membrane, nonintact skin, or parenteral contact with potentially infectious materials at a clinical practice location.

Subp. 6. **High-level disinfection.** "High-level disinfection" means the elimination of viability of all microorganisms except bacterial spores.

Subp. 7. **Infection control requirements.** "Infection control requirements" means the requirements of parts 6950.1000 to 6950.1090 and *Minnesota Statutes*, sections 214.17 to 214.25.

Subp. 8. **Parenteral.** "Parenteral" means taken into the body in a manner other than through the digestive canal.

Subp. 9. **Personal protective equipment.** "Personal protective equipment" means any equipment or overclothes that reduce the risk of a person's clothing, skin, eyes, mouth, or other mucous membranes coming into contact with potentially infectious materials

at a clinical practice location. Personal protective equipment includes, but is not limited to, aprons, clinic jackets, eyeglasses with shields, face shields, foot and leg coverings, gloves, gowns, lab coats, and masks.

Subp. 10. **Potentially infectious materials.** "Potentially infectious materials" means:

- A. human blood, human blood components, and products made from human blood;
- B. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- C. any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- D. HIV-containing cell, tissue, or organ cultures, HIV- or HBV-containing culture media or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Subp. 11. **Sharps.** "Sharps" means objects that can penetrate the skin. Sharps include, but are not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Subp. 12. **Sterilization.** "Sterilization" means the destruction of all microbial life, including bacterial spores.

6950.1020 COMPLIANCE WITH INFECTION CONTROL REQUIREMENTS.

Subpart 1. **Scope of responsibility.** A regulated person must comply with infection control requirements to the extent that the regulated person has responsibility for, or jurisdiction and control over, a specific infection control procedure to which the requirements apply.

Subp. 2. **Exception to compliance.** A regulated person must strictly comply with the requirements of parts 6950.1000 to 6950.1090 unless, under rare and extraordinary circumstances, strict compliance with the requirements would prevent the delivery of health care services or impose an increased hazard to the safety of patients or regulated persons.

6950.1030 COMPLIANCE WITH RECOMMENDATIONS OF CENTERS FOR DISEASE CONTROL.

Subpart 1. **Scope of responsibility.** A regulated person must comply with the recommendations of the Centers for Disease Control to the extent that the recommendations are consistent with the requirements of parts 6950.1000 to 6950.1090. The recommendations are contained in the following Centers for Disease Control documents:

- A. "Guideline for Handwashing and Hospital Environmental Control," 1985;
- B. "Morbidity and Mortality Weekly Report," August 21, 1987, Vol. 36, No. 2S;
- C. "Morbidity and Mortality Weekly Report," June 24, 1988, Vol. 37, No. 24;
- D. "Morbidity and Mortality Weekly Report," February 9, 1990, Vol. 39, No. RR-2; and
- E. "Morbidity and Mortality Weekly Report," May 28, 1993, Vol. 42, No. RR-8.

The recommendations are incorporated by reference. The recommendations are available at the Minnesota State Law Library, Judicial Center, 25 Constitution Avenue, St. Paul, Minnesota 55155. The recommendations are subject to frequent change.

Subp. 2. **Inconsistencies.** To the extent there are inconsistencies between the requirements of parts 6950.1000 to 6950.1090 and the recommendations of the Centers for Disease Control and Prevention, the requirements of parts 6950.1000 to 6950.1090 supersede the recommendations of the Centers for Disease Control and Prevention. If there are inconsistencies in the recommendations of the Centers for Disease Control and Prevention, the most recent recommendations supersede earlier recommendations.

6950.1040 EXPOSURE INCIDENTS.

A regulated person must ensure that a patient and the patient's primary health care provider are informed immediately or as soon as possible after the patient is subjected to an exposure incident when the regulated person has personal knowledge of the incident. A regulated person must not disclose to a patient who is subjected to an exposure incident the identity of the source unless the source has explicitly given authorization for release of identity.

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Proposed Rules

6950.1050 COMPLIANCE WITH POLICIES AND PROCEDURES ON INFECTIOUS DISEASES.

Parts 6950.1000 to 6950.1090 must not be construed to limit the duty, obligation, or responsibility of a regulated person to comply with policies and procedures that are designed to prevent the transmission of infectious diseases, are consistent with infection control requirements, and are required by a clinic, hospital, institution, or other entity at a clinical practice location.

6950.1060 GENERAL CONTROLS.

Subpart 1. **General requirements.** A regulated person:

- A. must not cut, bend, or break contaminated needles;
- B. must minimize exposure to contaminated sharps by actions such as not recapping or removing a contaminated sharp from its base unless the regulated person can demonstrate that no safer alternative is feasible, that the action is required by a specific medical procedure, or that the base is reusable, in which case the recapping or removal must be accomplished through the use of a mechanical device or a one-handed technique;
- C. must minimize splashing, spraying, spattering, and generation of droplets of potentially infectious materials;
- D. must not perform mouth pipetting or suctioning of potentially infectious materials;
- E. must, before caring for a subsequent patient, remove and replace protective coverings used to cover equipment or work surfaces in work areas if the coverings become contaminated;
- F. must remove debris and residue and decontaminate equipment before the equipment is repaired in the clinical practice location or transported to another site for repair or, if the equipment cannot be decontaminated before repair, must label the equipment as potentially contaminated; and
- G. must pick up contaminated objects in such a manner that bare or covered skin does not come into contact with contaminated sharp surfaces.

Subp. 2. **Multiple dose vials.**

- A. A disposable needle and/or syringe that is used to withdraw fluid from a multiple dose vial must not be used more than once.
- B. A reusable needle and/or syringe that is used to withdraw fluid from a multiple dose vial must be sterilized before each use.

Subp. 3. **Handwashing.** A regulated person must thoroughly wash hands or other skin surfaces as soon as feasible after hands, other skin surfaces, or gloves are contaminated and in any case prior to treatment of a subsequent patient.

Subp. 4. **Decontamination and sterilization.**

- A. All debris and residue from reusable contaminated equipment, instruments, and devices must be completely removed.
- B. Equipment, instruments, and devices which come into contact with a patient's vascular system or other normally sterile areas of the body must be sterilized.
- C. Reusable equipment, instruments, and devices which come into contact with a patient's intact mucous membranes but do not penetrate body surfaces must be sterilized or high-level disinfected.
- D. Reusable equipment, instruments, and devices which come into contact with a patient's intact skin must be decontaminated.
- E. Work surfaces must be decontaminated immediately or as soon as feasible after the surfaces become contaminated and prior to treatment of a subsequent patient.

Subp. 5. **Transfers.** A regulated person must not transfer contaminated disposable sharps or potentially infectious materials from one container to another container.

Subp. 6. **Disposable contaminated sharps.** A regulated person:

- A. must, immediately or as soon as feasible after use and until the sharps are disposed of, store disposable contaminated sharps in containers that are puncture resistant, leakproof on the sides and bottom, closable, and labeled with a biohazard symbol;
- B. must not store or dispose of disposable contaminated sharps in a manner that allows a person to reach by hand into the containers where the sharps are placed;
- C. must place containers for disposable contaminated sharps where the containers are easily accessible to health care workers and as close as is feasible to the immediate area where sharps are used or can reasonably be expected to be found;
- D. must place containers for disposable contaminated sharps where the contents do not impose undue risk of an exposure incident at a clinical practice location;
- E. must maintain containers for disposable contaminated sharps upright throughout use; and
- F. must replace containers for disposable contaminated sharps before they become full.

Subp. 7. Reusable contaminated sharps. A regulated person:

- A. must, immediately or as soon as feasible after use and until the sharps are decontaminated, store reusable contaminated sharps in containers that are puncture resistant, leakproof on the sides and bottom, and labeled with a biohazard symbol;
- B. must place containers for reusable contaminated sharps where the containers are easily accessible to health care workers and as close as is feasible to the immediate area where sharps are used or can reasonably be expected to be found;
- C. must place containers for reusable contaminated sharps where the contents do not impose undue risk of an exposure incident at a clinical practice location;
- D. must maintain containers for reusable contaminated sharps upright throughout use; and
- E. must replace containers for reusable contaminated sharps before they become full.

6950.1070 PERSONAL PROTECTIVE EQUIPMENT.

Subpart 1. General requirements. The general requirements for personal protective equipment are as described in this subpart.

- A. A regulated person must wear appropriate personal protective equipment in situations where it is reasonably anticipated that the person may have skin, eye, mucous membrane, or parenteral contact with potentially infectious materials at a clinical practice location.
- B. Appropriate personal protective equipment must be worn in situations where potentially infectious materials may be splashed, sprayed, spattered, or otherwise generated.
- C. Contaminated disposable personal protective equipment must not be used in the care of more than one patient.
- D. Personal protective equipment must be replaced as necessary to protect oneself and patients from transmission of HBV or HIV.
- E. Personal protective equipment must be discarded after its ability to function as a barrier is compromised.
- F. After contaminated personal protective equipment is removed, it must be stored so as not to pose undue risk of an exposure incident.

Subp. 2. Gloves. A regulated person:

- A. must wear gloves when:
 - (1) it can be reasonably anticipated that contact with potentially infectious materials, mucous membranes, or nonintact skin may occur;
 - (2) vascular access procedures are performed; or
 - (3) contaminated items or surfaces are handled or touched;
- B. must wear sterile gloves in preparation for and during surgery requiring sterile technique;
- C. must replace gloves before caring for a subsequent patient;
- D. must discard gloves which have become worn or punctured, or after their ability to function as a barrier is otherwise compromised;
- E. must not use disposable examination gloves on more than one patient; and
- F. must discard reusable utility gloves used for decontamination procedures or housekeeping tasks if the gloves are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or if their ability to function as a barrier is otherwise compromised.

Subp. 3. Masks, face shields, and eye protection equipment. A regulated person:

- A. must wear either:
 - (1) a mask and eye protection equipment; or
 - (2) a chin-length plastic face shield in situations where it is reasonably anticipated that potentially infectious materials may be splashed, spattered, or otherwise generated;
- B. must replace a disposable mask before caring for a subsequent patient if the mask becomes contaminated; and
- C. must decontaminate a reusable mask, face shield, safety glasses, or eye protection equipment before caring for a subsequent patient if the item becomes contaminated.

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Proposed Rules

6950.1080 SPILLS AND LAUNDRY.

Subpart 1. **Spills.** Surfaces must be decontaminated immediately or as soon as feasible after potentially infectious materials are spilled.

Subp. 2. **Laundry.** Contaminated linen:

- A. must be handled as little as possible and with minimum agitation;
- B. must be placed in bags that prevent leakage at the location where it is used; and
- C. must not be sorted or rinsed in patient-care areas.

6950.1090 UNCONFINED LESIONS.

Subpart 1. **Definitions.** For purposes of this part, "unconfined lesion" means an injury, sore, wound, or dermatitis which is exudative, oozing, and/or weeping with potentially infectious materials and which:

- A. is on the hand or forearm;
- B. is around the mouth or nose and is not covered by a mask that prevents the escape of all fluids; or
- C. is on any other area of the body and is not covered by a dressing that prevents the escape of all fluids.

Subp. 2. **Requirements.** A regulated person who has an unconfined lesion must, at a clinical practice location, refrain from:

- A. having hands-on contact with patients; and
- B. handling equipment or devices with which patients may come into contact.

Department of Human Services

Proposed Permanent Rules Relating to Family Community Support Services and Therapeutic Support of Foster Care

In the Matter of the Proposed Adoption of the Rules of the State Department of Human Services Relating to Eligibility as a Medical Assistance Provider of Family Community Support Services, *Minnesota Rules*, Part 9505.0326, and Therapeutic Support of Foster Care, *Minnesota Rules*, Part 9505.0327.

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

Introduction. The Minnesota Department of Human Services intends to adopt permanent rules without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28 and *Minnesota Rules*, parts 1400.2300 to 1400.2310. If, however, 25 or more persons submit a written request for a hearing on either rule within 30 days or by August 7, 1996, a public hearing will be held on August 19, 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 August 7, 1996 and before August 19, 1996.

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

Carol Grant
Minnesota Department of Human Services
Rules and Bulletins Division
444 Lafayette Road
Saint Paul, Minnesota 55155-3816
(612) 297-1217
Fax (612) 297-3173

Subject of Rule and Statutory Authority. The proposed rules are about standards for medical assistance payment as a provider of mental health services for children with severe emotional disturbances, and services for their families. The statutory authority to adopt the rules is *Minnesota Statutes*, section 256B.04, subdivision 2; and *Minnesota Statutes*, section 256B.0625, subdivisions 35 and 36. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

Copy of the Rules. Free copies of the rules are available upon request from the agency contact person listed above. Copies of the proposed rules may also be viewed at any of the county welfare or human service agencies in the State of Minnesota.

Comments. You have until 4:30 p.m. on August 7, 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 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 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 either 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 August 7, 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 rule or 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 a 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.

Accommodation. 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 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 from the 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 August 19, 1996 will be canceled if the agency does not receive requests from 25 or more persons that a hearing be held on a 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 Carol Grant at 612-297-1217 after August 7, 1996 to find out whether a hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on a rule, a hearing will be held on that rule following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The hearing will be held on August 19, 1996 in the Veterans Service Building, 20 W. 12th St., St. Paul, MN 55155, Conference Room D, beginning at 9:00 a.m. and will continue until all interested persons have been heard. An Administrative Law Judge has been assigned to conduct the hearing. The judge can be reached at: Steve Milhalchick, Office of Administrative Hearings, 100 Washington Square, 100 Washington Ave. So., #1700, Minneapolis, Minnesota 55401-2138; telephone (612) 349-2544.

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 prior to 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 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.

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 Carol Grant, Rules and Bulletins, Department of Human Services, 444 Lafayette Rd., St. Paul, MN 55101.

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Proposed Rules

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. The statement may also be reviewed and copies obtained at the cost of reproduction from either the agency or the Office of Administrative Hearings.

Expenditure of Public Money by Local Public Bodies. A copy of the fiscal note relating to family community support services and therapeutic support of foster care is available from the agency contact person at the address and telephone number listed above. By 1998 the projected annual cost increase in medical assistance due to the addition of family community support services will be \$1,000,000 and the corresponding increase due to the addition of therapeutic support of foster care will be \$1,000,000.

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 1st Floor, Centennial Office Building, 658 Cedar Street, Saint Paul, Minnesota 55155; telephone (612) 296-5148.

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 rule is 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 Carol Grant at the address listed above.

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 rules. You may ask to be notified of the date on which the Administrative Law Judge's report will be 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 Carol Grant at the address listed above.

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

Dated: 24 June 1996

Maria R. Gomez
Commissioner

Rules as Proposed (all new material)

9505.0326 FAMILY COMMUNITY SUPPORT SERVICES.

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

A. "Case management" means the activities specified in *Minnesota Statutes*, section 245.4871, subdivision 3, in the case of a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 3, in the case of a child at least age 18 but under age 21.

B. "Child" means a person under age 21 who is eligible for the early and periodic screening, diagnosis, and treatment program under parts 9505.1693 to 9505.1748 and who has been determined to be eligible for family community support services.

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

D. "Clinical supervision" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 7, for family community support services to a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 4a, for family community support services to a child at least age 18 but under age 21.

E. "Crisis assistance" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 9a. Crisis assistance does not mean necessary emergency services or services designed to secure the safety of a child who is at risk of abuse or neglect. Crisis assistance, for a child, is an intense component of family community support services designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of usual coping mechanisms, or the presentation of danger to self or others. The services focus on crisis prevention, identification, and management. Crisis assistance may be used to reduce immediate personal distress and to assess factors that precipitated the crisis in order to reduce the chance of future crisis situations by implementing preventive strategies and plans. These are time-limited services designed to resolve or stabilize crisis through arrangements for direct intervention, support services to the child and family, and provisions for the utilization of more appropriate resources. Crisis assistance service components are crisis risk assessment, screening for hospitalization, referral and follow-up to suitable community resources, and planning for crisis intervention and counseling services with other service providers, the child, and the child's family.

F. "Diagnostic assessment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 11, for a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 9, for a child at least age 18, but under age 21.

G. "Family" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 16.

H. "Family community support services" means those services in *Minnesota Statutes*, section 245.4871, subdivision 17, clauses (3) to (6). The services in *Minnesota Statutes*, section 245.4871, subdivision 17, clauses (1), (2), and (7) to (11), are not family community services eligible for medical assistance payment under this part.

I. "Individual family community support plan" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 19.

J. "Recipient" means a person who has been determined by the local agency to be eligible for medical assistance, and has been determined by a diagnostic assessment to be a child with a severe emotional disturbance, who has been determined eligible for family community support services by the local agency or the provider under contract to the local agency.

K. "Therapeutic support of foster care" has the meaning given in part 9505.0327.

Subp. 2. Eligible providers of family community support services. The entities in items A and B are eligible to provide family community support services if they meet the requirements of subparts 4 to 6:

A. a county board; or

B. a provider under contract to a county board.

For purposes of this subpart, "county board" means the county board of commissioners or a board established under *Minnesota Statutes*, sections 402.01 to 402.10, or 471.59. A provider under contract to the county board to render family community support services must provide the required services and may not contract for family community support services with another party. The persons who provide the services must be employees of the provider under contract to the county board for the family community support services. Notwithstanding the definition in part 9505.0175, subpart 12, "employee" means a person employed by a provider who pays compensation to the employee and who withholds or is required to withhold federal and state taxes from the employee's compensation. An employee is not a self-employed vendor or independent contractor who has a contract with a provider.

Subp. 3. Determination of eligibility to receive family community support services. Family community support services are available to a child under age 18 who has been determined by diagnostic assessment to be a child with severe emotional disturbance, or if between the ages of 18 and 21, a person who has been determined to have a serious and persistent mental illness and needs family community support services. The diagnostic assessment may be a service under the early and periodic screening, diagnostic, and treatment services established in *United States Code*, title 42, chapter 7, subchapter XIX, section 1396d(r).

Subp. 4. Eligibility for medical assistance payment. To be eligible for medical assistance payment, the provider of family community support services as specified in subpart 2 must meet the requirements in items A to F. The mental health professional or practitioner delivering family community support services must work with other persons rendering services to the child and shall ensure coordination and nonduplication of services consistent with county board coordination procedures established under *Minnesota Statutes*, section 245.4881, subdivision 5. Services must be provided in accordance with the following requirements:

A. The provider responsible for providing family community support services under subpart 2 must be able to recruit mental health professionals and practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.

B. The mental health professional or practitioner delivering family community support services must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services which address the needs identified in the child's treatment plan.

C. The county board or agency under contract to the county board shall ensure that the mental health professionals involved in a child's care develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care. The individual treatment plan must become a subsection of the individual family community support plan.

D. Crisis assistance services for a child must be coordinated with emergency services as defined in *Minnesota Statutes*, section 245.4871, subdivision 14, for a child, and *Minnesota Statutes*, section 245.462, subdivision 11, for an adult. The provider under subpart 2 must render, or assist the child or the child's family in arranging emergency services for the child and the child's family. Emergency services must be available 24 hours per day, seven days a week.

E. If the recipient has no assigned case manager or refuses case management services, the county board or provider under contract to the county board shall ensure coordination of the components of family community support services.

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Proposed Rules

F. The county board or provider under contract to a county board must ensure family community support services are given in a manner consistent with the core values set forth in Child Adolescent Service System Program (CASSP) in "A System of Care for Severely Emotionally Disturbed Children and Youth," which is incorporated by reference and published by the CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road Northwest, Washington, D.C. 20007 (Washington, D.C., 1986). It is not subject to frequent change and is available at the Legislative Reference Library, 6th Floor, 100 Constitution Avenue, St. Paul, MN 55155.

Subp. 5. **Condition to receive medical assistance payment; clinical supervision required.** To be eligible for medical assistance payment, the mental health practitioner providing family community support services must receive clinical supervision from a mental health professional. However, medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the family community support services to the child with severe emotional disturbance or to the child's family. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training to the child and the child's family. The observation must be a minimum of one clinical hour. The mental health professional accepting full professional responsibility must document the mental health professional's on-site presence in the child's record.

Subp. 6. **Components of family community support services.** A provider of family community support services as specified in subpart 2 is responsible to provide diagnostic assessments, if necessary, and the family community support components specified in a child's individual treatment plan. The components of family community support services are:

A. individual, family, or group skills training as specified in part 9505.0324, subpart 5, item C, subitems (1) and (2), and *Minnesota Statutes*, section 245.4871, subdivision 17, clauses (3) to (5), including assistance in developing independent living skills, assistance in developing parenting skills necessary to address the needs of the child, and assistance with leisure and recreational activities; and

B. crisis assistance.

Subp. 7. **Excluded services.** The services specified in items A to N are not eligible for medical assistance payment:

A. client outreach for the purpose of seeking persons who potentially may be eligible for family community support services under this part;

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

C. more than 68 hours of individual, family, or group skills training within any consecutive six-month period. The 68-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;

D. more than 24 hours of crisis assistance within any consecutive six-month period. The 24-hour limit may not be exceeded during any calendar year, except in the case of an emergency, and prior authorization or after-the-fact authorization of the psychotherapy is obtained under part 9505.5015;

E. family community support services that exceed 92 hours in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. The 92-hour limit may not be exceeded during any calendar year. Additional family community support services beyond 92 hours are eligible for medical assistance payment with prior authorization;

F. crisis assistance and individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner as specified in *Minnesota Statutes*, section 245.4871, subdivision 26, and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility as defined in subpart 5;

G. family community support services simultaneously provided with home-based mental health services;

H. family community support services simultaneously provided with therapeutic support of foster care services;

I. assistance in locating respite care and special needs day care, and assistance in obtaining potential financial resources, including those benefits listed in *Minnesota Statutes*, section 245.4884, subdivision 5;

J. medication monitoring;

K. family community support services not provided by a provider specified in subpart 2;

L. family community support services simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;

M. family community support services to a child or the child's family if the same services are provided to the child or child's family under part 9505.0323, 9505.0324, or 9505.0327; grants authorized according to *Minnesota Statutes*, section 245.4886; the

Minnesota Family Preservation Act, *Minnesota Statutes*, section 256F.03, subdivision 5, paragraph (e); or the Minnesota Indian Family Preservation Act, *Minnesota Statutes*, sections 257.35 to 257.3579, except up to 60 hours of day treatment services under part 9505.0323 within a six-month period provided concurrently with family community support services to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is being phased out of day treatment services and phased into family community support services, or if the child is being phased out of family community support services and phased into day treatment services and the family community support services and day treatment services are identified with the goals of the child's individual treatment plan. Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

N. family community support services provided in violation of subparts 1 to 6.

Subp. 8. Required orientation and training. A provider that employs a mental health practitioner to provide family community support services under this part must require the mental health practitioner to complete 20 hours of continuing education every two calendar years. The continuing education shall be related to serving the needs of a child with severe emotional disturbance in the child's home environment and the child's family. The topics covered in orientation and training must conform to part 9535.4068. The provider as specified in subpart 2 shall document completion of the required continuing education on an annual basis.

Subp. 9. Travel to the child's treatment site. A mental health practitioner or professional shall receive payment for travel to and from the site where family community support services are provided. Travel shall be reimbursed at the hourly rate paid to a case manager for case management services under part 9505.0491, subparts 7 and 8. Only 40 hours of travel per recipient in any consecutive six-month period shall be reimbursed. The 40-hour limit may not be exceeded on a calendar year basis unless prior authorization is obtained. The commissioner's implementation of this subpart shall be subject to approval by the Health Care Financing Administration of the United States Department of Health and Human Services.

Subp. 10. Coordination of family community support services with other programs. Family community support services to recipients receiving community support services through a program other than medical assistance shall be coordinated as specified in items A and B.

A. If the child eligible for family community support services has a developmental disability, a substance abuse problem, or a physical condition that necessitates regular medical care, then a developmental disabilities specialist, substance abuse specialist, or medical specialist, respectively, must be solicited to be part of the planning team for the care of the child. The provider specified in subpart 2 must ensure the coordination of a child's care involving multiple agencies.

B. If applicable, the local agency specified in subpart 2 shall coordinate but not duplicate services under the adult community support programs for a child between the ages of 18 and 21 who is eligible for and is receiving family community support services. The individual treatment plan shall address an appropriate transition plan between family community support and community support services, if applicable.

9505.0327 THERAPEUTIC SUPPORT OF FOSTER CARE.

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

A. "Case management" means the activities specified in *Minnesota Statutes*, section 245.4871, subdivision 3, for a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 3, for a child at least age 18 but under age 21.

B. "Child" means a person under age 21 who is eligible for the early and periodic screening, diagnosis, and treatment program under parts 9505.1693 to 9505.1748, and who is determined to be in need of therapeutic support of foster care.

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

D. "Clinical supervision" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 7, for therapeutic support of foster care to a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 4a, for therapeutic support of foster care to a child at least age 18 but under age 21.

E. "Diagnostic assessment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 11, for a child under age 18, or *Minnesota Statutes*, section 245.462, subdivision 9, for a child at least age 18 but under age 21.

F. "Family community support services" means services defined in *Minnesota Statutes*, sections 245.4871, subdivision 17, and 245.4884, subdivision 1.

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Proposed Rules

G. "Family foster care" means direct 24-hour a day care provided to a child, out of the child's home, by a foster family.

H. "Foster family" means the foster child and adult caregiver or caregivers of foster family care who are responsible for the care of the foster children in the adult caregivers' homes.

I. "Recipient" means a child who has been determined by the local agency to be eligible for medical assistance, who has a severe emotional disturbance as determined by a diagnostic assessment, and who has been determined eligible for therapeutic support of foster care by the local agency or a provider under contract to the local agency.

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

K. "Therapeutic support of foster care" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 34. Therapeutic support of foster care is a set of intensive treatment services for foster families who care for children with severe emotional disturbances. The purpose of therapeutic support of foster care is to enable a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child with the child's family after out-of-home placement. The services are provided primarily in the child's foster home but may also be provided in the child's school, the home of a relative or natural parent of the child, where the child works, a recreational or leisure setting, or the site where the child receives day care.

Subp. 2. **Eligible providers of therapeutic support of foster care.** The entities in items A and B are eligible to provide therapeutic support of foster care if they meet the requirements of subparts 4 to 6:

A. a county board; or

B. a provider under contract to a county board.

For purposes of this subpart, "county board" means the county board of commissioners or a board established under *Minnesota Statutes*, sections 402.01 to 402.10, or 471.59. A provider specified in item B under contract to the county board to render therapeutic support of foster care must provide the required services and may not contract for therapeutic support of foster care with another party. The persons who provide the services must be employees of the entity under contract with the county board for the therapeutic support of foster care. Notwithstanding the definition in part 9505.0175, subpart 12, "employee" means a person employed by a provider who pays compensation to the employee and who withholds or is required to withhold federal and state taxes from the employee's compensation. An employee is not a self-employed vendor or independent contractor who has a contract with a provider.

Subp. 3. **Eligibility to receive therapeutic support of foster care.** Therapeutic support of foster care is available to a foster family that provides foster care to a child with severe emotional disturbance who needs services to provide a therapeutic family environment or support for the child's improved functioning. The determination of a child's eligibility to receive therapeutic support of foster care under this part shall be based on a diagnostic assessment. The diagnostic assessment may be a service under the early and periodic screening, diagnostic, and treatment services established in *United States Code*, title 42, chapter 7, subchapter XIX, section 1396d(r).

Subp. 4. **Eligibility for medical assistance payment.** To be eligible for medical assistance payment, the provider of therapeutic support of foster care under subpart 2 must meet the requirements in items A to F.

A. Therapeutic support of foster care must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of therapeutic support services to foster families caring for children with severe emotional disturbance. The county board or provider under contract to a county board must ensure that mental health practitioners providing therapeutic support of foster care receive 20 hours of continuing training in a two-year period. A list of acceptable training topics is defined in part 9535.4068, subparts 1 and 2.

B. The number of foster children in the family receiving therapeutic support of foster care shall not exceed two.

C. The caseload size of the mental health practitioners providing therapeutic support of foster care shall not exceed eight children.

D. The county board or agency under contract to the county board must provide, or assist the child or the child's foster family in arranging, mental health crisis services for the child and the child's foster family. Mental health crisis services must be available 24 hours per day, seven days a week.

E. The provider under subpart 2 must submit a letter to the Department of Human Services prior to rendering therapeutic support of foster care ensuring that the agency with which it contracts has adequate capacity to recruit mental health professionals and practitioners to provide therapeutic support of foster care, as specified in subparts 5 and 6.

F. The provider of therapeutic support of foster care under subpart 2 must ensure that services are rendered in a manner that is consistent with the core values set forth in "Program Standards for Treatment Foster Care," which is incorporated by reference and published by the Foster Family-Based Treatment Association, 43 West 33rd Street, Suite 601, New York, New York 10001 (New

York, New York, 1991). It is subject to frequent change and is available at the Legislative Reference Library, 6th Floor, 100 Constitution Avenue, St. Paul, MN 55155.

Subp. 5. Condition to receive medical assistance payment; individual treatment plan requirements. Medical assistance payment is available only for services as provided in the recipient's individual treatment plan and items A to E.

A. Services must be designed by a mental health professional to meet the mental health needs of the child and the child's foster family as it relates to care of the child.

B. Mental health professionals and mental health practitioners shall work with the foster family and the child's other service providers to develop an individual treatment plan.

C. Mental health professionals and practitioners shall train and support the child's foster family through the child's length of stay in the foster family as long as determined necessary in the individual treatment plan. The foster family and, unless clinically inappropriate, the child must be invited to participate in all treatment planning for the child.

D. The individual treatment plan shall be updated by a mental health professional as needed. However, treatment plan reviews to assess the child's progress and to ensure that services and treatment goals continue to be necessary and appropriate to the child and the child's foster family shall be conducted at least every three months.

E. The development and updating of a recipient's individual treatment plan by a mental health professional shall be coordinated with, and become a subsection of, the recipient's individual family community support plan, if any.

Subp. 6. Condition to receive medical assistance payment; clinical supervision required. To be eligible for medical assistance payment, a mental health practitioner providing therapeutic support of foster care must receive clinical supervision. However, medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training to the child with severe emotional disturbance or the child's foster family. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training to the recipient and the recipient's foster family. The observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document on-site presence by signing the child's record.

Subp. 7. Components of therapeutic support of foster care. An eligible provider of therapeutic support of foster care specified in subpart 2 is responsible to provide diagnostic assessments and the therapeutic support of foster care components specified in a recipient's individual treatment plan. The components are:

A. individual psychotherapy, family psychotherapy, group psychotherapy, and multiple-family group psychotherapy as specified in part 9505.0323; and

B. individual, family, or group skills training to foster families as specified in part 9505.0324, subpart 5, item C. The individual, family, and group skills training shall be designed to enhance the therapeutic family environment by assisting foster families to improve their understanding of normal child development and the nature of the foster child's severe emotional disturbance; training foster families in interventions designed to meet the special and individual needs of the child; educating foster families regarding the availability of support networks for foster families; and facilitating integration and reunification goals through visitation and other activities.

Subp. 8. Excluded services. The services specified in items A to J are not eligible for medical assistance payment:

A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance. However, the first 30 hours of therapeutic support of foster care provided to a foster family with a child who is later assessed and determined to have a severe emotional disturbance at the time services were initiated shall be eligible for medical assistance payment;

B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year;

C. more than a combined total of 48 hours within any consecutive six-month period of individual psychotherapy, family psychotherapy, group psychotherapy, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained under part 9505.5015;

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

D. therapeutic support of foster care that exceeds 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. The 240-hour limit may not be exceeded during any calendar year. Additional therapeutic support of foster care beyond the 240 hours are eligible for medical assistance payment with prior authorization;

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

F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner as defined in *Minnesota Statutes*, section 245.4871, subdivision 26, and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility as specified in subpart 6;

G. therapeutic support of foster care provided by an entity specified in subpart 2 if the entity is not capable of providing all the components required in subpart 7;

H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;

I. therapeutic support of foster care to a foster family if the same services are provided to the family under part 9505.0323, 9505.0324, or 9505.0326; grants authorized according to *Minnesota Statutes*, section 245.4886; the Minnesota Family Preservation Act, *Minnesota Statutes*, section 256F.03, subdivision 5, paragraph (e); or the Minnesota Indian Family Preservation Act, *Minnesota Statutes*, sections 257.35 to 257.3579, except as provided in subitem (1) or (2):

(1) up to 60 hours of day treatment services under part 9505.0323 within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is being phased out of day treatment services and phased into therapeutic support of foster care, or if the child is being phased out of therapeutic support of foster care and phased into day treatment services and therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan. Therapeutic support of foster care must be coordinated with the provision of day treatment services. Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

(2) if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for medical assistance payment during the period the child is receiving therapeutic support of foster care. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care requests and obtains prior authorization. The mental health professional providing therapeutic support of foster care shall work with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services as required under part 9505.0323, subpart 32; or

J. therapeutic support of foster care that does not comply with subparts 1 to 7.

Subp. 9. Required orientation and training. A provider that employs a mental health practitioner to provide therapeutic support of foster care under this part must require the mental health practitioner to complete 20 hours of continuing education every two calendar years. The continuing education shall be related to serving the needs of a child with severe emotional disturbance in the child's home environment and the child's family. The topics covered in orientation and training must conform to part 9535.4068. The provider shall document completion of the required continuing education on an annual basis.

Subp. 10. Travel to the child's treatment site. Travel by a mental health professional or practitioner to and from the site where the mental health professional or practitioner provides therapeutic support of foster care is eligible for medical assistance payment. Medical assistance payment to a mental health professional or practitioner who travels to and from the site where the professional or practitioner provides therapeutic support of foster care shall not exceed payment for more than 128 hours of travel per recipient in any consecutive six-month period. These limits apply on a calendar year basis as well. The commissioner's implementation of this subpart shall be subject to approval by the Health Care Financing Administration of the United States Department of Health and Human Services. Payment for travel under this subpart shall be at the hourly rate paid to a case manager for case management services under part 9505.0491, subparts 7 and 8.

Subp. 11. Coordination of therapeutic support of foster care with other programs. The mental health professional or practitioner delivering therapeutic support of foster care must work with other providers rendering services to the child and foster family and shall ensure coordination and nonduplication of services consistent with county board coordination procedures established under *Minnesota Statutes*, section 245.4881, subdivision 5. If the child has other services for a developmental disability, a substance abuse problem, or a physical condition that necessitates regular medical care, or receives other services through a county social worker, then the county social worker, developmental disabilities specialist, substance abuse specialist, and medical specialist, respectively, must be invited to take part in planning for the services.

Office of the Governor**Emergency Executive Order #96-12: Providing for Assistance to the City of Victoria**

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

WHEREAS, there has been a mechanical failure of the water system in the city of Victoria; and

WHEREAS, the city of Victoria is therefore without necessary drinking water; and

WHEREAS, Carver County and the city of Victoria do not have the resources available to adequately deal with the public emergency created by this water system failure; and

WHEREAS, the Sheriff of Carver County has requested that the National Guard provide assistance;

NOW, THEREFORE, I hereby order that:

1. The Adjutant General of Minnesota order to active duty on or about June 20, 1996, in the service of the State, such personnel and equipment of the military forces of the State as required and for such period of time as necessary to assist and support the Carver County Sheriff.
2. The cost of subsistence, transportation, fuel, pay, and allowances of said individuals shall be defrayed from the general fund of the State as provided for in *Minnesota Statutes* 1994, sections 192.49, subd. 1; 192.51, and 192.52.

Pursuant to *Minnesota Statutes* 1994, Section 4.035, subd. 2, this Order shall be effective June 20, 1996, and shall remain in effect until such date as elements of the military forces of the State are no longer required or until rescinded by proper authority.

IN TESTIMONY WHEREOF, I have set my hand this twenty-fifth day of June, 1996.

Arne H. Carlson
Governor

Filed According to Law:

Joan Anderson Growe
Secretary of State

Office of the Governor**Emergency Executive Order #96-13: Providing for Assistance to the Department of Natural Resources in Northern Minnesota**

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

WHEREAS, a 4,000 acre wildfire is burning out of control in Cook County, endangering lives and property; and

WHEREAS, various federal, state, and local agencies are employing rotary wing aircraft to fight the fires and are consuming large amounts of jet aviation fuel; and

WHEREAS, the Grand Marais airport does not have a facility to store and dispense that type of fuel; and

WHEREAS, the Department of Natural Resources, in coordination with the United State Forest Service, has requested a temporary fuel delivery and dispensing system;

NOW, THEREFORE, I hereby order that:

1. The Adjutant General of Minnesota order to state active duty on or about June 21, 1996, in the service of the State, such personnel and equipment of the military forces of the State as required and for such period of time as necessary to assist and support the Department of Natural Resources and other federal, state, and local agencies fighting the wildfires.
2. The cost of subsistence, transportation, fuel, pay, and allowances of said individuals shall be defrayed from the general fund of the State as provided for in *Minnesota Statutes* 1994, sections 192.49, subd. 1; 192.51, and 192.52.

Official Notices

Pursuant to *Minnesota Statutes* 1994, Section 4.035, subd. 2, this Order shall be effective June 21, 1996, and shall remain in effect until such date as elements of the military forces of the State are no longer required or until rescinded by proper authority.

IN TESTIMONY WHEREOF, I have set my hand this twenty-fifth day of June, 1996.

Arne H. Carlson
Governor

Filed According to Law:

Joan Anderson Growe
Secretary of State

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.

Board of Accountancy

Request for Comments on Planned Amendment to Rules Governing Administration, Examination, Licensing, Professional Conduct, Continuing Professional Education, and Practice Monitoring

Minnesota Rules 1100

Subject of the Rule. The Board of Accountancy requests comments on its planned amendments to the rules governing examination, licensing, discipline, continuing education, practice monitoring, and regulation of certified and licensed public accountants. The Board is considering rules that make the following changes:

1100.0100, Subp. 4C. Change in the definition of "financial statement." The change in the definition of "financial statements" is being made to conform the definition with the definition commonly accepted in the profession, that used by the American Institute of Certified Public Accountants ("AICPA"). When the Board recently revised the rules comprising its Code of Professional Conduct, the Board's intent was to conform its rules to the AICPA Code of Professional Conduct. This allowed the Board to take advantage of the AICPA's great expertise and resources and to simplify compliance for licensees by having one definition of financial statement.

1100.1100, Subp. 2. Clarification of requirement that experience needed for licensure be "in public practice." The Board proposes to add the words, "in public practice" to "actively licensed certified public accountant" ("CPA") and "actively licensed public accountants" ("LPA") to clarify that "in public practice" modifies both CPA and LPA. This definition is consistent with Board's past practice and current intent. The Board has learned that some of its customers interpreted the rule such that "in public practice" modified LPA, but not CPA.

1100.1100, Subp. 6.B. and D. Change of terminology from "examination" to "audit." This change was made by the AICPA in 1988 and is being made in the Board's rules to continue the Board's policy of conforming its definitions to those used by the AICPA.

1100.1800 Requirement that unlicensed certificate holders register with the Board. This change permits the Board to keep track of and effectively regulate persons who have passed the Uniform Certified Public Accountant Examination and have been issued a certified public accountant certificate but who have not met the experience requirement for licensure and are not eligible for licensure.

1100.1900 Issuance and renewal of licenses. This change will clarify the procedure for issuing and renewing licenses. The first two sections will govern initial licensure, the next two sections will govern renewal, and the final two sections will govern matters common to issuance of initial licenses and renewal of licenses.

1100.2110 Types of licenses. These changes clarify that licensees must meet the experience requirements provided for by rule, clarify, establish, and revise licensure requirements for licensees employed by government agencies, broaden the eligibility for the retirement exemption, establish procedures for reinstatement of licenses by persons exempt from licensure because of retirement or disability, clarify the requirements for temporary licenses and for exemption from licensure for incidental practice, and defining "good standing." These changes are being made to make the Board's procedures easier to understand and comply with, to clarify the license status of licensees employed by government agencies, and to resolve several unintended problems created by the creation of certain exemptions from licensing.

1100.2115, Subp. 4. Reciprocal licensing. These changes clarify the requirements the Board must meet before issuing a reciprocal license.

1100.2900 Use of CPA and LPA designation. This language is now contained in 1100.3550, Subp. 6. The Board inadvertently did not repeal this rule in conjunction with the move of this language to 1100.3550, subp. 6.

1100.3550 Use of CPA and LPA designation. These changes clarify the Board's requirements for use of the CPA and LPA designation by persons holding CPA and LPA certificates but who are not licensed, by CPAs and LPAs who are licensed but not in public practice, by persons exempt from licensure by reason of retirement or disability, and by CPA and LPA firms.

1100.3600, Subp. 2d. Registration fee for unlicensed certificate holders. This change provides for a fee for the annual registration created by part 1100.1800.

1100.3600, Subp. 3. Refunding, reapplying application fees. This change extends the period of time during which an applicant's fee for a canceled examination can be applied to subsequent examinations, granting additional flexibility to candidates.

1100.4300 Acts discreditable to the profession. These changes involve the restructuring of this part to make it easier to understand by prohibiting acts discreditable to the profession in subpart 1, defining acts constituting acts discreditable to the profession in subparts 2 through 7, including three new acts discreditable to the profession found in subparts 5 through 7, and delete from subpart 1 conduct that is prohibited or constitute violations elsewhere in the rules or in Chapter 326.

1100.4650 and 1100.4900 Incorporation by reference of documents. These changes update the codification of Government Accounting and Financial Reporting Standards from the 1994 to the 1995 version.

1100.9800, Subp. 1. Practice monitoring, liability of manager. This change provides for discipline against the manager of a licensed practice unit for the LPA's failure to comply with corrective agreements.

Persons Affected. Applicants for examination as certified public accountant, holders of Certified Public Accountant and Licensed Public Accountant certificates, Certified Public Accountants and Licensed Public Accountants employed in government, and Certified Public Accountants and Licensed Public Accountants. The Board does not contemplate appointing an advisory committee to comment on the planned rule.

Statutory Authority. *Minnesota Statutes* sections 326.18 and 214.12 authorize the Board to adopt rules necessary to implement and enforce sections 214.12 and 326.165 to 326.229.

Public Comment. Interested persons or groups may submit comments or information on this planned rule in writing or orally until 4:30 p.m. on Friday, September 13, 1996. The Board does not contemplate appointing an advisory committee to comment on the planned rules.

Rules Drafts. The Board has prepared a draft of the planned rule amendment.

Agency Contact Person. Written or oral comments, questions, requests to receive a draft of the rule and requests for more information on this planned rule should be addressed to:

Dennis J. Poppenhagen
Executive Secretary
Board of Accountancy
Suite 125
85 East Seventh Place
St. Paul, Minnesota 55101
Telephone (612) 296-7937.

TDD users may contact the Board via the Minnesota Relay Service:

Twin Cities metropolitan area: (612) 297-5353
Greater Minnesota: 1 (800) 627-3529

Alternative Format. Upon request, this information 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.

Note: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the administrative law judge when a proceeding to adopt rules is started. The agency is required to submit to the administrative law judge only those written comments received in response to the rules after they are proposed.

Dated: 28 June 1996

Dennis J. Poppenhagen
Executive Secretary

Board of Chiropractic Examiners

Request for Comments on Planned Rules Governing Eligibility Criteria for Membership on the Peer Review Committee

Subject of Rule. The Minnesota Board of Chiropractic Examiners (MBCE) requests comments on its planned rule governing eligibility criteria for membership on the Peer Review Committee. The MBCE is considering a rule that would define the eligibility requirements for membership on the Peer Review Committee.

Persons Affected. The new rule would affect chiropractors and members of the public interested in serving on the Peer Review Committee. The MBCE does not intend to appoint an advisory committee to comment on the planned rule.

Statutory Authority. *Minnesota Statutes*, section 148.106, subd. 8 authorizes the MBCE to adopt rules for implementing the peer review system.

Public Comment. Interested persons or groups may submit comments or information on this planned rule in writing or orally until 4:30 p.m. on Wednesday, August 7, 1996. The MBCE does not anticipate that a draft of the rule will be available before the publication of the proposed rule. Written or oral comments, questions, requests to receive a draft of the rule when it has been prepared, and requests for more information on this planned rule should be addressed to: Lori A. Campbell, MBCE, 2700 University Ave W, #20, St. Paul, MN 55114-1089, telephone (612) 642-0591.

Comments submitted in response to this notice will not be included in the formal rulemaking record when a proceeding to adopt a rule is started.

Larry A. Spicer, D.C.
Executive Director

Minnesota Health Care Commission

Health Technology Advisory Committee (HTAC)

Notice of Solicitation of Public Testimony Regarding HTAC Report on Cadaver Donor Pancreas Transplantation for Poorly Controlled Type I Diabetes

The Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission is charged under *Minnesota Statutes* 62J.152 with conducting evaluations of specific technologies and their specific use and application. For the purposes of evaluation, the definition of technologies in statute includes "... drugs, devices, procedures, or processes applied to human health care... ." As part of the evaluation process, HTAC is required to submit a preliminary report to the Minnesota Health Care Commission, and to solicit written comments on the report. Before completing its final comments and recommendations on the HTAC technology evaluation report, the Commission solicits and reviews public testimony on the report.

Public testimony on HTAC's evaluation of Cadaver Donor Pancreas Transplantation for Poorly Controlled Type I Diabetes will be accepted by the Minnesota Health Care Commission on Wednesday, July 17, 1996, at 10:00 a.m. at

Capital View Conference Center
70 West County Road B-2
Little Canada, MN 55117

A presentation on the report will precede the public testimony and will begin at approximately 9:00 a.m.

Testimony should be limited to no more than five minutes. Written testimony will also be accepted, and should be submitted to Nancy Cusick at the address below. Individuals interested in providing public testimony are asked to provide prior written or verbal notice to Nancy Cusick, by Monday, July 15, 1996 at:

Minnesota Health Care Commission/Health Technology Advisory Committee
121 East 7th Place, Suite 400
P.O. Box 64975
St. Paul, MN 55164-0975
Phone: 612-282-6374
Fax: 612-282-5628

Any written material such as handouts or copies of written testimony received by the Commission during the public testimony is subject to the requirements of the Minnesota Data Practices Act (*Minnesota Statutes*, Chapter 13).

For information regarding HTAC, or to obtain a copy of the HTAC report on the evaluation of Cadaver Donor Pancreas Transplantation for Poorly Controlled Type I Diabetes, please contact Nancy Cusick at 612-282-6374, or via fax at 612-282-5628.

Department of Health

Division of Environmental Health

Request for Comment on Planned Rules Relating to the Examination of an Individual Operating an X-ray Machine

Subject of Rule. The Minnesota Department of Health (MDH) requests comment on the planned amendment of existing *Minnesota Rules*, part 4730.1510, subpart 3 **Individuals who may apply radiation** and parts 4730.5000 to 4730.5400 **Examination Requirements for X-ray Equipment Operators**. The department is seeking comment on the need to clarify the applicability of existing parts 4730.5000 to 4730.5400 to persons licensed to practice medicine, dentistry, podiatry, chiropractic medicine or osteopathic medicine.

Parties affected. The subject matter of these rules impact persons licensed to practice medicine, dentistry, osteopathy, podiatric or chiropractic medicine, any person who may use x-ray equipment on humans, be present in an area where x-rays are performed, and any person who may be subject to an x-ray.

The department anticipates it will form, and seek advice on the subject matter of these rules from, an advisory work group consisting of representatives from the Medical Licensing Board, Dental Licensing Board, Chiropractic Licensing Board, Podiatric Licensing Board, Nursing Licensing Board, Medical Association, Dental Association, Chiropractic Association, Podiatric Association, Nursing Association, Hospital Association, Radiologic Technologists Society, medical assistants, dental hygienists and assistants, chiropractic assistants, radiologic technologists, and academia.

Statutory authority. Authority for the Commissioner of Health to adopt rules relating to the examination of individuals operating an x-ray machine on humans is contained in *Minnesota Statutes*, section 144.121. Authority to regulate sources of ionizing radiation is addressed in *Minnesota Statutes*, sections 144.05 and 144.12.

Public comment. Interested persons or groups may submit comment or information on the subject of the planned rules in writing or orally until the proposed rules are published in the *State Register*. Written or oral comment, questions, requests for more information on the subject matter of the rule and to request a copy of draft rules which may become available before publication of the proposed rules should be addressed to:

Judith Ball
Minnesota Department of Health
121 E. Seventh Place, P.O. Box 64975
St. Paul, MN 55164-0975
(612) 215-0945 Facsimile (612) 215-0979
TDD: (612) 623-5522 1-800-627-3529

Comment submitted in response to this notice will not be included in the formal rulemaking record when a proceeding to adopt a rule is started.

Patricia A. Bloomgren, Director
Division of Environmental Health
Department of Health

This notice can be made available in alternative formats.

Department of Health

Notice of Community Meeting on Request for Proposal Process for HIV/STD Funding

An open community meeting will be held regarding the Minnesota Department of Health (MDH) Request for Proposals (RFP) process for HIV/STD funding. The meeting will be held 2:00 - 4:00 p.m., Thursday, July 18, 1996, at the Martin Luther King Center, 270 Kent Street, St. Paul, MN. The purpose of the meeting will be to provide an opportunity for communities to share their experiences with the RFP process and make recommendations to the MDH for developing RFPs in the future. Persons unable to attend the meeting can still provide recommendations by completing the RFP Evaluation Form, available by calling Paula Thompson, (612) 623-5614, or FAX (612) 623-5743.

Higher Education Facilities Authority

Notice of Public Hearing on Revenue Obligations on Behalf of Gustavus Adolphus College

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Minnesota Higher Education Facilities Authority (the "Authority") with respect to a proposal to issue revenue bonds or other obligations on behalf of Gustavus Adolphus College, a Minnesota nonprofit corporation and institution of higher education (the "College"), at the Authority's offices at Suite 450 Galtier Plaza, 175 East Fifth Street, St. Paul, Minnesota on July 25, 1996 at 10:00 a.m. A public hearing was held at the Authority on May 15, 1996 with respect to this same matter, but the Project has been amended by the refunding of additional bonds as further described below. Under the new proposal, the Authority would issue its revenue bonds or other obligations in an original aggregate principal amount of up to approximately \$7,000,000 to finance a project generally described as (i) the acquisition and installation of an administrative computer system; (ii) the refunding of the Authority's outstanding Mortgage Revenue Bonds, Series Three-B (Gustavus Adolphus College), dated October 1, 1990, originally issued to finance the constructing, furnishing and equipping of a new classroom building of approximately 22,100 square feet and the acquisition and installation of chiller and related equipment and piping to improve and expand the air conditioning system; (iii) the refunding of the Authority's outstanding Mortgage Revenue Bonds, Series Two-N (Gustavus Adolphus College), dated August 1, 1987, originally issued to finance the remodeling of Johnson Student Union, constructing and equipping of an interpretive center having approximately 2,000 square feet of covered space and 700 square feet of enclosed space for the arboretum, constructing a ring road connection and 40-car parking lot for Wahlstrom Residence Hall and a 120-car parking lot for the Schaefer Fine Arts Center, and realigning and constructing the South campus entry drive with a new stone entrance sign; and (iv) refunding of the Authority's outstanding Mortgage Revenue Bonds, Series Two-V (Gustavus Adolphus College), dated November 1, 1989, originally issued to refund the College's portion of outstanding debt in connection with the Authority's Pooled Revenue Bonds, Series 1983-A, which debt was used in part to finance the construction of the Lund Center for Physical Education and Health, a student athletic facility (collectively, the "Project"), owned or to be owned and operated by the College and located on its main campus, the principal street address of which is 800 West College Avenue, St. Peter, Minnesota 56082-1498.

At said time and place the Authority shall give all parties who appear or have submitted written comments an opportunity to express their views with respect to the proposal to undertake and finance the Project.

Dated: 1 July 1996

By Order Of The Minnesota Higher
Education Facilities Authority
J. Luther Anderson
Executive Director

Higher Education Facilities Authority

Notice of Public Hearing on Revenue Obligations on Behalf of the Board of Trustees of Hamline University

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Minnesota Higher Education Facilities Authority (the "Authority") with respect to a proposal to issue revenue bonds or other obligations on behalf of The Board of Trustees of the Hamline University, a Minnesota nonprofit corporation (the "University"), as owner and operator of Hamline University, an institution of higher education, at the Authority's offices at Suite 450 Galtier Plaza, 175 East Fifth Street, St. Paul, Minnesota on July 25,

1996 at 10:00 a.m. A public hearing was held at the Alumni Guest House at Carleton College, Northfield, Minnesota on June 19, 1996 with respect to this same matter, but the Project has been amended by describing the original projects as further described below. Under the new proposal, the Authority would issue its revenue bonds or other obligations in an original aggregate principal amount of up to approximately \$22,000,000 to finance a project generally described as (a) the construction, furnishing and equipping of an approximately 73,000 square foot fieldhouse, including gym, offices, locker rooms, lounge, storage and areas for track and field practice, sports medicine, teaching and strength and fitness training (the "Fieldhouse"), (b) the construction, furnishing and equipping of an approximately 42,000 square foot four-level addition to the law and graduate school building, including library, faculty offices, classrooms and meeting rooms (the "Addition"), (c) site acquisition and construction of approximately 220 surface parking spaces on north and south sides of the campus ("Parking Lots"), (d) renovation of computer offices and equipment rooms ("Renovation"), (e) the refunding of the Authority's outstanding Revenue Bonds, Series Three-A (Trustees of the Hamline University of Minnesota), originally issued to (i) finance the advance refunding of the Authority's Revenue Bonds, Series Two-G, the proceeds of which were used for the renovation and refurbishing of Sorin, Peterson, Osborn, Schilling and Manor House Residence Halls; (ii) the renovation, equipping and repairs to Manor House, Sorin and Drew Halls, the Law School, Bush Library, Old Main and the swimming pool facility; (iii) the purchase and installation of an emergency generator; (iv) the purchase and installation of signage throughout the campus; and (v) maintenance and remodeling projects at various campus locations, including acquisition and installation of replacement windows and sidewalks and security lighting, and (f) the refunding of the Authority's outstanding Mortgage Revenue Bonds, Series Three-K (Trustees of the Hamline University of Minnesota), originally issued to finance the refunding of the Authority's Mortgage Revenue Bonds, Series Two-A, the proceeds of which were used to finance the construction, furnishing and equipping of an academic building for the law school (collectively, the "Project"), owned or to be owned and operated by the University and located on its main campus, the principal street address of which is 1536 Hewitt Avenue, St. Paul, Minnesota 55104-1284.

At said time and place the Authority shall give all parties who appear or have submitted written comments an opportunity to express their views with respect to the proposal to undertake and finance the Project.

Dated: 1 July 1996

By Order Of The Minnesota Higher
Education Facilities Authority
J. Luther Anderson
Executive Director

Department of Human Services

Home and Community-Based Services Division

Notice of Solicitation for Individuals Interested in Participating on Foster Care Studies Task Force

NOTICE IS HEREBY GIVEN that pursuant to the *Laws of Minnesota* 1996, chapter 451, article 4, section 67; article 5, section 37; and article 7, section 2; the State Department of Human Services is forming a foster care studies task force and is seeking membership. The purpose of the task force is to: (1) study adult foster care licensure requirements as they apply to corporate adult foster care homes and recommend needed changes to these licensure requirements following the implementation of the housing with services contract act under *Minnesota Statutes*, chapter 144D; (2) review the provision of home care services to children and adults living in licensed foster care settings and recommend home care service authorization standards for foster care residents which will assure appropriate care while avoiding duplication of services and payments; and (3) examine and report on strategies for supporting families with medically fragile and technology-dependent children including coordination and administration of medical assistance and home and community-based waiver program services with respect to the out-of-home placement of such children, and recommend strategies to decrease the number of these children hospitalized or whose length of stay in a hospital is extended because appropriate foster care placements are not available or affordable under the current reimbursement system.

The task force shall be composed of home care providers, foster care providers, representatives of adult and child home care service recipients, and staff from counties and the departments of human services and health.

The findings of the task force will be used to assist the department in preparing the studies and recommendations which will be presented to the next session of the Minnesota Legislature.

Meetings of the task force are expected to be held in August and September 1996. Individuals interested in serving on the task force must be willing and able to meet frequently during this period. Task force selection will be announced by July 26, 1996.

Official Notices

Individuals interested in participating on the foster care studies task force must submit a letter of interest and resume/curriculum vitae addressing the following points: your background, why you are interested in serving on the task force, why you think your viewpoint would be typical of the group you represent, any specific concerns you may have, and any accommodations you may require for a disability in order to participate. Letters of interest and resumes must be submitted by mail or fax to: Betty Johnson, Minnesota Department of Human Services, Home and Community-Based Services Division, 444 Lafayette Road, St. Paul, Minnesota 55155-3857 (FAX 612-215-1801). For further information contact Betty Johnson at (612) 282-6992. For TDD, contact Minnesota Relay Service at (612) 297-5353 or 1-800-627-3529. Letters of interest must be received by July 22, 1996, for consideration.

Dated: 28 June 1996

Marge Scudder-Brchan
Home and Community-Based Services Division
Department of Human Services

Board of Examiners for Nursing Home Administrators

Request for Comments on Planned Amendment to Rules Governing Licensure and Discipline of Nursing Home Administrators, *Minnesota Rules Chapter 6400*

Subject of Rule. The Minnesota Board of Examiners for Nursing Home Administrators requests comments on its planned amendment to rules governing licensure and discipline of nursing home administrators. The board is considering rule amendments that clarify terms, govern board operations, revise licensure requirements and application provisions, revise terminology and requirements concerning acting administrators, revise continuing education requirements for license renewal and reinstatement, revise criteria for disciplinary action, revise procedures for academic program review, and clarify applicant and licensee responsibilities.

Persons Affected. The amendments to the rules would likely affect current and prospective licensees of the board, applicants for licensure by the board and academic institutions which provide courses to meet rule requirements.

Statutory Authority. *Minnesota Statutes*, sections 144A.21 subd.2 and 144A.24, require the board to adopt rules for processing license renewals, for developing and enforcing standards for nursing home administrator licensing, assuring that nursing home administrators comply with the board's standards, and for receiving and investigating complaints and taking appropriate action consistent with chapter 214 to discipline nursing home administrators who fail to comply with the board's law, rules, and standards.

Public Comment. Interested persons or groups may submit comments or information on these planned rules in writing or orally until further notice is published in the *State Register* that the board intends to adopt or to withdraw the rules.

Rules Drafts. The board has prepared a draft of the planned rule amendments.

Agency Contact Person. Written or oral comments, questions, requests to receive a draft of the rules and requests for more information on these planned rules should be addressed to: Julie Vikmanis, Executive Director, Board of Examiners for Nursing Home Administrators, 2700 University Ave. W., St. Paul, Minnesota, 55114-1082, phone (612) 642-0595, fax (612) 643-3414, TTY Relay (612) 297-5353 or 1-800-627-3529.

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

Note: Comments submitted in response to this notice will *not* be included in the formal rulemaking record when a proceeding to adopt these rules is started.

Dated: 26 June 1996

Julie Vikmanis, Executive Director
Board of Examiners for Nursing Home Administrators

DUAL NOTICES**Department of Trade and Economic Development****Public Facilities Authority****Department of Health****Division of Environmental Health****Request for Comment on Planned Rule Revision of the Drinking Water Revolving Fund
Minnesota Rules, Chapter 7380 and Chapter 4720**

NOTICE IS HEREBY GIVEN that the Minnesota Department of Trade and Economic Development and the Minnesota Department of Health jointly request comments on their planned revision of existing *Minnesota Rules*, Chapter 7380 and Chapter 4720 to include rules governing the Drinking Water Revolving Fund (DWRF). The departments are jointly considering the revision of these existing rules in anticipation of establishment of a revolving loan fund program for drinking water projects.

Subject of Rule

The DWRF is expected to be established with the reauthorization of the federal Safe Drinking Water Act pending in Congress. It will provide financial assistance to public drinking water suppliers to ensure a continued safe supply of drinking water for Minnesota citizens. Public drinking water suppliers who qualify for this assistance, which will come primarily in the form of low-interest loans, will use the money to make capital improvements to their drinking water facilities and infrastructure. The Minnesota Legislature has authorized joint administration of the DWRF by the Minnesota Public Facilities Authority and the Minnesota Department of Health.

Subjects that may be included in the revised rules are: project priority system, planning requirements, intended use plan, plans and specification requirements, application process, project evaluation and approval process, interest rate determination, terms and conditions, release of funds, inspections and records, reports and audits, project completion and performance repayment requirements, sanctions, disputes, procedural rules and appeals, variances and any other related subjects.

Persons Affected

The revisions would likely affect community public drinking water supplies and public or nonprofit noncommunity public drinking water supplies, consulting engineers working in the drinking water field, and any person interested in safe drinking water. The departments have jointly formed a rule advisory group consisting of representatives of public drinking water supplies and consulting engineers working in the drinking water field. The group has met periodically since February 21, 1995, and will continue to meet until the proposed rule is ready for publication. Information about dates, times, locations and agendas of future advisory group meetings may be obtained from the person listed below.

Statutory Authority

Authority of the commissioner of trade and economic development to adopt rules for the Public Facilities Authority governing the DWRF is contained in *Minnesota Statutes*, section 446A.081, subdivision 11. Authority for the commissioner of health to adopt rules governing the DWRF is contained in *Minnesota Statutes*, section 446A.081, subdivision 12.

Public Comment

Interested persons or groups may submit comments or information on this planned rule in writing or orally until the proposed rule is published in the *State Register*. The departments anticipate that a draft of the rule revisions will be available before the publication of the proposed rule. Written comments, questions, requests to receive a draft of the rule revision and requests for more information on the planned rule revisions should be addressed to:

Linda D. Prail
Minnesota Department of Health
Division of Environmental Health
P.O. Box 64975
St. Paul, Minnesota 55164-0975

Official Notices

Oral comments, questions, requests to receive a draft of the rule revision or requests for more information on the planned rule revision will be received during regular business hours over the telephone by Ms. Prail at 612/215-0762. Faxes may be sent to 612/215-0978. Ms. Prail's internet address is Linda.Prail@health.state.mn.us.

Comments submitted in response to this notice will not be included in the formal rulemaking record when a proceeding to adopt a rule is started.

Patricia A. Bloomgren, Director
Division of Environmental Health

Jay Novak
Commissioner of Trade and Economic Development

This notice can be made available in alternative formats.

Department of Transportation

Request for Information on Nova: Minnesota Guidestar Strategic Plan

The Minnesota Department of Transportation (Mn/DOT) is seeking comments from all sources (public, private, governmental, academic, professional groups, etc.) regarding its plans for deployment of corridor-based, Intelligent Transportation Systems (ITS) technology statewide, with special emphasis on rural Minnesota. This effort will move Minnesota Guidestar into the next generation of fully integrated ITS research, demonstration and deployment for both urban and rural Minnesota.

This is *not* a request for proposals or an invitation for bids. Comments on the following discussions and issues are solicited.

Introduction:

The United States Department of Transportation (USDOT) recently announced its intent to deploy ITS technology in one to two major metropolitan areas to provide a model for future deployment. Mn/DOT, with the assistance of Lockheed Martin Federal Systems (formerly Loral Federal Systems), has submitted a proposal to USDOT, referred to as Orion, for model deployment of ITS in the Twin Cities metropolitan area.

Intended to focus on deployment in the Twin Cities, Orion will not incorporate rural ITS initiatives, or continued research and demonstration efforts. As a result, Minnesota Guidestar will develop a strategic plan to blend rural and urban ITS initiatives in a seamless fashion for the state of Minnesota. This strategic planning effort is referred to as Nova.

In forming the basis of its strategic plan for Minnesota Guidestar, Mn/DOT is requesting information on:

- broad issues related to statewide, integrated ITS deployment in site-based, corridor-based or regional situations;
- strategic concepts for integrating statewide ITS research, demonstration and deployment;
- community and business implications for creating and supporting deployed ITS infrastructure; and
- your organization's contribution, if selected to participate in a two-day, Nova workshop.

This information will be used to determine content for and participation in the two-day, Nova workshop to be held on September 24-25, 1996, in Duluth, Minnesota.

Background:

Minnesota Guidestar is the state's ITS program. The program is built on partnerships between the academic, public and private sector. Since the program began in 1991, Minnesota Guidestar partnerships have led to the investment of more than \$90 million in research, demonstration and deployment of ITS in Minnesota.

ITS technology offers numerous transportation benefits to Minnesotans, including better travel information; safer, easier and more efficient travel; less traffic congestion; improved commercial fleet operations; cleaner air; and, energy savings. Improving the efficiency of our transportation system also boosts economic productivity. Every \$1 spent on ITS by the public sector translates into a \$4-5 investment in private sector products for consumers.

After several years of successful research and demonstration of how information technology can greatly enhance the existing transportation system, Minnesota Guidestar is changing. The announcement of USDOT plans to facilitate the deployment of ITS technology has encouraged Minnesota to strategically redefine its ITS efforts.

While the Orion project will focus on deployment in the Twin Cities metropolitan area, a strategic planning effort, called Nova, will produce strategies for Minnesota Guidestar to simultaneously focus on continuing ITS research, demonstration and deployment statewide.

To achieve this transformation, Minnesota Guidestar will conduct a two-day Nova workshop involving rural, commercial vehicle operation, research, sustainable transportation and urban interests. The workshop will give these audiences opportunities to interact with one another, as well as break into interest based discussion/planning groups.

The objectives of the Nova workshop, with emphasis on rural Minnesota, include:

- identification of a common public and private vision/action plan for statewide ITS deployment, extending to the year 2000;
- identification of public/private and public/public partnering and funding opportunities;
- integration of all related ITS planning, processes, policy and projects; and
- preparation of Mn/DOT for anticipated USDOT, ITS deployment initiatives.

Information obtained from this request for information and the workshop will then be used to develop a comprehensive, strategic plan for Minnesota Guidestar through the next biennium.

Comment Submission:

Your comments on the above proposed initiative are requested. Again, this is *not* a request for proposals or an invitation for bids. Your comments on this announcement should be submitted **no later than Friday, July 19, 1996** to:

Robert M. Works, Acting Director
Minnesota Department of Transportation
Minnesota Guidestar
117 University Avenue - Ford Building
Mail Stop 320
St. Paul, Minnesota 55155
Phone: 612/296-2533
Fax: 612/215-0409

Please limit your comments to six pages, total. Your input on these important issues is greatly appreciated, but responses will not be acknowledged.

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 Health

Health Policy and Systems Compliance Division

Request for Proposals to Provide Technical Assistance to the Minnesota Department of Health in the Development of a Plan for Risk Adjustment for the State of Minnesota Administered Public Health Care Programs

The State of Minnesota Department of Health (MDH) is seeking proposals from qualified firms to provide technical assistance in the development of a risk adjustment system for state-run public programs including Medical Assistance, General Assistance Medical Care (GAMC) and MinnesotaCare. This contract will not exceed \$245,000. The contractor will provide services, recommendations and technical assistance to MDH in the following four program areas:

A. Survey of Public Program Population

The contractor will implement a survey to the public program population and analyze survey responses in order to identify variables predictive of future health care costs not currently captured in the public program application process yet predictive of health care expenditures.

B. Database Development

The contractor will provide technical assistance/advice to MDH in the development of a database of claims/encounter/eligibility data to be used to evaluate risk assessment models.

C. Evaluation of Risk Assessment Models

The contractor will assist MDH in the evaluation of several risk assessment models in terms of overall strength of the models, in terms of explanatory power and appropriate incentives. Selected risk assessment models will then be further evaluated from an operational perspective, in terms of data availability, administrative feasibility, potential gameability, etc. A major component of this operational evaluation will be a behavioral simulation exercise.

D. Implementation Recommendations

The contractor will provide recommendations regarding the practical implementation of the risk adjustment system for Minnesota public programs.

For a copy of the Request for Proposals, please contact Gini Weslowski at the Department of Health, PO Box 64975 St. Paul, MN 55164-0975 or by phone at 612-282-6339.

Hennepin Technical College

Request for Proposal (RFP) for Child Care Services at Hennepin Technical College

Introduction:

Hennepin Technical College, Eden Prairie Campus, is soliciting bids for the management of its Child Care Center, beginning September 3, 1996.

Proposal Due Date:

Vendor proposals are due no later than 4:00 p.m., August 9, 1996. Proposals must be submitted to the Campus CEO, Hennepin Technical College, Eden Prairie Campus, 9200 Flying Cloud Drive, Eden Prairie, MN 55347. Specifications can be obtained by calling 550-3101.

Site Inspection and Briefing:

HTC will host a briefing session and site inspection Wednesday, July 24, 1996, at 10:00 a.m. for interested bidders. Call Irene Corbett at 550-3101 to schedule an appointment.

Proposal Issue Date:

July 8, 1996.

Professional, Technical & Consulting Contracts

Contract Period:

The term of the contract shall be two years with the option to extend up to thirty-six additional months.

Contract Administrator:

Diane Paulson, Vice President of Finance, Hennepin Technical College, (612) 550-2170.

Proposal Authority:

Minnesota Statutes 471.345

Hennepin Technical College Contact:

Questions about the Request for Proposal should be addressed to Marty Patterson, Campus CEO, Hennepin Technical College, Eden Prairie Campus, 9200 Flying Cloud Drive, Eden Prairie, MN 55347, (612) 550-3100.

Department of Human Services

Willmar Regional Treatment Center

Notice of Request for a Proposal for Psychiatric Services

NOTICE IS HEREBY GIVEN that the Willmar Regional Treatment Center, Residential Facilities Administration, Department of Human Services, is seeking services which are to be performed as requested by the Administration of the Willmar Regional Treatment Center. The following contract will be written for the period August 1, 1996 through June 30, 1997.

1. **Psychiatric services** needed to serve the needs of the clients at Willmar Regional Treatment Center.

Responses must be received by July 12, 1996. Direct inquiries to:

Stephen Grams, Business Manager
Willmar Regional Treatment Center
Box 1128
Willmar, MN 56201
(320) 231-5396

Department of Natural Resources

Division of Fish and Wildlife

Notice of Fish and Wildlife Habitat Stamp Art Contests

Background about the Fish and Wildlife Habitat Stamp Art Contests

Minnesota Statutes 97A.045 and Minnesota Rules 6290 permit the Commissioner of the Department of Natural Resources (DNR) to conduct contests for selection of designs for fish and wildlife habitat stamps.

NOTICE IS HEREBY GIVEN that entry dates for four habitat stamp contests conducted by the DNR are as follows:

1. **1997 Trout and Salmon Stamp contest.** Entries will be accepted beginning July 29, 1996 and continuing until 4 p.m. Friday, August 9, 1996 at the DNR Fisheries Office, 500 Lafayette Road, St. Paul, MN 55155.
2. **1997 Migratory Waterfowl Stamp contest.** Entries will be accepted beginning August 12, 1996 and continuing until 4 p.m. Friday, August 23, 1996 at the DNR Wildlife Office, 500 Lafayette Road, St. Paul, MN 55155.
3. **1997 Pheasant Habitat Stamp contest.** Entries will be accepted beginning September 3, 1996 and continuing until 4 p.m. Friday, September 13, 1996 at the DNR Wildlife Office, 500 Lafayette Road, St. Paul, MN 55155.
4. **1997 Turkey Habitat Stamp contest.** Entries will be accepted beginning September 23, 1996 and continuing until 4 p.m. Friday, October 4, 1996 at the DNR Wildlife Office, 500 Lafayette Road, St. Paul, MN 55155.

All entries for the contests must be accompanied by the appropriate application materials. Contest application packages, which include all entry forms and specifications, are available by writing: Minnesota DNR Information Center, 500 Lafayette Road, St. Paul, MN 55155-4040; or by calling the DNR at (612) 296-6157.

Dated: 25 June 1996

Mark Ebbers
Section of Fisheries
Department of Natural Resources

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.

Metropolitan Council

Request for Proposal for Para-Transit Vehicles

The Metropolitan Council of St. Paul/Minneapolis in Minnesota will be accepting proposals until 4:00 P.M., CDT, WEDNESDAY, SEPTEMBER 11, 1996 for providing the following:

125 Para-transit Vehicles with Wheelchair Lifts and/or Accommodations to support the Metro Mobility program, a large urban para-transit system serving persons with disabilities.

The RFP will be available on July 15, 1996. Please make your requests to:

Metropolitan Council
Mears Park Centre, 5th Floor
230 East Fifth Street
St. Paul, Minnesota 55101

Attn: Jackie Finger, Purchasing Agent
Office (612) 229-3770
Fax — (612) 229-2083

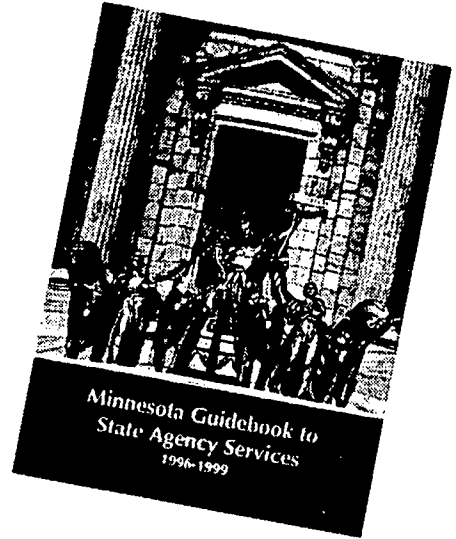
A written request must be submitted. Indicate the name of the firm, a designated contact person, a mailing address, phone and facsimile numbers.

A pre-proposal conference will be held on August 7, 1996 at the Mears Park Centre.

The Metropolitan Council reserves the right to reject any and all proposals.

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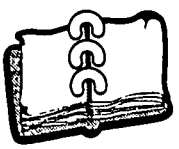
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