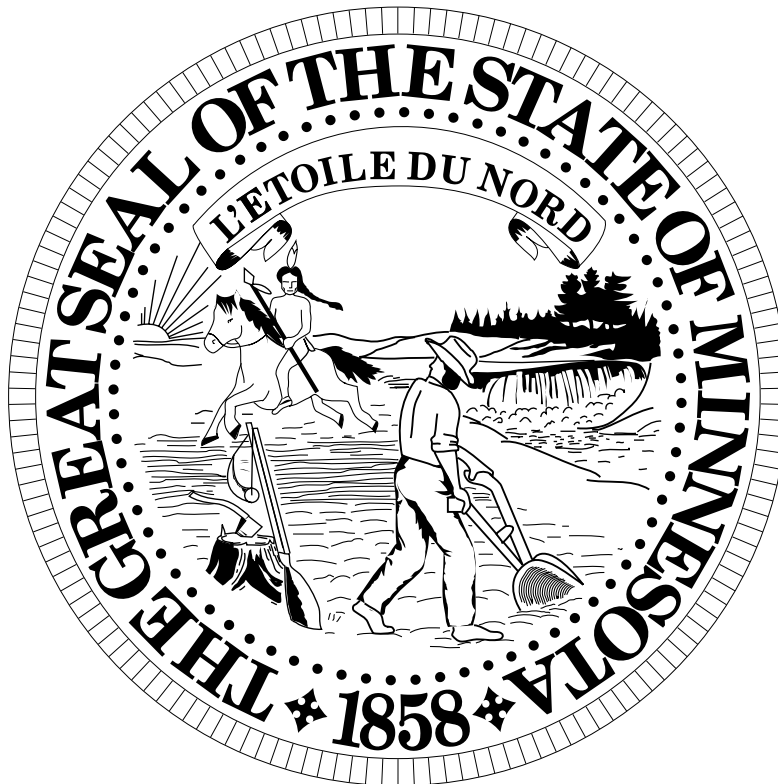


State of Minnesota

State Register

Rules and Official Notices Edition



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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, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes* § 14.46. The *State Register* contains:

- proposed, adopted, exempt, expedited emergency and withdrawn rules
- executive orders of the governor
- appointments
- proclamations and commendations
- commissioners' orders
- revenue notices
- official notices
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#22	Monday 27 November	Noon Wednesday 15 November	NOON MONDAY 20 NOVEMBER
#23	Monday 4 December	NOON TUESDAY 21 NOVEMBER	Noon Tuesday 28 November
#24	Monday 11 December	Noon Wednesday 29 November	Noon Tuesday 5 December
#25	Monday 18 December	Noon Wednesday 6 December	Noon Tuesday 12 December

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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 80 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. The current 1999 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, or within 60 days of the effective date of any new statutory grant of required rulemaking.

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a 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 most current edition of 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 issues #1-39; issues #40-51 inclusive; and issues #1-52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000, or toll-free 1-800-657-3757.

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Proposed Rules

Comments on Planned Rules or Rule Amendments

An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency (*Minnesota Statutes* §§ 14.101). It does this by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

Rules to be Adopted After a Hearing

After receiving comments and deciding to hold a public hearing on the rule, an agency drafts its rule. It then publishes its rules with a notice of hearing. All persons wishing to make a statement must register at the hearing. Anyone who wishes to submit written comments may do so at the hearing, or within five working days of the close of the hearing. Administrative law judges may, during the hearing, extend the period for receiving comments up to 20 calendar days. For five business days after the submission period the agency and interested persons may respond to any new information submitted during the written submission period and the record then is closed. The administrative law judge prepares a report within 30 days, stating findings of fact, conclusions and recommendations. After receiving the report, the agency decides whether to adopt, withdraw or modify the proposed rule based on consideration of the comments made during the rule hearing procedure and the report of the administrative law judge. The agency must wait five days after receiving the report before taking any action.

Rules to be Adopted Without a Hearing

Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rule Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. 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*.

Department of Human Services

Proposed Permanent Rules Relating to Family Community Support Services

NOTICE OF HEARING

Proposed Amendments to Rules Governing Family Community Support Services Under Medical Assistance, *Minnesota Rules*, parts 9505.0323, 9505.0324, 9505.0326 and 9505.0327

Public Hearing. The Department of Human Services intends to adopt rules after a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.131 to 14.20. The agency will hold a public hearing on the above-entitled rules in Room 1A/B, Department of Human Services, 444 Lafayette Road, North, St. Paul, MN 55155, starting at 9:00 a.m., on January 5th, 2001 and continuing until the hearing is completed. Additional days of hearing will be scheduled if necessary. All interested or affected persons will have an opportunity to participate by submitting either oral or written data, statements, or arguments. Statements may be submitted without appearing at the hearing.

Administrative Law Judge. The hearing will be conducted by Administrative Law Judge Barbara L. Neilson, who can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, **phone:** (612) 341-7604, and **fax:** (612) 349-2665. The rule hearing procedure is governed by *Minnesota Statutes*, sections 14.131 to 14.20, and by the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2000 to 1400.2240. Questions concerning the rule hearing procedure should be directed to the Administrative Law Judge.

Subject of Rules, Statutory Authority, and Agency Contact Person. The subject of the hearing will be the proposed rules governing family community support services under medical assistance, *Minnesota Rules*, parts 9505.0323, 9505.0324, 9505.0326 and 9505.0327. The proposed rules are authorized by *Minnesota Statutes*, section 256B.0625, subdivision 35. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed. The agency contact person is: Caryn Ye, Department of Human Services, 444 Lafayette Ave North, St. Paul, MN 55155, **phone:** (651) 282-9850, **fax:** (651) 297-3173. **TTY** users may call the Department of Human Services at (651) 296-5705.

Statement of Need and Reasonableness. A Statement of Need and Reasonableness is now available for review at the agency offices and at the Office of Administrative Hearings. 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 be reviewed and copies obtained at the cost of reproduction from either the agency or the Office of Administrative Hearings.

Public Comment. You and all interested or affected persons, including representatives of associations and other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the close of the hearing record. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the Administrative

Law Judge at the hearing. Following the comment period, there is a five-working-day response period during which the agency and any interested person may respond in writing to any new information submitted. No additional evidence may be submitted during the five-day response period. All comments and responses submitted to the Administrative Law Judge must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. All comments or responses received will be available for review at the Office of Administrative Hearings.

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

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

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

Adoption Procedure After The Hearing. After the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date when the judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date on which the agency adopts the rules and files them with the Secretary of State, or ask to register with the agency to receive notice of future rule proceedings, and can make these requests at the hearing or in writing to the agency contact person stated above.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. Questions regarding this requirement may be directed to the Campaign Finance and Public Disclosure Board at: First Floor South, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone (651) 296-5148 or (800) 657-3889.

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

Dated: 20 October 2000

Commissioner
Michael O'Keefe

9505.0323 MENTAL HEALTH SERVICES.

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

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

Q. "Mental health services" means the services defined in items A, B, F, G, H, J, K, L, N, O, S, U, W, X, and Y and subpart 30, home-based mental health services as specified in part 9505.0324, ~~and~~ mental health case management services as specified in part 9505.0322, family community support services as specified in part 9505.0326, and therapeutic support of foster care as specified in part 9505.0327.

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

[For text of subps 2 to 32, see M.R.]

9505.0324 HOME-BASED MENTAL HEALTH SERVICES.

[For text of subps 1 to 5, see M.R.]

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

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

I. home-based mental health services to a child or the child's family that duplicate health services funded under part 9505.0323, grants authorized according to *Minnesota Statutes*, section 245.4886, the Minnesota family preservation act, *Minnesota Statutes*, section 256F.03, subdivision 5, paragraph (e), or the Minnesota Indian family preservation act, *Minnesota Statutes*, sections 260.751 to 260.835, except as provided in subitem (1) ~~or~~, (2), (3), or (4):

<p>KEY: PROPOSED RULES SECTION — <u>Underlining</u> 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 — <u>Underlining</u> indicates additions to proposed rule language. Strike outs indicate deletions from proposed rule language.</p>
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Proposed Rules

(1) up to 60 hours of day treatment services under part 9505.0323 within a six-month period provided concurrently with home-based mental health services to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is being phased out of day treatment services and phased into home-based mental health services or if the child is being phased out of home-based mental health services and phased into day treatment services and the home-based mental health services and day treatment services are identified ~~with~~ in 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~~

[For text of subitem (2), see M.R.]

(3) up to 45 hours of services provided by a Level I mental health behavioral aide within a six-month period and 90 hours of services provided by a Level II mental health behavioral aide within a six-month period delivered concurrently with home-based mental health services to a child with severe emotional disturbance are eligible for medical assistance payment without authorization if the child is being transitioned into or out of home-based mental health services and these services are identified in the child's individual treatment plan; or

(4) up to 96 hours of mental health crisis intervention and crisis stabilization services per calendar year provided by a mobile crisis response team under part 9505.0326 delivered concurrently with home-based mental health services to a child with severe emotional disturbance are eligible for medical assistance payment without authorization if the child is being transitioned into or out of home-based mental health services and provision of these services is documented in the child's record;

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

[For text of subs 7 and 8, see M.R.]

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~~ P.

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

~~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. "Individual behavioral plan" means a plan of intervention, treatment, and services for a child written by a mental health professional defined in Minnesota Statutes, sections 245.4871, subdivision 27, and 256B.0625, subdivision 5, or a mental health practitioner defined in part 9505.0323, subpart 31, under the clinical supervision of a mental health professional. The plan documents instruction for the services to be provided by the mental health behavioral aide.~~

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

J. "Mental health behavioral aide" means a paraprofessional working under the direction of a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional to implement the mental health services identified in a child's individual treatment plan and individual behavior plan. The legal guardian or foster parent of a child qualified to receive services under this part may not provide services to that child as a mental health behavioral aide.

K. "Mental health crisis intervention and crisis stabilization services" means intensive face-to-face, short-term mental health services initiated during a crisis to help the child return to the child's baseline level of functioning. This service is provided on-site by a mobile crisis response team outside of urgent care, inpatient, or outpatient hospital settings. The team is responsible for the service components under subpart 5b.

L. "Mobile crisis response team" means a team of mental health professionals or a combination of at least one mental health professional and one mental health practitioner under the clinical supervision of the mental health professional on the team. The team must have at least two people with at least one member providing on-site intervention and stabilization services. Team members must be experienced in mental health assessment, crisis intervention techniques, and clinical decision-making under emergency conditions. The team may recommend and coordinate community service resources and multiple service delivery systems such as county social services, school, the children's mental health collaborative, child protection, and corrections.

M. "Preschool program" means a day program licensed under parts 9503.0005 to 9503.0175 that is enrolled as a family community support services provider and that provides mental health services to a child who is at least 33 months old but who has not yet attended the first day of kindergarten. These mental health services are provided by a team of multidisciplinary staff under the clinical supervision of a mental health professional.

N. "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.

O. “Therapeutic camp program” means a structured recreational program of treatment and care provided by an enrolled family community support services provider that

(1) is licensed as a day program under parts 9503.0005 to 9503.0175;

(2) is accredited as a camp by the American Camping Association; or

(3) meets the criteria of a day program under parts 9503.0005 to 9503.0175 except it operates no more than 30 days in any 12-month period.

Services are provided by a team of multidisciplinary staff under the clinical supervision of a mental health professional.

~~K. P.~~ “Therapeutic support of foster care” has the meaning given in part 9505.0327.

Subp. 1a. **Applicability.** Part 9505.0326 governs medical assistance payment of the family community support services specified in *Minnesota Statutes*, sections 245.4871, subdivision 17, clauses (3) to (6); and 256B.0625, subdivision 35.

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 ~~and 8~~:

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~~ with a 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~~ assign any rights or obligations under its contract with the county board to a third party. For purposes of this item, “third party” means persons who are not employees of the provider entity under contract ~~to~~ with 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.

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

Subp. 4. ~~Eligibility for medical assistance payment~~ **Provider responsibilities.** 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 H~~. The mental health professional or practitioner delivering family community support services must work with other persons ~~rendering~~ providing 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 mental health 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 mental health 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 that~~ address the needs identified in the child’s treatment plan.

C. The county board or provider 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 or collaborative family service plan, when applicable.

D. Crisis assistance and mental health crisis intervention and crisis stabilization services provided outside of hospital inpatient settings 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.

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.

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[For text of items E and F, see M.R.]

G. In addition to the responsibilities listed in items A to F, a provider that offers services provided by a mental health behavioral aide must:

(1) recruit, train, and supervise mental health behavioral aides as specified in subparts 5a and 8;

(2) conduct a background study of each potential candidate for a mental health behavioral aide position that includes a search of information from the criminal justice data communications network in any state where the subject of the study has resided; and

(3) not hire the mental health behavioral aide candidate if the candidate's background information meets the disqualification conditions under *Minnesota Statutes*, section 245A.04, subdivision 3d.

H. In addition to the responsibilities listed in items A to F, a provider that offers mental health crisis intervention and crisis stabilization service must ensure that the services are available 24 hours a day, seven days a week.

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

Subp. 5a. **Qualifications of mental health behavioral aide and service criteria.**

A. Services provided by a mental health behavioral aide are paid at one of two rates according to the qualifications of the mental health behavioral aide.

(1) A Level I mental health behavioral aide must:

(a) be at least 18 years of age;

(b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous ten years; and

(c) meet the orientation and training requirements in subpart 8.

(2) A Level II mental health behavioral aide must:

(a) be at least 18 years of age;

(b) have an associate or bachelor's degree or 4,000 hours of experience in delivering clinical services in the treatment of mental illness concerning children or adolescents; and

(c) meet the orientation and training requirements in subpart 8.

(3) Level I mental health behavioral aide services are limited to 90 hours within a six-month period without authorization; Level II mental health behavioral aide services are limited to 180 hours within a six-month period without authorization. Authorization is needed in order to exceed each limit during any calendar year. The same child may not receive Level I and Level II mental health behavioral aide services concurrently.

B. Medically necessary services provided by a mental health behavioral aide are designed to improve the functioning of the child and support the family in activities of daily and community living. Delivery of these services must be documented by the mental health behavioral aide via written progress notes and must implement goals in the treatment plan for the child's severe emotional disturbance that allow the child to acquire developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities which may include:

(1) assisting the child as needed with skill development in dressing, eating, and toileting;

(2) assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;

(3) observing and intervening to redirect inappropriate behavior;

(4) assisting the child in using age appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;

(5) implementing de-escalation techniques as recommended by the mental health professional;

(6) implementing any other mental health service that the mental health professional has approved as being within the scope of the behavioral aide's duties; or

(7) assisting the parents to develop and use parenting skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavioral plan.

C. Services must be provided in the child's residence, preschool, school, day care, and other community or recreational setting. "Residence" does not include a group home, regional treatment facility or other institutional setting, juvenile detention facility, an acute care hospital, or a foster care setting in which the license holder is not the primary care giver and does not reside with the child.

D. The mental health professional must approve the services provided by the mental health behavioral aide in the individual treatment plan. When developing the child's individual treatment plan, the mental health professional or mental health practitioner must collaborate with the child's family through parent teaming to consider the needs of the child and the child's family to determine the scope, duration, and frequency of services required for the child and the child's family. In developing the individual treatment plan, the mental health professional or mental health practitioner must assess the complexity of the tasks the mental health behavioral aide will deliver in order to determine if a Level I or Level II mental health behavioral aide is most appropriate in delivering the required services and the number of hours of service. In the event a Level II mental health behavioral aide is required to provide the services but is unavailable, documentation must be made in the individual treatment plan to reflect the need for additional instruction of a Level I mental health behavioral aide.

E. The mental health professional must approve the services in the individual behavior plan before they are provided by the mental health behavioral aide. The individual behavior plan must include:

- (1) detailed instructions on the service to be provided;
- (2) time allocated to each service;
- (3) methods of documenting the child's behavior;
- (4) methods of monitoring the progress of the child in reaching objectives; and
- (5) goals to increase or decrease targeted behavior as identified in the individual treatment plan.

F. Direction of the mental health behavioral aide includes all of the following:

- (1) one total hour of on-site observation by a mental health professional during the first 12 hours of service provided to a child;
- (2) ongoing on-site observation by a mental health professional or mental health practitioner for at least one total hour during every 40 hours of service provided to a child; and
- (3) immediate accessibility of the mental health professional or the mental health practitioner to the mental health behavioral aide during service provision.

G. When providing direction, the mental health professional or the mental health practitioner who is clinically supervised by a mental health professional must:

- (1) review progress notes prepared by the mental health behavioral aide for accuracy and consistency with diagnostic assessment, treatment plan, and behavior goals. Progress notes must be approved and signed by the mental health professional or mental health practitioner;
- (2) identify changes in treatment strategies, revise the individual behavior plan, and communicate treatment instructions and methodologies as appropriate to ensure that treatment is implemented correctly;
- (3) demonstrate family friendly behaviors that support healthy collaboration among the child, the child's family, and providers as treatment is planned and implemented;
- (4) ensure that the mental health behavioral aide is able to effectively communicate with the child, the child's family, and the provider; and
- (5) record the results of any evaluation and corrective actions taken to modify the work of the mental health behavioral aide.

Subp. 5b. Mental health crisis intervention and crisis stabilization services.

A. Prior to initiating on-site intervention by the mobile crisis response team, an initial assessment of the crisis must be made using the resources of the crisis assistance or emergency services as defined in *Minnesota Statutes*, section 245.4871. The following components must be performed as part of mental health crisis intervention and crisis stabilization services:

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(1) provide immediate intervention to provide relief of distress based on the determination that the child's behavior is a serious deviation from the child's baseline level of functioning;

(2) conduct culturally appropriate assessment which evaluates the child's current life situation and sources of stress; the child's current mental health problems, strengths, and vulnerabilities; and the child's current functioning and symptoms;

(3) develop a written short-term crisis intervention plan within 72 hours of the initial intervention. The purpose of the short-term crisis intervention plan is to describe mental health services needed by the child to reduce or eliminate the crisis. The team must involve the child and the child's family in developing and implementing the plan;

(a) if the child shows positive change toward restoration to a baseline level of functioning or decrease in personal distress, the team must document that treatment goals have been met and that no further services are required; or

(b) if the child is stabilized, and requires less than eight hours of mental health crisis intervention services or a referral to less intensive mental health services such as family community support services, the team must document the referral sources, treatment goals, need for the services, and the types of services to be provided;

(4) develop a written long-term intervention plan if more than eight hours of crisis intervention services are needed. The team must involve the child and the child's family in developing and implementing the plan. The purpose of the long-term intervention plan is to identify strategies to reduce symptomatology of emotional disturbance or mental illness contributing to the crisis; coordinate linkage and referrals to community mental health resources; and prevent placement in a more restrictive setting. The team must document the referral sources, treatment goals, need for the services, and the types of the services to be provided; and

(5) if the child and family refuse to approve the plan, the team must note their refusal to approve the plan and the reason or reasons for refusal.

B. Mental health crisis intervention and crisis stabilization services are limited to no more than 192 hours per calendar year without authorization. Medical assistance will not pay for mental health crisis intervention and crisis stabilization services if they are used as crisis respite care.

Subp. 5c. Therapeutic components of preschool program.

A. Medical assistance payment for therapeutic components of a preschool program is limited to 72 hours of treatment in a calendar year unless authorization is obtained for additional hours within the same calendar year. The therapeutic components of a preschool program must be available at least one day a week for a minimum two-hour time block. The program may be longer than two hours per day but medical assistance payment is limited to two hours of treatment per day. The two-hour time block may include individual or group psychotherapy and any of the following developmentally and therapeutically appropriate activities: recreation therapy, socialization therapy, and independent living skills therapy, to the extent they are included in the child's individual treatment plan or behavioral plan. Daily documentation of treatment must include a checklist of available therapies in which the child participated. Weekly documentation must include a summary of measurable goals and progress in meeting the treatment plan.

B. The treatment must be provided by a multidisciplinary team under the clinical supervision of a mental health professional. A multidisciplinary team consists of any combination of the following individuals: a mental health professional and a mental health practitioner under the clinical supervision of a mental health professional on the team, or a program staff person as defined in part 9503.0005, subpart 21, provided that the person meets the qualifications and training of a Level I mental health behavioral aide and is under the direction of a mental health professional. Direction of the program staff person by the mental health professional must meet the requirements in subpart 5a, item F. The team may recommend and coordinate community service resources and multiple service delivery systems such as county social services, school, the children's mental health collaborative, child protection, and corrections.

Subp. 5d. Therapeutic components of a therapeutic camp program.

A. Medical assistance payment for therapeutic components of a camp program is limited to 20 hours of treatment in any calendar year. The 20-hour time block may include individual or group psychotherapy, and any of the following or combination of the following developmentally and therapeutically appropriate activities:

(1) recreation therapy;

(2) socialization therapy; and

(3) independent living skills therapy to the extent they are included in the child's individual treatment plan or individual behavioral plan. Daily documentation of treatment must include a checklist of available therapies in which the child participated, and weekly documentation must include a summary of measurable goals including the child's progress in meeting the objectives of the treatment plan.

B. The treatment must be provided by a multidisciplinary team under the clinical supervision of a mental health professional. A multidisciplinary team consists of any combination of the following individuals: a mental health professional, a mental health

practitioner under the clinical supervision of a mental health professional, or a program staff person as defined in part 9503.0005, subpart 21, provided the person meets the qualifications and training of a Level I mental health behavioral aide and is under the direction of a mental health professional. Direction of the program staff person by the mental health professional must meet the requirements of subpart 5a, item F. The team may recommend and coordinate community service resources and multiple service delivery systems such as county social services, school, the children's mental health collaborative, child protection, and corrections.

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;

C. services provided by a mental health behavioral aide as identified in the individual treatment plan and the individual behavior plan under subpart 5a;

D. mental health crisis intervention and crisis stabilization services provided under subpart 5b;

E. therapeutic components of a preschool program under subpart 5c; and

F. therapeutic components of a camp program under subpart 5d.

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

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

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 260.751 to 260.835, 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;

O. services of a mental health behavioral aide under subpart 5a, item B, provided by a personal care assistant;

P. services that are the responsibility of a residential or program license holder including foster care providers under the terms of a service agreement or administrative rules governing licensure; and

Q. crisis hotlines.

Subp. 8. **Required orientation and training.**

A. 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.

B. A provider that employs a mental health behavioral aide to provide family community support services under this part must require the mental health behavioral aide to complete 30 hours of preservice training. Topics covered during preservice training include those specified in part 9535.4068, subparts 1 and 2, and parent teaming training. The preservice training must include

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15 hours of face-to-face training in mental health services delivery and eight hours of parent teaming training. Components of parent teaming training include:

(1) partnering with parents;

(2) fundamentals of family support;

(3) fundamentals of policy and decision-making;

(4) defining equal partnership;

(5) complexities of parent and service provider partnership in multiple service delivery systems due to system strengths and weaknesses;

(6) sibling impacts;

(7) support networks; and

(8) community resources.

C. A mental health behavioral aide must receive 40 hours of continuing education every two calendar years. Topics covered include those specified in part 9535.4068, subpart 2. The continuing education must be related to serving the needs of children with severe emotional disturbance and the child's family in the child's home environment.

Subp. 9. **Travel to the child's treatment site.** A mental health practitioner ~~or, mental health professional, or mental health behavioral aide~~ 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.

[For text of subp 10, see M.R.]

9505.0327 THERAPEUTIC SUPPORT OF FOSTER CARE.

[For text of subps 1 to 7, see M.R.]

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

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

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 260.751 to 260.835, except as provided in ~~subitem~~ subitems (1) ~~or~~, (2), (3), or (4):

(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~~

(3) up to 45 hours of services provided by a Level I mental health behavioral aide within a six-month period and 90 hours of services provided by a Level II mental health behavioral aide within a six-month period delivered concurrently with therapeutic support of foster care services to a child with severe emotional disturbance are eligible for medical assistance payment without prior

authorization if the child is being transitioned into or out of therapeutic support of foster care services and those services and the services provided by a mental health behavioral aide are identified in the child's individual treatment plan; or

(4) up to 96 hours of mental health crisis intervention and stabilization services per calendar year provided by a mobile crisis response team under part 9505.0326 provided concurrently with therapeutic support of foster care services to a child with severe emotional disturbance are eligible for medical assistance payment without prior authorization if the child is being transitioned into or out of therapeutic support of foster care services and provision of these services is documented in the child's record; or

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

[For text of subs 9 to 11, see M.R.]

Exempt Rules

Exempt rules are excluded from the normal rulemaking procedures (*Minnesota Statutes* § 14.386 and 14.388). They are most often of two kinds. One kind is specifically exempted by the Legislature from rulemaking procedures, but approved for form by the Revisor of Statutes, reviewed for legality by the Office of Administrative Hearings, and then published in the *State Register*. These exempt rules are effective for two years only.

The second kind of exempt rule is one adopted where an agency for good cause finds that the rulemaking provisions of *Minnesota Statutes*, Chapter 14 are unnecessary, impracticable, or contrary to the public interest. This exemption can be used only where the rules:

- (1) address a serious and immediate threat to the public health, safety, or welfare, or
- (2) comply with a court order or a requirement in federal law in a manner that does not allow for compliance with *Minnesota Statutes* 14.14-14.28, or
- (3) incorporate specific changes set forth in applicable statutes when no interpretation of law is required, or
- (4) make changes that do not alter the sense, meaning, or effect of the rules.

These exempt rules are also reviewed for form by the Revisor of Statutes, for legality by the Office of Administrative Hearings and then published in the *State Register*. In addition, the Office of Administrative Hearings must determine whether the agency has provided adequate justification for the use of this exemption. Rules adopted under clauses (1) or (2) above are effective for two years only.

The Legislature may also exempt an agency from the normal rulemaking procedures and establish other procedural and substantive requirements unique to that exemption.

Department of Human Services

Adopted Exempt Permanent Rules Relating to Diagnostic Related Groups

Notice of Revision of Diagnosis Related Groups Classifications for Inpatient Hospital Payment, *Minnesota Rules*, part 9500.1100, subparts 20b to 20g pursuant to *Minnesota Statutes*, section 256.969, subdivision 2

This notice provides information about revisions of the diagnostic categories for inpatient hospital services under the Medical Assistance (MA) and General Assistance Medical Care (GAMC) programs.

Minnesota Statutes, section 256.969, subdivision 2 and *Minnesota Rules*, 9500.1110, subpart 2 authorize the commissioner of Human Services to reconfigure the diagnostic categories after notice in the *State Register* and a 30-day comment period.

The diagnostic category revisions are based on a review of 1996/97 base-year claims that will be used to establish the January 1, 2001 rates. The change in base-year makes it necessary in some cases to combine previously separate diagnostic categories which had either zero or very low claim counts. Categories have been added to reduce the variances in cost within the diagnostic categories and to create diagnostic categories for high-usage diagnoses and procedures.

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Exempt Rules

The diagnostic category revisions are effective for admissions occurring on or after January 1, 2001. Aggregate payments to the industry for inpatient hospital services are not altered by these revisions. A report of the relative values for the diagnostic categories will be sent to each hospital with the rate notice by December 1, 2000.

Written comments on the diagnostic category revisions may be sent to:

Ann Gjerstad
Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155-3853

Telephone calls about the diagnostic category changes may be directed to: Ann Gjerstad at (651) 297-2814 or Richard Tester at (651) 296-5596.

9500.1100 DEFINITIONS.

[For text of subps 1 to 20a, see M.R.]

Subp. 20b. **Diagnostic categories eligible under the medical assistance program.** The following diagnostic categories are for persons eligible under the medical assistance program except as provided in subpart 20c, 20d, 20e, or 20f:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
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[For text of items A to D, see M.R.]

E. Circulatory System Conditions

(1) Major cardiac surgeries [Reserved for future use]	104, 106, 108
(2) Other cardiac interventional and surgical procedures [Reserved for future use]	105, 107, 110, 115
(3) Percutaneous cardiac and other vascular procedures	111, 112, 114, 116-120, 479
(4) [Reserved for future use] Major cardiac surgeries	<u>104-106, 108</u>
(5) [Reserved for future use] Other cardiac interventional and surgical procedures	<u>107, 109, 110, 115</u>

[For text of subitems (6) to (14), see M.R.]

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

G. Hepatobiliary System Conditions

(1) Treated with surgical procedure [Reserved for future use]	191, 201, 493, 494
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[For text of subitems (2) to (7), see M.R.]

(8) ~~[Reserved for future use]~~
Treated with surgical
procedure 191-201,
493, 494 Codes in
DRG 191
except
52.80-52.86

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

J. Endocrine, Nutritional, and Metabolic Diseases and Disorders

[For text of subitems (1) to (4), see M.R.]

(5) ~~Other endocrine, nutritional,~~
~~and metabolic conditions~~ 289-293, 300,
301

[Reserved for future use]

(6) Other endocrine,
nutritional, and
metabolic conditions

289-293,
300, 301

Codes in
DRG 292
except
52.80-52.86

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

N. Pregnancy Related Conditions

(1) [Reserved for future use]
 (2) [Reserved for future use]
 (3) Postpartum and post abortion
 conditions treated ~~with~~
without surgical
 procedure

376

[For text of subitems (4) to (7), see M.R.]

(8) Abortion with D & C,
 aspiration ~~curettage~~
curettage or
 hysterotomy

381

(9) False labor

382

(10) Other antepartum conditions

383, 384

[For text of items O and P, see M.R.]

Q. Myeloproliferative Diseases and Disorders, Poorly Differentiated Malignancy and other Neoplasms ~~Not Elsewhere Classified~~

[For text of subitems (1) to (7), see M.R.]

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

W. Burns

(1) ~~Extensive burns or burns~~
~~treated with surgical~~
~~procedure~~

457-459, 472

[Reserved for future use]

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Exempt Rules

(2) Nonextensive burns without surgery [Reserved for future use]	460	
(3) Extensive third degree and full thickness with CC	504-506	
(4) Full thickness and nonextensive burns with CC	507, 508, 510 509, 511	
(5) Uncomplicated burns		
X. Factors Influencing Health Status	461-467	
Y. Bronchitis and Asthma		
(1) (Ages 0-1)	098	
(2) (Ages 2-17)	098	
Z. [Reserved for future use]		
	[For text of items AA to EE, see M.R.]	
FF. Depressive Neurosis		
(1) (Ages 0-17)	426	
(2) (Ages > 17)	426	
	[For text of items GG to JJ, see M.R.]	
KK. Extreme Immaturity		
	[For text of subitems (1) to (4), see M.R.]	
(5) Neonate respiratory distress syndrome	386	Codes FOR <u>in</u> DRG 386 except 76501-76505
LL. Prematurity with Major Problems		
(1) (< 1249 Grams)	387	76511-76514
(2) (1250 to 1749 Grams)	387	76506, 76510 76515, 76516
(3) (> 1749 Grams)	387	Codes for <u>in</u> DRG 387 Except 76500, 76506, 76510-76516
MM. Prematurity Without Major Problems	388	
NN. Full Term Neonates With		
(1) Major problems (Age 0)	389	
(2) Other problems	390	
OO. Multiple Significant Trauma	484-487	
PP. Implantation or Replacement of Cochlear Prosthetic Prosthetic Device	049	includes 20.96-20.98 <u>only</u>

QQ. Normal Newborns	391	
RR. [Reserved for future use]		
<u>Neonates, died on birth date</u>	<u>385</u>	<u>Includes neonates who expire in the birth hospital, and discharge date is the same as the birth date</u>
SS. [Reserved for future use]		
TT. [Reserved for future use]		
UU. Organ Transplants		
(1) [Reserved for future use]		
<u>Kidney and pancreas transplant</u>	<u>302, 191, 292</u>	<u>DRG 191, 292 includes 52.80-52.86 only</u>
(2) [Reserved for future use]		
<u>Heart, liver, bone marrow, lung, and bowel transplants</u>	<u>103, 480, 481, 495</u>	<u>Bowel transplant includes any DRG with procedure 46.99 and Revenue Code 811 or 812 only</u>
(3) Kidney and lung	302, 495	
[Reserved for future use]		
(4) Heart and liver	103, 480	
[Reserved for future use]		
(5) Bone marrow transplant	481	
[Reserved for future use]		

[For text of items VV and WW, see M.R.]

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Exempt Rules

Subp. 20c. **Medical assistance covered diagnostic categories under the Minnesota family investment program.** The following diagnostic categories are for persons eligible for medical assistance under the Minnesota family investment program, except as provided in subpart 20d, 20e, or 20f:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed., CLINICAL MODIFICATIONS CODES
A. Nervous System Conditions		
(1) Treated with craniotomy age >17 [Reserved for future use]	001, 002	
(2) Treated with craniotomy, age 0-17 and cochlear implants [Reserved for future use]	003, 049	049 includes 20.96-20.98 only
(3) [Reserved for future use] Treated with craniotomy and cochlear implants	001-003 049	049 includes 20.96-20.98 only
[For text of subitems (4) to (21), see M.R.]		
[For text of items B to D, see M.R.]		
E. Circulatory System Conditions		
(1) Major cardiac surgeries [Reserved for future use]	104, 106, 108	
(2) Other cardiac and vascular interventional and surgical procedures [Reserved for future use]	105, 107, 110, 113, 115, 478	
(3) Percutaneous cardiac and other cardiovascular procedures	005, 111, 112, 114, 116-120, 479	
(4) [Reserved for future use] Major cardiac surgeries	104-106, 108	
(5) [Reserved for future use] Other cardiac and vascular interventional and surgical procedures	107, 109, 110, 113, 115, 478	
[For text of subitems (6) to (13), see M.R.]		
[For text of item F, see M.R.]		

G. Hepatobiliary System Conditions

- (1) ~~Treated with surgical procedure~~ 191-201, 493, 494

[Reserved for future use]

[For text of subitems (2) to (7), see M.R.]

- (8) ~~[Reserved for future use]~~
Treated with surgical procedure

191-201, 493, 494

Codes in DRG 191 except 52.80-52.86

H. Diseases and Disorders of the Musculoskeletal System and Connective Tissues

[For text of subitems (1) to (9), see M.R.]

- (10) ~~Treated with soft tissue procedure~~

226, 227

[Reserved for future use]

- (11) [Reserved for future use]

- (12) [Reserved for future use]

- (13) [Reserved for future use]

- (14) ~~[Reserved for future use]~~

Other musculoskeletal, connective, and soft tissue procedures

226, 227, 235-256

- (15) ~~Other musculoskeletal system and connective tissues conditions~~

235-256

[Reserved for future use]

[For text of subitems (16) to (23), see M.R.]

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

J. Endocrine, Nutritional, and Metabolic Diseases and Disorders

[For text of subitems (1) to (4), see M.R.]

- (5) ~~Other endocrine, nutritional, and metabolic conditions~~

289-293, 300, 301

[Reserved for future use]

- (6) Other endocrine, nutritional, and metabolic conditions

289-293, 300, 301

Codes in DRG 292 except 52.80-52.86

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Exempt Rules

K. Kidney and Urinary Tract Conditions

- (1) ~~Reserved for future use~~
Renal failure and
renal system
procedures 303, 304,
305, 316
- (2) Treated with
other surgical procedure 306-315
- (3) ~~Reserved for future use~~
- (4) ~~Renal failure~~ 316
~~[Reserved for future use]~~
- (5) Other kidney and urinary
tract conditions 317-333
- (6) ~~Reserved for future use~~
- (7) ~~Kidney transplant and
renal system procedures
for non-neopl with ee~~ 302, 304
~~[Reserved for future use]~~
- (8) ~~Kidney, ureter, major
bladder procedure~~ 303, 305
~~[Reserved for future use]~~

L. Male Reproductive System

Conditions 334-352

M. Female Reproductive System Conditions

- (1) ~~Treated with tubal
interruption procedure~~ 361, 362
~~[Reserved for future use]~~
- (2) ~~Treated with D & C, conization,
or radio-implant~~ 363, 364
~~[Reserved for future use]~~

[For text of subitems (3) to (5), see M.R.]

- (6) Treated with tubal
interruption, D&C,
conization, or
radio-implant 361-364

[For text of items N to P, see M.R.]

Q. Myeloproliferative Diseases and Disorders, Poorly Differentiated Malignancy and other Neoplasms ~~Not Elsewhere Classified~~

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

- (6) Other treatments for
myeloproliferative
diseases and disorders 400, 408,
400-408,
411-414, 473
- (7) ~~Reserved for future use~~

R. Infections and Parasitic Diseases

- (1) Treated with surgical
procedure 415
- (2) ~~Reserved for future use~~
Viral and other
infection, parasitic
diseases, and fever
of unknown origin 418-423
- (3) Septicemia age > 17 416
- (4) Septicemia age 0-17 417

- (5) ~~Viral illness age > 17~~ 421
 [Reserved for future use]
- (6) ~~Viral illness and fever of unknown origin age 0-17~~ 422
 [Reserved for future use]
- (7) ~~Other infections and parasitic diseases~~ 418-420, 423
 [Reserved for future use]

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

T. Substance Use and Substance Induced Organic Mental Disorder

- (1) ~~(Ages 0-20)~~ 434, 435
- (2) ~~(Ages 18-20)~~ 434, 435

[For text of items U and V, see M.R.]

W. Burns

- (1) ~~Extensive burns or burns treated with surgical procedure~~ 457-459, 472
 [Reserved for future use]
- (2) ~~Nonextensive burns without surgery~~ 460
 [Reserved for future use]
- (3) Full thickness with skin graft and extensive third degree burns 504-507
- (4) Burns without skin graft 508-511

X. Factors Influencing Health Status

461-467

Y. Bronchitis and Asthma

- (1) ~~(Ages 0-1)~~ 098
- (2) ~~(Ages 2-17)~~ 098

Z. [Reserved for future use]

AA. Esophagitis, Gastroenteritis, Miscellaneous Digestive Disorders

- (1) ~~(Ages 0-1)~~ 184
- (2) ~~(Ages 2-17)~~ 184

[For text of items BB to JJ, see M.R.]

KK. Extreme Immaturity

[For text of subitems (1) to (4), see M.R.]

- (5) Neonate respiratory distress syndrome 386

Codes for in
 DRG 386
 except
 76501-76505

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Exempt Rules

LL. Prematurity with Major Problems

(1) (< 1250 Grams)	387	76511-76514
<u>(1) Weight < 1250 Grams</u>	<u>387</u>	<u>76511-76514</u>
(2) (1250 to 1749 Grams)	387	76506, 76510,
<u>(2) Weight 1250 to 1749 Grams</u>	<u>387</u>	<u>76506, 76510,</u>
		<u>76515, 76516</u>
(3) (> 1749 Grams)	387	Codes for DRG
<u>(3) Weight > 1749 Grams</u>	<u>387</u>	<u>Codes in DRG</u>
		<u>387 except</u>
		<u>76500, 76506,</u>
		<u>76510-76516</u>

MM. Prematurity without Major Problems

388

NN. Full Term Neonates ~~With~~

(1) With major problems	389
(2) With other problems	390

OO. Multiple Significant Trauma

484-487

PP. [Reserved for future use]

QQ. ~~Normal Newborns~~

~~391~~

(1) Normal newborns and neonates who died on the day of birth

391, 385

DRG 385 includes neonates who expire at the birth hospital, and discharge date is the same as the birth date

RR. [Reserved for future use]

SS. [Reserved for future use]

TT. [Reserved for future use]

UU. Organ Transplants

~~(1) Heart, liver, bone marrow, lung~~

~~103, 480, 481, 495~~

[Reserved for future use]

~~(2) [Reserved for future use]~~

Kidney, pancreas, and bone marrow

302, 481, 191, 292

DRG 191, 292 includes 52.80-52.86 only

(3) Heart, lung, liver,
bowel transplants

103, 480,
495

Bowel
transplant
includes
any DRG with
procedure
46.99 and
Revenue Code
811 or 812
only

VV. [Reserved for future use]

WW. Human Immunodeficiency Virus 488-490

Subp. 20d. **Diagnostic categories for persons eligible under the general assistance medical care program.** The following diagnostic categories are for persons eligible under the general assistance medical care program except as provided in subpart 20e or 20f:

DIAGNOSTIC
CATEGORIES

DRG NUMBERS
WITHIN
DIAGNOSTIC
CATEGORIES

INTER-
NATIONAL
CLASSIFI-
CATION OF
DISEASES,
9th Ed.,
CLINICAL
MODIFI-
CATIONS
CODES

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

D. Respiratory System Conditions

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

(4) ~~Treated with tracheostomy
except for face, mouth,
and neck diagnoses~~
[Reserved for future use]

483

[For text of subitems (5) to (12), see M.R.]

E. Circulatory System Conditions

(1) ~~Major cardiac surgery and
surgery for circulatory
disorders~~
[Reserved for future use]

104, 106, 108,
113, 478

(2) ~~Other cardiovascular
procedures~~
[Reserved for future use]

107, 110, 111,
115, 116

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Exempt Rules

(3) ~~Reserved for future use~~
Major cardiac surgery
and surgery for
circulatory disorders 104-108,
113, 478

(4) ~~Reserved for future use~~
Other cardiovascular
procedures 109, 110, 111,
115, 116

[For text of subitems (5) to (13), see M.R.]

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

G. Hepatobiliary System Conditions

(1) ~~Reserved for future use~~
Disorders of the pancreas
and hepatobiliary
system 203, 204

(2) ~~Reserved for future use~~
Treated with surgical
procedure 191-201,
493, 494 Codes in
DRG 191
except
procedure
52.80-52.86

(3) Cirrhosis and alcoholic
hepatitis 202

(4) ~~Malignancy of hepatobiliary
system or pancreas~~ 203
[Reserved for future use]

(5) ~~Disorders of pancreas except
malignancy~~ 204
[Reserved for future use]

(6) Other disorders of liver 205, 206

(7) Disorders of biliary tract 207, 208

(8) ~~Reserved for future use~~

(9) ~~Treated with surgical
procedure~~ 191-201, 493,
494

H. Diseases and Disorders of the Musculoskeletal System and Connective Tissues

[For text of subitems (1) to (2), see M.R.]

(3) ~~Reserved for future use~~
Treated with biopsy
and soft tissue
procedure 216, 226, 227

(4) ~~Treated with biopsy of
musculoskeletal system
and connective tissue~~ 216
[Reserved for future use]

[For text of subitems (5) to (9), see M.R.]

(10) ~~Treated with soft tissue
procedure~~ 226, 227
[Reserved for future use]

[For text of subitems (11) to (19), see M.R.]

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

J. Endocrine, Nutritional, and Metabolic Diseases and Disorders

[For text of subitems (1) to (4), see M.R.]

- (5) ~~Other endocrine, nutritional, and metabolic conditions~~ ~~289-293, 300, 301~~

[Reserved for future use]

- (6) Other endocrine, nutritional, and metabolic conditions 289-293, 300, 301

Codes in
DRG 292
except
procedure
52.80-52.86

[For text of items K to P, see M.R.]

Q. Myeloproliferative Diseases and Disorders, Poorly Differentiated Malignancy and Other Neoplasms ~~Not Elsewhere Classified~~

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

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

W. Burns

- (1) ~~Extensive burns or burns treated with surgical procedure~~ ~~457-459, 472~~
[Reserved for future use]

- (2) ~~Nonextensive burns without surgery~~ 460
[Reserved for future use]

- (3) Full thickness with skin graft and extensive third degree burns 504-507

- (4) Burns without skin graft 508-511

[For text of items X to BB, see M.R.]

CC. Cesarean Sections

- (1) ~~With and without ee~~ ~~370, 371~~

- (2) ~~[Reserved for future use]~~
[Reserved for future use]

DD. ~~Vaginal Delivery~~

- (1) ~~[Reserved for future use]~~
- (2) ~~Without complicating diagnosis or operating room procedures~~ 373
- (3) ~~With operating room procedure~~ ~~374, 375~~
- (4) ~~With complicating diagnosis~~ ~~372~~

EE. ~~[Reserved for future use]~~

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Exempt Rules

Vaginal and Caesarean Section Delivery

(1) C-section and vaginal delivery with operating room procedure 370, 371, 374, 375

(2) Vaginal delivery with and without CC 372, 373

[For text of items FF to TT, see M.R.]

UU. Organ Transplants

(1) Kidney or lung 302, 495

(2) Heart or liver, bone marrow 403, 480, 481

Kidney and Pancreas Transplants 302, 191, 292

DRG 191, 292 includes procedures 52.80-52.86 only

VV. [Reserved for future use]

WW. Human Immunodeficiency Virus 488-490

XX. Newborns 386-391, 385-391

DRG 385 includes neonates who expire at the birth hospital, and discharge date is the same as the birth date

ZZ. Trach Exc Face/Mouth/

Neck Diagnoses, and Bowel and Other Organ Transplants 483, 103, 480, 481, 495

Bowel transplant includes any DRG with procedure 46.99 and Revenue Code 811 or 812

Exempt Rules

Subp. 20e. **Diagnostic categories relating to a rehabilitation hospital or a rehabilitation distinct part.** The following diagnostic categories are for services provided within a rehabilitation hospital or a rehabilitation distinct part regardless of program eligibility:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTER- NATIONAL CLASSIFI- CATION OF DISEASES, 9th Ed., CLINICAL MODIFI- CATIONS CODES
[For text of items A to SS, see M.R.]		
TT. Other Conditions Requiring Rehabilitation Services	036-108, 110- 208, 036-208, 257-423, 439-455, 457 <u>461</u> -467, 472, 473, 475, 478-483, 488-490, 492-495, <u>504-511</u>	except codes in item XX
UU. [Reserved for future use]		
VV. [Reserved for future use]		
WW. [Reserved for future use]		
XX. Quadriplegia and Quadriparesis Secondary to Spinal Cord Injury	<u>All DRGs</u>	Includes all DRGs with ICD-9 diagno- ses codes: 344.01 344.00- 344.04, or 344.09 in combination with 907.2

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Exempt Rules

Subp. 20f. **Diagnostic categories for neonatal transfers.** The following diagnostic categories are for services provided to neonatal transfers at receiving hospitals with neonatal intensive care units regardless of program eligibility:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTER- NATIONAL CLASSIFI- CATION OF DISEASES, 9th Ed., CLINICAL MODIFI- CATIONS CODES
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[For text of items A to JJ, see M.R.]

KK. Extreme Immaturity

(1) (< 750 Grams)	386	76501, 76502
(1) <u>Weight < 750 Grams</u>	386	<u>76501, 76502</u>
(2) (750 to 999 Grams)	386	76503
(2) <u>Weight 750 to 999 Grams</u>	386	<u>76503</u>
(3) (1000 to 1499 Grams)	386	76504, 76505
(3) <u>Weight 1000 to 1499 Grams</u>	386	<u>76504, 76505,</u>
	387	<u>76500</u>
(4) [Reserved for future use]		
(5) Neonate Respiratory Distress Syndrome	386	Codes for DRG 386 except 76501-76505

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

MM. Prematurity without Major Problems

(\geq 1749 Grams)	388
<u>Weight > 1749 Grams</u>	388

[For text of items NN to WW, see M.R.]

Subp. 20g. **Additional DRG requirements.**

A. Version ~~45~~ 17 of the Medicare grouper and DRG assignment to the diagnostic category must be used uniformly for all determinations of rates and payments.

B. The discharge status will be changed to "discharge to home" for DRG ~~385, 433, and 456~~.

[For text of items C and D, see M.R.]

E. The discharge status will be changed to "discharge to home" for all neonates in DRG 385, except for neonates that expire at the birth hospital and the discharge date is the same as the date of birth.

F. For payment of admissions that result from a home health nurse being unavailable, and physician orders from home remain in effect, the principal diagnosis will be identified as V58.8, other specified procedures and aftercare.

G. Payment for bowel transplants and pancreas transplants will be made only for admissions that result in the recipient receiving a transplant during that admission.

[For text of subps 22 to 51, see M.R.]

Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking. The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

Department of Administration

State Designer Selection Board (SDSB)

Schedule of State Designer Selection Board – Meeting Dates, Times, and Agenda Items

Pursuant to SDSB *Minnesota Rule* 3200.0400, below is the schedule of State Designer Selection Board meeting dates, times and agenda items as of November 17, 2000:

- **December 5, 2000**
 1. Interviews/Selection Project 00-25 Southwest State University Library Renovations
- **December 19, 2000**
 1. Shortlisting Project 00-26 Department of Military Affairs New Live Fire Village

Unless otherwise stated, all meetings are held in the Administration Building, 50 Sherburne Avenue, St. Paul, Room G-10/Conference Room A. Other matters may come before the Board and be added to the agenda as needed. For additional information, including meeting start times, contact Lisa Blue at (651) 297-5526.

Department of Agriculture

Minnesota Rural Finance Authority

Notice of Public Hearing on the Issuance of an Agricultural Development Revenue Bond Under *Minnesota Statutes*, Chapter 41C

NOTICE IS HEREBY GIVEN that a public hearing will be held on December 15, 2000, at 9:00 a.m., in Room 145 Department of Agriculture Building, 90 West Plato Boulevard, St. Paul, Minnesota, on a proposal that the Minnesota Rural Finance Authority (the Authority) issue its revenue bond under *Minnesota Statutes*, Chapter 41C, in order to finance the purchase of machinery located in Section 32, Carimona Township, Fillmore County, Minnesota on behalf of Brian and Andrea Erickson, a married couple (the Borrower/s). The maximum aggregate face amount of the proposed bond issue is \$120,000.00. The revenue bond will be a limited obligation of the Authority, payable solely from the revenue pledged to the payment thereof. No holder of such revenue bond will ever have the right to compel any exercise of the taxing power of the State of Minnesota to pay the bond or the interest thereon, nor to enforce payment against any property of the Authority or the State of Minnesota, except the revenues specifically pledged to the payment thereof. Before issuing the revenue bond, the Authority will enter into an agreement with the Borrower whereby the Borrower will be obligated to make payments at least sufficient at all times to pay the principal of and interest on such revenue bond when due. All persons interested may appear and be heard at the time and place set forth above, or may file written comments with the Executive Director of the Authority prior to the date of the hearing set forth above.

Dated: 1 November 2000

Jim Boerboom
RFA Director

State Board of Investment

Meeting Notices of Executive Council, State Board of Investment and Land Exchange Board, and Investment Advisory Council

The Executive Council, State Board of Investment and the Land Exchange Board will meet on Wednesday, December 13, 2000 at 9:00 a.m., in Room 125, State Capitol, St. Paul, MN.

The Investment Advisory Council will meet on Tuesday, December 5, 2000 at 2:00 P.M. in the SBI Conference Room, Capitol Professional Office Building, Suite 10 (Main Floor), 590 Park Street, St. Paul, MN.

Department of Labor and Industry

Notice of Membership of Rulemaking Advisory Committees

This publication contains the membership of rulemaking advisory committees appointed by the Department of Labor and Industry to comment, before publication of a notice of intent to adopt or a notice of hearing, on the subject of a possible rulemaking under active consideration within the department. These rulemaking advisory committee membership lists are being published by the department to comply with *Minnesota Statutes* § 14.101, subd. 2 (1998).

High Pressure Pipefitting Rules Advisory Committee

James Dowell	Dowco Valve Co.
David Green	Pipefitters Union, Local 126
Charles Lemke	Paul Lemke & Son
Steven Pettersen	Minnesota Mechanical Contractors Association
Aaron Toltzman	Western National Insurance Company
David Zitzmann	Himek, Inc.
Charles Fritze, Jr.	Pipefitters
David Grong	Carlson-Stewart Refrigeration
James O'Gary	International Union of Operating Engineers, Region 6
Gregory Rosine	Metropolitan Mechanical Contracting
Monica Vik	Norther States Power Company

Prevailing Wage Trucking Issues Advisory Committee

Paul Bailey	Teamsters
Dick Carlson	Park Construction
Jeff Carlson	Bituminous Materials, Inc.
Elizabeth Coover	Associated Builders & Contractors
Colleen Donovan	J.D. Donovan, Inc.
Gerald Duffy	Aggregate Ready Mix Association
John Ericson	Fischer Sand and Aggregate
Don Johnson	Mid-State Trucking
Paul Iverson	International Union of Operating Engineers, Local 49
Barb Kirchner	Southwest Regional Development Commission
Wayne Murphy	Associated General Contractors
Mike McCormack	CAMAS Minnesota
Brian Mathiowetz	Mathiowetz Construction
John Peterson	International Union of Operating Engineers, Local 49
Pat Ratzek	Teamsters
Diane Vine Sorenson	Truck Brokers, L&D Trucking
Mike Wagner	Association of County Engineers
Duane Zwagerman	Christian Labor Association

Metropolitan Council

Notice of Public Hearing on Advanced Corridor Plan for Proposed Commuter Rail System From Downtown Minneapolis to St. Cloud

Per state statute *Minnesota Statute*, Section 174.86 the Metropolitan Council is required to hold a public hearing on the Advanced Corridor Plan proposing a commuter rail system from Downtown Minneapolis to St. Cloud. The hearing will be held on **Tuesday, January 2, 2001 at 4:30 p.m.**, at the Metro Transit Heywood Operating Facility office, 560 – 6th Ave., N., Minneapolis in the Chambers.

Representatives of the Minnesota Department of Transportation (Mn/DOT) Commuter Rail Office and Northstar Corridor Development Authority will attend and the Advanced Corridor Plan will be available for review. The Plan contains the conceptual design and physical components of the commuter rail system to operate between downtown Minneapolis and St. Cloud. Copies are

also available for review during normal business hours at Metropolitan Council Library, Mears Park Centre Building, 230 E. 5th St., St. Paul and Metropolitan Transit Heywood Office and Operating Facilities, 560 6th Ave., N., Minneapolis.

Comments can be conveyed to the Council as follows:

- Send written comments to Jim Barton, Metropolitan Council, Mears Park Centre Building, 230 E. Fifth St., St. Paul, MN 55101
- **Fax** comments to (651) 602-1739
- Record comments on Council's Public Comment Line at (651) 602-1500
- **Email** comments to: *data.center@metc.state.mn.us*

Public Employees Retirement Association

Notice of Meeting for the Finance Committee of the Board of Trustees

A Legislative Committee meeting of the Board of Trustees of the Public Employees Retirement Association (PERA) will be held on Wednesday, November 29, 2000, at 9:30 a.m., in the Office of the Association, 514 Saint Peter Street, Suite 200, St. Paul, MN.

Department of Transportation

Program Support Division

Office of Electronic Communications

Notice of the initial meeting of the Minnesota Public Safety Region 22 planning committee for 700 MHz. This meeting will be held at the following time and location:

January 8th, 2001
1:00 p.m. - 4:00 p.m.
Minnesota Department of Transportation
Arden Hills Training Center
1900 W. County Road I
Shoreview, Minnesota 55126

A regional approach to spectrum management for public safety channels in the 700 MHz two-way radio band has been adopted by the FCC in "WT Docket No. 96-86", "First Report and Order and Third Notice of Proposed Rule Making". **Adopted:** August 6, 1998. **Released:** September 29, 1998. The convener for the meeting will be:

Andrew W. Terry, P.E.
Director, Electronic Communications
Minnesota Department of Transportation
161 St. Anthony, Suite 900
St. Paul, Minnesota 55103
Phone: (651) 296-7402
Fax: (651) 297-5735
Email: *andy.terry@dot.state.mn.us*

All parties having Public Safety interests in Region 22 are encouraged to attend.

State 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 \$25,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: agency name and address, name of agency contact person, description of project and tasks, cost estimate and final submission date and time of completed proposal. Certain quasi-state agencies and MnSCU institutions are exempted from these provisions. In accordance with *Minnesota Rules* 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. Certified Economically Disadvantaged Businesses and individuals shall receive the equivalent of a 4% preference in the evaluation of their proposal. For information regarding certification, call the Materials Management Helpline (651) 296-2600 or [TTY (651) 282-5799.]

Department of Administration State Designer Selection Board

To Minnesota Registered Design Professionals: Request for Proposals for the Department of Military Affairs New Live Fire Village (Project 00-26)

The State Designer Selection Board has been requested to select consultants for a project. Design firms who wish to be considered for this project must deliver proposals on or before 12 p.m. (Noon), Monday, December 11, 2000 to:

Lisa Blue, Executive Secretary
State Designer Selection Board
Department of Administration
c/o Materials Management Division
50 Sherburne Avenue, Room 112
St. Paul, Minnesota 55155-3000
(651) 297-5526

PROPOSALS RECEIVED AFTER THE SUBMISSION DEADLINE WILL NOT BE CONSIDERED.

Questions concerning the Board's procedures herein described, or the schedule in Item 8.h, should be referred to the Executive Secretary at (651) 297-5526. Questions relating to the project must be referred to the project contact(s) in Item 8.i.

NOTE TO RESPONDERS: Changes May Have Been Made in the Content and Format Requirement. Proposals that Do Not Conform to the Following Content, Order and Format Requirements as Outlined in Items 1 through 5 below May Be Disqualified.

1. **The front cover of the proposal should be clearly labeled** with the project number and project title as shown at the top of this request for proposal, together with the designer's firm name, address, telephone number, fax number and the name of the contact person. The back cover should remain blank.
2. **All data should be on 8-1/2" x 11" sheets, soft bound.** No more than 20 printed faces should be included (see the following for clarification):
 - a. All letters directed to the Board should be bound into the proposal and all pages will be counted as printed face(s). It is not necessary to do a cover letter to the Executive Secretary.
 - b. Blank dividers (with printed tab headings only) will not be counted as faces.
 - c. Front and back covers of proposals will not be counted as faces.
 - d. None of the statutory or mandatory information, except as requested in Item 3 below, should appear on the dividers or covers.
 - e. All pages should be numbered.

Proposals that deviate from the above may be disqualified.

3. BRIEF PROPOSAL SUMMARY:

All proposals shall begin with a summary which includes only the following items:

- a. Name of firm and its legal status;
- b. Names of persons in leadership roles for project management, design and production of architecture; design of civil, structural, mechanical and electrical engineering, landscape architecture, land surveying, fire protection and geoscience for each and every discipline called for in Section 8.b. The name of each person so mentioned must also

include their Minnesota registration number. Fire protection engineering requires a licensed fire protection engineer, identified by their number OR the engineering registration number accompanied in Section 4.b by a listing of past projects demonstrating competency in this field.

Consultants and assistants to the persons in leadership roles, as identified above, need not provide a Minnesota registration number. These individuals should be listed separately from those above.

- c. A statement indicating that the consultants listed have been contacted and have agreed to be a part of the design team;
- d. A commitment to enter into the work promptly, if selected, by engaging the consultants and assigning the persons named in Item 3.b above, along with adequate staff to meet the requirements of work;
- e. At least one copy of the proposal must contain an original signature by an authorized member of the firm submitting the proposal, in ink, on the bottom of the first page of the proposal.
- f. A list of all State and University of Minnesota current and past projects and studies awarded to the prime firm(s) responding to this request for proposal during the four years immediately preceding the date of this request for proposal.

Projects and studies shall mean those projects and studies (1) funded by the state legislature, by state/user agencies or University of Minnesota operating funds, or by funding raised from the private sector or individuals by state/user agencies or the University of Minnesota; (2) awarded as a result of the State Designer Selection Board process or awarded directly by state/user agencies or the University of Minnesota without employing the State Designer Selection Board process; or (3) related to design-bid-build or design/build project delivery systems.

The prime firm(s) shall list and total all gross fees associated with the above projects and studies, whether the fees have been received or are anticipated. In addition, the prime firm(s) shall indicate the amount of fees listed which were paid, or are anticipated to be paid, to engineering or other specialty consultants employed, or anticipated to be employed, on the projects and studies listed pursuant to the above. The prime firm(s) shall subtract consultant fees from gross fees to determine total net fees using the format below.

PROJECT	(A) GROSS FEES	(B) SUBDESIGNERS PORTION	(C) NET TOTAL PROJECT FEE
TOTAL			

(The total shown in column (A) shall equal the sum of those shown in columns (B) and (C).

4. ADDITIONAL MANDATORY PROPOSAL CONTENTS:

- a. A section containing graphic material (e.g., photos, plans, drawings, etc.) as evidence of the firm’s qualifications for the work. The graphic material shall be identified. It shall be work in which the personnel listed in Item 3.b above have had significant participation and their roles shall be clearly described. It shall be noted if the personnel were, at the time of the work, employed by other than their present firms.
- b. Expanded resumes showing qualification of individuals, listed in Item 3.b above, administering or producing the major elements of the work, including consultants. Identify roles which such persons played in projects which are relevant to the project at hand.
- c. A discussion of the firm’s understanding of and approach to the project.
- d. A listing of relevant past projects.

5. Thirteen (13) copies of the proposal should be submitted.

6. Design firms wishing to have their proposals returned after the Board’s review shall follow one of the following procedures:

- a. Enclose a *self-addressed, stamped* postal card with the proposals. Design firms will be notified when material is ready to be picked up. Design firms will have two weeks to pick up their proposals, after which time the proposals will be discarded; or
- b. Enclose a *self-addressed, stamped* mailing envelope with the proposals. When the Board has completed its selection, proposals will be returned using this envelope.

7. BOARD SELECTION CRITERIA:

In making its selection of designers the Board shall consider the criteria listed below:

Credit for the following criteria will equal not less than sixty percent.

- a. Qualifications and technical competence in the required field of design;
- b. Ability to deal with aesthetic factors;
- c. Project understanding and approach.

Credit for the following criteria will equal up to forty percent.

- d. Capacity to accomplish the work and services within the required constraints;
- e. Availability of appropriate personnel;
- f. Geographic relationship of the designer's base to the project site; and
- g. Awards previously made to a designer by the state. This is in the interest of equitable distribution of commissions.

The criteria do not necessarily have the same weight, nor are their relative weights necessarily constant from one project to another. The Board may issue statements regarding criteria as they relate to individual projects.

Evaluations of the proposals shall be made independently by the Board members.

8. PROJECT 00-26

Department of Military Affairs
Camp Ripley, Minnesota

a. PROJECT DESCRIPTION:

This firing range facility will be used to train both military and civilian police persons who have to enter and clear a building. The range will be used to provide small unit/team leaders and individuals with a facility in which to train and be evaluated during live fire exercises. They will be trained and evaluated on their ability to move tactically, engage targets and practice target discrimination in an urban environment.

The range will be a year round use facility. It will consist of four parts. Part one will be the range portion and will be a split level, 2200 square foot, concrete and steel building containing multiple rooms arranged to permit small unit/team training in a variety of training scenarios in various environments i.e. retail, small home or apartment and office space. The rooms will be of various sizes with stairways and hallways. Interactive video will be installed and utilized to provide command and control, remote observation of the training event and after-action-reviews. All wall, ceilings, floors and penetrations (doors and windows) will be covered with bullet proof material to provide a "ZERO Meter" surface danger zone (SDZ), and prevent ricochet effects. Additionally, ventilation requirements of this facility will be an important design consideration.

The second part is a 1,800 square foot after-action-review (AAR), concurrent training building. This facility will contain a video observation/editing/projection room, a control room, a concurrent training/briefing room and toilet facilities along with mechanical/electrical spaces.

Part three will be a 120 square foot ammunition breakdown building.

Part four is a 200 square foot target storage and supply building.

Minnesota National Guard personnel have conducted preliminary research to find acceptable "bullet proof" material to be used in the live fire portion of the project. A product consisting of high-density rubber composite face panel (used to provide a non-ricochet surface as well as to encapsulate projectiles) affixed to a hardened abrasion resistant plate steel (used to defeat incoming projectiles) has been identified. Other products also exist. A study to determine the best applicable product(s) will be part of the design services required.

b. REQUIRED CONSULTANT SERVICES:

Unless the architectural/engineering consultant has extensive past experience themselves with indoor live fire shooting ranges and audio/visual systems, they will be required to include on the design team other consultants with these types of expertise and experience.

The work includes soil test borings; the design of the complete facility; the preparation of required drawings, specifications and allied documents to include bidding documents; the handling and distribution of bidding documents; the general supervision of the construction work for the owner; assisting in the preparation of supplemental agreements; review and approval of shop drawings and payment requests; assisting in final acceptance of the work. The speci-

cation and drawing format will be the architect's normal for commercial work, tailored to the project. The owner will provide topographic survey information and programming documents.

c. SERVICES PROVIDED BY OTHERS:

The owner is considering hiring, under a separate contract, a commissioning agent to assist in quality control implementation of the mechanical, electrical and audio/visual portions of the project.

d. SPECIAL CONSIDERATIONS:

None

e. PROJECT BUDGET/FEES:

Estimated construction cost is \$1,250,000.

The fee will be a negotiated, all-inclusive lump sum for full service architectural and engineering services (including soil testing and travel). The owner will pay direct cost for code review and bid document printing.

f. PROJECT SCHEDULE:

The design development documents (approximately 35 percent design completion with outline specification) are due early calendar year 2001. The final documents will be due June 2001.

g. PROJECT INFORMATIONAL MEETING(S)/SITE VISIT(S):

An informational meeting will be held on Tuesday, December 5, 2000, at 1:00 p.m., at Camp Ripley. Contact Thomas Vesely at (320) 632-7570 for further information and to register for this meeting.

h. STATE DESIGNER SELECTION BOARD SCHEDULE:

<i>Project Information Meeting and/or Site Visit:</i>	Tuesday, December 5, 2000
<i>Project Proposals Due:</i>	December 11, 2000, by 12 p.m. (Noon)
<i>Project Shortlist:</i>	December 19, 2000
<i>Project Interviews and Award:</i>	January 9, 2001

i. PROJECT CONTACT(S):

Questions concerning the project should be referred to:

Major Jama M. Davidson
Camp Ripley
Little Falls, MN 56345
Phone: (320) 632-7315

9. CONTRACT REQUIREMENTS:

- a. The amended Minnesota Human Rights Act (*Minnesota Statute 363.073*) divides the contract compliance program into two categories. Both categories apply to any contracts for goods or services in excess of \$100,000. The first category applies to businesses who have more than 40 full-time employees within Minnesota on a single working day during the previous 12 months. The businesses in this category must have submitted an affirmative action plan to the Commissioner of the Department of Human Rights prior to the date and time set for the solicitation opening and must have received a Certificate of Compliance prior to the execution of the contract or agreement. The second category applies to businesses who have more than 40 full-time employees on a single working day in the previous 12 months in the State in which they have their primary place of business. The business in this category must either have an unexpired Certificate of Compliance previously issued by the Department of Human Rights, or certify to the contracting State agency that they are in compliance with federal affirmative action requirements before execution of the contract. This Certificate is valid for two (2) years. For further information, contact the Department of Human Rights, 190 East Fifth Street, Suite 700, St. Paul, MN 55101, (651) 296-5663 or (800) 657-3704.

The Department of Administration is under no obligation to delay award or execution of this contract until a vendor has completed the human rights certification process. It is solely the responsibility of the vendor to apply for, and obtain, a human rights certificate prior to contract award.

- b. Costs incurred in responding to this RFP shall be borne by the responder. In accordance with existing statutes, the Board shall retain one copy of each proposal submitted. Responses to this RFP become public information under the Freedom of Information Act after the final selection has been made.
- c. *Laws of Minnesota 1997*, require the successful responder to submit acceptable evidence of compliance with workers' compensation insurance coverage requirements prior to execution of the contract.

State Contracts

- d. *Laws of Minnesota 1997*, Chapter 202, Article 1, Section 12, Subdivision 2, require that during the biennium ending June 30, 1999, for an executive agency contract that is subject to *Minnesota Statutes*, Section 363.073 (over \$100,000 and subject to Human Rights Certification requirements), before the agency enters into the contract, should to the extent practical and to the extent consistent with the business needs of the State, ensure that the company to receive the contract attempts to recruit Minnesota welfare recipients to fill vacancies in entry level positions if the company has entry level employees in Minnesota.
- e. This RFP does not obligate the State to complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Legislature**Minnesota House of Representatives, House Public Information Office****Minnesota Senate, Senate Publications Office****Notice of Request for Bid for Printing the *Members Directory of the Minnesota Legislature*
and the *Official Directory of the Minnesota Legislature***

NOTICE IS HEREBY GIVEN that the Minnesota House of Representatives Public Information Office and the Minnesota Senate Publications Office are seeking bids from qualified printers to provide printing services for the *Members Directory of the Minnesota Legislature* and the *Official Directory of the Minnesota Legislature*.

The size of the publications will be 4" x 6". The *Members Directory of the Minnesota Legislature* will contain approximately 204 pages plus cover, and the *Official Directory of the Minnesota Legislature* will contain approximately 400 pages plus cover.

All bids must be submitted on the forms accompanying the specifications in a sealed envelope and delivered to Room 175, State Office Building, no later than

Monday, December 11, 2000, at 2 p.m. Bid submittals will be opened publicly on that date and time.

A copy of the Request for Bid packet can be obtained by calling:

Paul Battaglia
175 State Office Building
St. Paul, Minnesota 55155-1298
(651) 296-8904

Other department personnel are NOT allowed to discuss the Request for Bid with anyone, including responders, before the proposal submission deadline.

Minnesota Historical Society**Proposals Sought for Signage and Wayfinding Master Plan Design of a New Museum at
Saint Anthony Falls, Minneapolis, Minnesota**

The Minnesota Historical Society seeks proposals to research and design a wayfinding and signage system for its new museum at Saint Anthony Falls in Minneapolis. The scope of this work includes the development of museum identity signage; streetscape signs; and overall site exterior and interior signage systems that conform to the new museum's graphic identity. The Society requires design fabrication documents by **March 31, 2001**.

All proposals should include a description of a scope of work that includes such elements as:

- how the firm will work with the client; in this case the client is both the Society and the architectural firm designing the building.
- an approach to wayfinding/signage needs research;
- the phases of the project from research and defining needs, through museum identity and building graphics, to schematic design and fabrication documentation. Deliverables for each phase should be explicitly described;

State Contracts

- the schematic design phase should include the development of signage system/s for the following elements: site edges; parking and streetscape signs; site and building ID signage; interior signage, directories and directional signs; required signs for meeting safety codes; ADA signage; sign placement and cost options.
- a timeline;
- design fees broken down by phase and deliverables.

Please also submit a design portfolio that illustrates your work on similar projects.

All proposals must be received by Chris M. Bonnell, Contracting Officer, or his agent, Minnesota Historical Society, 345 Kellogg Boulevard West, St. Paul, MN 55102, no later than 2:00 p.m., on Monday, December 18, 2000. A bid opening will be held at this time. **Late proposals will not be considered.**

Authorized agents for receipt of proposals are the following: Contracting/Procurement, Technician or any Work Service Center staff member in the Finance and Administration Division on the 4th floor of the History Center. Proposals may not be delivered to the information desk, to the Capital Security guard or to any location or individual other than as specified above.

Department of Public Safety Bureau of Criminal Apprehension Forensic Science Laboratory

Notice of Request for Proposals for CODIS STR Analysis of Minnesota Convicted Offender DNA Samples

The Minnesota Department of Public Safety is seeking proposals from laboratories to analyze Convicted Offender DNA samples for the core 13 CODIS STR loci. The Department of Public Safety, Bureau of Criminal Apprehension, Forensic Science Laboratory (DPS) has a grant from the National Institutes of Justice (NIJ) to outsource the STR DNA analysis of several thousand of the State's collected convicted offender DNA samples. The resulting DNA profiles will be added to the state and national DNA databases. Minnesota established a DNA database program on January 1, 1990 with the enactment of legislation requiring individuals convicted of 1st-4th degree sexual assault to give a DNA sample. The legislation was expanded in 1993 and again in July 2000.

The Minnesota Department of Public Safety, Bureau of Criminal Apprehension, Forensic Science Laboratory wishes to contract for professional and technical services to analyze approximately 4,000 Minnesota Convicted Offender DNA samples using the STR technology for amelogenin and all of the 13 CODIS core loci.

Details are contained in a complete Request for Proposals, which may be obtained by calling or writing:

James T. Iverson
Bureau of Criminal Apprehension
1246 University Ave
St. Paul, Minnesota 55104
Phone: (651) 642-0700
Fax: (651) 643-3018
E-mail: jim.iverson@state.mn.us

All questions concerning this RFP must be in writing and must be submitted to the above address no later than 2:30 p.m., on December 6, 2000. All answers to questions will be in writing and sent to all entities requesting a complete RFP. Final date for submitting proposals is 2:30 p.m., on December 26, 2000. Late proposals will not be considered.

This Request for Proposals does not obligate the State to complete the proposed project, and the State reserves the right to cancel the solicitation if it is considered to be in the State's best interest. All expenses incurred in responding to this notice shall be borne by the responder.

Department of Trade and Economic Development

Office of Tourism

Proposals Sought for Field Trips and Tours for the National Watchable Wildlife Conference

Project Overview:

The Department of Trade and Economic Development requests proposals to plan, design and implement up to 10 field trips and daily tours for the national Watchable Wildlife Conference, to be held in St. Paul, Minnesota, September 14-17, 2001.

Goal:

Tours must be operated with professional guides, escorts, itineraries, and equipment according to the American Birding Association guidelines for field trips.

Estimated amount: \$35,000. This Proposal does not obligate the Agency to spend the estimated dollar amount.

A full copy of this Request for Proposal will be sent free of charge to interested vendors by calling: Colleen Tollefson, Minnesota Office of Tourism, 100 Metro Square, 121 East 7th Place, St. Paul, MN 55101; **phone:** (651) 297-2635; **fax:** (651) 296-7095 or **email:** colleen.tollefson@state.mn.us

Non-State Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *State 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.

Elm Creek Watershed Management Commission and Pioneer-Sarah Creek Watershed Management Commission

Request for Qualifications for Completion of Second Generation Watershed Management Plans

The Elm Creek Watershed Management Commission and Pioneer-Sarah Creek Watershed Management Commission ("the Watersheds") are in the process of completing the second generation Watershed Management Plans for each of the watersheds. This is required under *Minnesota Rule* Chapter 8410. Both Watersheds are joint power organizations.

To further this effort, the Watersheds are seeking to obtain consulting services to complete the second-generation watershed management plans. The anticipated services could include: (1) Coordination of the entire planning process with the Watershed Commissions, Citizen Advisory Committees, Technical Advisory Committees, and affiliated city councils; (2) Solicitation and analysis of citizen input to be incorporated into the respective Watershed Management Plans; (3) Gathering the technical data necessary to support the various components of the plan; (4) Drafting the Watershed Management Plans for approval by the commissions of the respective watersheds. The Watershed Management Plan completion deadlines are January 2003 and June 2002 for the Pioneer-Sarah and Elm Creek Watersheds, respectively.

The consultant awarded this contract will be assisted by the Hennepin Conservation District in obtaining the technical data requisite for the completion of the plan.

Your firm is invited to respond with a statement outlining your qualifications for the described task. The Watersheds will be looking for firms with experience in watershed planning, comprehensive planning, community organizing, and familiarity with the laws and rules governing the completion of Watershed Management Plans in Minnesota. Please include a statement of your philosophy on watershed planning, sample project sheets or example plans, what you envision the scope of this project to be, and your hourly rates.

Non-State Contracts & Grants

Members of the two watershed management commissions will review qualifications and up to four (4) firms will be selected for interviews. Following the interviews, up to three (3) firms will be selected to submit a scope of services, methodology for analysis, and a budget for the completion of the project. The Watersheds will then select a firm suitable to their needs.

All respondents should submit TWENTY (20) copies of their qualifications and hourly rates to: Steve Hobbs, c/o Hennepin Conservation District, 10801 Wayzata Blvd., Suite 240, Minnetonka, MN 55305. Please put: "Watershed Plans" on outside of envelope. Deadline for submission is 12:00 noon, December 13, 2000. Any questions should be directed to Hennepin Conservation District at (952) 544-8572.

Metropolitan Council

Notice of Request for Proposals for MetroGIS General Professional Services Contract 00P0152

The Metropolitan Council is requesting engineering services proposals for professional services including update of MetroGIS Business Plan, designing and implementing MetroGIS participant satisfaction evaluation, assisting with evaluation of regional parcel dataset pilot project and implementing next steps, assisting MetroGIS staff with special projects, and meeting support, as needed.

Issue Request for Proposals

November 20, 2000

Receive Proposals

January 4, 2001

Contract negotiated, executed NTP

January 25, 2001

All firms interested in being considered for this project and desiring to receive an RFP package are invited to submit a Letter of Interest to:

Amanda Petersen, Administrative Assistant
Contracts and Procurement Unit
Metropolitan Council Environmental Services
Mears Park Centre
230 E. Fifth Street
St. Paul, MN 55101
Fax: (651) 602-1138
Email: amanda.peterson@metc.state.mn.us

Minnesota Statutes Sections 473.144 and 363.073, and *Minnesota Rules*, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposal or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of *Minnesota Rules* 5000.3530 will be applicable.

Metropolitan Council

Building Renovations of Army Reserve Building 511 at Fort Snelling

The Metropolitan Council is soliciting sealed bids for Building Renovations of Army Reserve Building 511 at Fort Snelling, Minnesota. **Bids are due at 2 p.m., on December 29, 2000.** Bids must be submitted in accordance with the Invitation for Bids document **available on November 29, 2000** from:

Metropolitan Council
Metro Transit Purchasing Department
515 N. Cleveland Avenue
St. Paul, MN 55114
(612) 349-5070

University of Minnesota

Notice of Bid Information Service (BIS) Available for All Potential Vendors

The University of Minnesota offers 24 hour/day, 7 day/week access to all Request for Bids/Proposals through its web based Bid Information Services (BIS). Subscriptions to BIS are \$75/year. Visit our web site at *bidinfo.umn.edu* or call the BIS Coordinator at (612) 625-5534.

Requests for Bids/Proposals are available to the public at no charge each business day from 8:00 a.m. to 4:30 p.m. in Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Mpls., MN 55454.

Available at Minnesota Bookstore – Health Care and Volunteerism

Order form on back page

Long Term Care Nursing Assistant Course

Student Textbook Coursework for students studying to be a nursing assistant in long term care. Looseleaf, 155pp.

Stock No. 5-14 \$17.95 Binder- Stock No. 10-33 \$7.95

Student Skill Sheets Worksheets. Looseleaf, 122pp.

Stock No. 5-15 \$8.95

Instructor Packet Curriculum guide for teaching nursing assistant course/LTC. Looseleaf, 148pp.

Stock No. 5-16 \$15.95 Binder- Stock No. 10-33 \$7.95

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