

State of Minnesota

State Register



**Proposed, Adopted, & Expedited Rules; Executive Orders; Appointments;
Commissioners' Orders; Revenue Notices; Official Notices;
State Grants & Loans; State Contracts; Non-State Public Bids, Contracts & Grants**
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State Register

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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 Rules
- Adopted Rules
- Exempt Rules
- Expedited Rules
- Withdrawn Rules
- Vetoed Rules
- Executive Orders of the Governor
- Appointments
- Proclamations
- Commissioners' Orders
- Revenue Notices
- Official Notices
- State Grants and Loans
- Contracts for Professional, Technical and Consulting Services
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# 18	Monday 2 November	Noon Tuesday 27 October	Noon Wednesday 21 October
# 19	Monday 9 November	Noon Tuesday 3 October	Noon Wednesday 28 October

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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 subscription to the *State Register*, contact Minnesota's Bookstore, 660 Olive Street (one block east of I-35E and one block north of University Ave), 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*.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Minnesota Department of Labor and Industry

Division of Safety and Workers' Compensation

Proposed Permanent Rules Relating to Workers' Compensation; Permanent Partial Disability Schedule

NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

Proposed Amendment to Rules Governing Workers' Compensation; Permanent Partial Disability Schedule; *Minnesota Rules, Chapter 5223*

Introduction. The Department of Labor and Industry intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You may submit written comments on the proposed rules and may also submit a written request that a hearing be held on the rules until November 18, 2009.

Agency Contact Person. You must submit comments or questions on the rules and written requests for a public hearing to the agency contact person. The agency contact person is: Carrie Rohling at the Department of Labor and Industry, 443 Lafayette Rd. N., St. Paul, MN 55155; telephone: (651) 284-5006. TTY users may call the Department of Labor and Industry at (651) 297-4198.

Subject of Rules and Statutory Authority. The proposed rule amendments are to the workers' compensation permanent partial disability schedule, including: amendments to correct internal inconsistencies, gaps in coverage, omissions, confusing language, and technical errors; amendments to modify, clarify and update ratings in response to changes in medical diagnoses or conditions subject to rating; ratings for thoracic outlet syndrome; and a new manner of rating complex regional pain syndrome and cognate conditions. Some of the proposed amendments apply only to dates of injury on or after the effective date of the rules. All of the proposed amendments, including those that apply only to future dates of injury, may be further modified in response to public comment. The statutory authority to adopt the rules is *Minnesota Statutes*, sections 176.105. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed. The proposed rules are also available on the Department's rule docket web site at:

http://www.dli.mn.gov/PDF/docket/5223_0310_0650PPDsched.pdf

Comments. You have until 4:30 p.m. on Wednesday, November 18, 2009, to submit written comment in support of or in opposition to the proposed rules and any part or subpart of the rules. Your comment must be in writing and the agency contact person must receive it by the due date. The Department encourages comment. Your comment should identify the portion of the proposed rules addressed and the reason for the comment. You are encouraged to propose any change desired. You must also make any comments about the legality of the proposed rules during this comment period.

Proposed Rules

Request for a Hearing. In addition to submitting comments, you may also request that the Department hold a hearing on the rules. Your request must be in writing and the agency contact person must receive it by 4:30 p.m. on November 18, 2009. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the agency cannot count it when determining whether it must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

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

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

Modifications. The Department may modify the proposed rules as a result of public comment. The modifications must be supported by comments and information submitted to the agency, and the adopted rules may not be substantially different than these proposed rules, unless the agency follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Department encourages you to participate in the rulemaking process.

Statement of Need and Reasonableness. The statement of need and reasonableness 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. It is now available from the agency contact person. You may review it or obtain copies for the cost of reproduction by contacting the agency contact person. The statement of need and reasonableness is also on the Department's rule docket web site at:

http://www.dli.mn.gov/PDF/docket/5223_0310_0650PPDsched.pdf

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You should direct questions about this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone: (651) 296-5148 or 1-800-657-3889.

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

Dated: October 7, 2009

Steve Sviggum, Commissioner
Department of Labor and Industry

5223.0300 WORKERS' COMPENSATION PERMANENT PARTIAL DISABILITY SCHEDULES.

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

Subp. 2. **Effective date Applicability.** ~~Unless otherwise specified, parts 5223.0300 to 5223.0650 are effective~~ apply to dates of injury on or after July 1, 1993.

[For text of subps 3 and 4, see M.R.]

5223.0310 DEFINITIONS.

[For text of subps 1 to 42, see M.R.]

Subp. 43. **Radicular pain.** "Radicular pain" means pain described as radiating distally into an extremity in the distribution of a nerve root ~~and characterized by consistent findings on provocation testing, for example, the straight leg raising test.~~

Subp. 44. **Radicular paresthesia.** "Radicular paresthesia" means abnormal ~~sensations~~ sensation, ~~that is, burning or prickling,~~

described as involving an extremity in the distribution of a nerve root.

[For text of subps 45 to 62, see M.R.]

5223.0330 EYE.

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

Subp. 2. **Complete loss of vision.**

A. Complete loss of vision in both eyes, 85 percent.

B. Complete loss of vision in one eye ~~if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent;~~

(1) if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent; or

(2) if vision in the other eye is not completely normal, rate as provided in subpart 3.

C. Enucleation:

(1) unilateral, ~~24 percent;~~

(a) if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent; or

(b) if vision in the other eye is not completely normal, rate as provided in subpart 3;

(2) bilateral, 85 percent.

D. In all other cases of loss of vision, the rating is as provided in subpart 3.

Subp. 3. **Incomplete loss of vision.**

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

B. The primary coordinate factors of vision are central visual acuity, visual field efficiency, and ocular motility.

(1) The maximum limit for each coordinate function is established in units (a) to (c).

[For text of unit (a), see M.R.]

(b) The maximum visual field is 500 degrees. It is the sum of the degrees in the eight principal meridians from the point of fixation to the outermost limits of visual perception ~~and defines the area in which a three millimeter white target is visible at 33 centimeters.~~ One hundred percent visual field efficiency is the visual field that extends from the point of fixation ~~outward 85 degrees temporally, down and outward 85 degrees down temporally, down 65 degrees direct down, down and in 50 degrees down nasally, inward 60 degrees nasally, in and up 55 degrees up nasally, upward 45 degrees direct up, and up and out 55 degrees up temporally.~~

[For text of unit (c), see M.R.]

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

C. The measurement of the coordinate factors of vision shall be performed as specified in subitems (1) to (3).

[For text of subitem (1), see M.R.]

(2) For each eye, the extent of the field of vision shall be determined by perimetric test methods. ~~A three millimeter white disk that subtends a 0.5 degree angle under illumination of not less than seven foot-candles shall be used. For aphakia, a six millimeter white disk shall be used.~~ The result shall be plotted on the visual field chart as defined in part 5223.0310, subpart 60.

[For text of units (a) to (c), see M.R.]

[For text of subitem (3), see M.R.]

D. The visual impairment of one eye is the combination of the percentage losses of central vision acuity, visual field, and ocular motility as described in part 5223.0300, subpart 3, item E. This combination is calculated by combining the loss of vision and the loss of visual field for each eye. The combined loss for the eye with the larger combined loss is combined with the loss of ocular motility.

Impairment of the eye shall be increased by adding two percent for each of the following conditions which are present due to the injury:

[For text of subitems (1) to (6), see M.R.]

(7) muscle disturbances such as ocular tics not included under diplopia;

(8) for dates of injury on or after the effective date of this subitem: corneal transplant.

E. The procedure for determining whole body disability due to vision loss is described in subitems (1) to (5). The better eye has the lower percentage impairment. The poorer eye has the greater percentage impairment.

Proposed Rules

(1) Multiply the percentage impairment of the better eye by three.

(2) Add the percentage impairment of the poorer eye to the product obtained in ~~item A~~ subitem (1).

(3) Divide the sum obtained in ~~item B~~ subitem (2) by four.

(4) The quotient obtained in ~~item C~~ subitem (3) is the percentage impairment of the visual system. Fractions shall be rounded to the nearest whole number percentage by rounding up from the midpoint and rounding down from below the midpoint.

[For text of subitem (5), see M.R.]

[For text of subs 4 and 5, see M.R.]

5223.0370 MUSCULOSKELETAL SCHEDULE; CERVICAL SPINE.

Subpart 1. **General.** For permanent partial impairment to the cervical spine, disability of the whole body is as provided in subparts 2 to 5. The impairing condition in the cervical spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one category in subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as thoracic spine or lumbar spine, the mutually exclusive impairing conditions must be rated separately and all impairments shall be combined as described in part 5223.0300, subpart 3, item E.

[For text of items A and B, see M.R.]

C. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart ~~4~~ 3, and may be combined with ratings under this part.

D. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts ~~7~~ 6 and ~~10~~ 9, and may be combined with ratings under this part.

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

Subp. 2. **Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies is rated by the greatest loss of vertebral height among the involved segments:

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, six percent;

(3) decrease in vertebral height is greater than ~~26~~ 25 percent but less than or equal to 50 percent in at least one vertebral segment, 14 percent;

[For text of subitem (4), see M.R.]

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

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

Subp. 4. **Radicular syndromes.**

[For text of items A and B, see M.R.]

C. Radicular pain or paresthesia, with or without cervical pain syndrome, with persistent objective clinical findings confined to the region of the cervical spine, that is, involuntary muscle tightness in the paracervical muscle or decreased passive range of motion in the cervical spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality not specifically addressed elsewhere in this part:

(1) single vertebral level, seven percent;

(2) multiple vertebral levels, ten percent;

(3) if a surgery at one level, other than fusion, is performed as part of the treatment, ten percent;

(4) if a surgery at ~~other levels~~ more than one level, other than a fusion, is performed as part of the treatment, 13 percent.

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

E. Radicular pain or paresthesia, with or without cervical pain syndrome, and with objective radicular findings, that is, reflex changes

or EMG abnormality or nerve root specific muscle weakness in the upper extremity, or myelopathic findings on examination and myelographic, CT scan, or MRI scan evidence of spinal stenosis, as defined in part 5223.0310, subpart 47, that impinges on a cervical nerve root or spinal cord and the medical imaging findings correlate with the findings on neurological examination, ten percent with the addition of as many of subitems (1) to (4) as apply, but each may be used only once:

[For text of subitem (1), see M.R.]

(2) if a surgery other than a fusion performed as part of the treatment, add five percent, if surgery included a fusion, the rating is as provided in subpart 5. For dates of injury on or after the effective date of this subitem: for the first surgery performed as part of the treatment, regardless of the type of surgery, add five percent; if surgery included a fusion, also add the rating as provided in subpart 5;

(3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add three percent, if the additional surgery included a fusion, the rating is as provided in subpart 5; For dates of injury on or after the effective date of this subitem: for additional surgery, regardless of the number of additional surgeries, add three percent. If any of the additional surgeries included a fusion, also add the rating as provided in subpart 5;

[For text of subitem (4), see M.R.]

Subp. 5. **Fusion.**

A. Fusion, as defined in part 5223.0310, subpart 29, at one level performed as part or all of the surgical treatment of a cervical pain or radicular syndrome, add 2.5 percent to the otherwise appropriate category in subpart 3 or 4.

B. Fusion at multiple levels performed as part or all of the surgical treatment of a cervical pain or radicular syndrome, add five percent to the otherwise appropriate category in subpart 3 or 4.

5223.0380 MUSCULOSKELETAL SCHEDULE; THORACIC SPINE.

Subpart 1. **General.** For permanent partial impairment to the thoracic spine, disability of the whole body is as provided in subparts 2 to 4. The impairing condition in the thoracic spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one of subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as cervical spine, under part 5223.0370, or lumbar spine, under part 5223.0390, the mutually exclusive impairing conditions must be rated separately and then all ratings combined as described in part 5223.0300, subpart 3, item E.

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

B. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 4 3, and may be combined with ratings under this part.

C. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 7 6 and ~~10~~ 9, and may be combined with ratings under this part.

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

Subp. 2. **Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies is rated by the greatest loss of vertebral height among the involved segments:

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, four percent;

(3) decrease in vertebral height is greater than ~~26~~ 25 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

[For text of subitem (4), see M.R.]

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

[For text of subps 3 and 4, see M.R.]

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5223.0390 MUSCULOSKELETAL SCHEDULE; LUMBAR SPINE.

Subpart 1. **General.** For permanent partial impairment to the lumbar spine, disability of the whole body is as provided in subparts 2 to 5. The impairing condition in the lumbar spine resulting from an injury may be rated only under one category of subpart 2, 3, or 4. Categories from more than one of subpart 2, 3, or 4 cannot be used in rating the impairing condition resulting from a single injury. Categories in subparts 2 to 4 may not be combined or added together in rating the extent of impairment due to a single injury except as specifically provided. Categories in other subparts may be combined with the rating under subpart 3 or 4 as specifically provided in this part.

If any injury has resulted in mutually exclusive impairing conditions in other areas of the spine, such as cervical spine, under part 5223.0370, or thoracic spine, under part 5223.0380, the mutually exclusive impairing conditions must be rated separately and then all impairments combined as described in part 5223.0300, subpart 3, item E.

[For text of items A and B, see M.R.]

C. Permanent partial impairment due to bladder dysfunction is as provided in part 5223.0600, subpart 43, and may be combined with ratings under this part.

D. Permanent partial impairment due to sexual dysfunction is as provided in 5223.0600, subparts 76 and 409, and may be combined with ratings under this part.

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

Subp. 2. **Fractures.**

A. Compression fracture of vertebral body, with no involvement of posterior elements, one or more vertebral bodies is rated by the greatest loss of vertebral height among the involved segments:

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, four percent;

(3) decrease in vertebral height is greater than ~~26~~25 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

[For text of subitem (4), see M.R.]

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

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

Subp. 4. **Radicular syndromes.**

[For text of items A and B, see M.R.]

C. Radicular pain or radicular paresthesia, with or without lumbar pain syndrome, with persistent objective clinical findings confined to the region of the lumbar spine, that is, involuntary muscle tightness in the paralumbar muscles or decreased range of motion in the lumbar spine, and with any radiographic, myelographic, CT scan, or MRI scan abnormality not specifically addressed elsewhere in this part:

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

(3) if a surgery at one level, other than fusion, performed as part of the treatment, ten percent;

(4) if a surgery at ~~other levels;~~ more than one level other than a fusion; is performed as part of the treatment, 13 percent.

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

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

5223.0400 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-MOTOR LOSS.

Subpart 1. **General.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the upper extremity resulting from nerve injury or disease, and if there is total loss of motor function for those particular portions of the body served by the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

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

D. The ratings in this part include the rating of the impairment due to any restriction of range of motion or ankylosis at any joint of the affected member that is strictly the result of the nerve lesion and no further rating for those losses ~~must~~ shall be combined with ratings under this part.

[For text of subps 2 to 5, see M.R.]

Subp. 6. **Complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions.** This subpart applies to dates of injury from July 1, 1993, through the day before the effective date of part 5223.0435. For dates of injury on or after the effective date of part 5223.0435, rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions as provided under part 5223.0435. For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

- A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0540;
- B. moderate: meets the requirements of this subpart and the involved member is limited to a helping role in bilateral upper extremity activities, 50 percent of the rating for the appropriate category in part 5223.0540;
- C. severe: meets the requirements of this subpart and the involved member cannot be used for most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0540.

5223.0410 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-SENSORY LOSS.

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

Subp. 6. **Loss of sensation in the digits.**

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

- D. The levels of sensory loss in the digits and the corresponding disabilities of the whole body are measured as follows:

[For text of subitem (1), see M.R.]

- (2) moderate, two-point discrimination greater than six millimeters, one-half of the value in subpart 2 item A;
- (3) severe, two-point discrimination at greater than ten millimeters, three-fourths of the value in subpart 2 item A;
- (4) total, two-point discrimination at greater than 15 millimeters, the same value as in subpart 2 item A.

Subp. 7. **Reflex sympathetic dystrophy, causalgia, and cognate conditions.** This subpart applies to dates of injury from July 1, 1993, through the day before the effective date of part 5223.0435. For dates of injury on or after the effective date of part 5223.0435, rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions as provided under part 5223.0435. For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

- A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0540;
- B. moderate: meets the requirements of this subpart and the involved member is limited to a helping role in bilateral upper extremity activities, 50 percent of the rating for the appropriate category in part 5223.0540;
- C. severe: meets the requirements of this subpart and the involved member cannot be used for most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0540.

5223.0420 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-MOTOR LOSS.

Subpart 1. **Total loss.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the lower extremity resulting from nerve injury or disease, and if there is loss of motor function for those particular portions of the body served by the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

- A. Total or complete motor loss in the lower extremity means that motor function is less than or equal to muscle strength grade 2/5.

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

D. The ratings in this part include the rating of the impairment due to any restriction of range of motion or ankylosis of any joint of the affected member that is strictly the result of the nerve lesion and no further rating for those losses ~~must~~ shall be combined with ratings under this part.

[For text of subps 2 to 5, see M.R.]

Subp. 6. Reflex sympathetic dystrophy, causalgia, and cognate conditions. This subpart applies to dates of injury from July 1, 1993, through the day before the effective date of part 5223.0435. For dates of injury on or after the effective date of part 5223.0435, rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions provided under part 5223.0435. For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0550;

B. moderate: meets the requirements of this subpart and the individual can ambulate only with assistive devices or special shoes, 50 percent of the rating for the appropriate category in part 5223.0550;

C. severe: meets the requirements of this subpart and the individual is unable to weight-bear to effectively perform most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0550.

5223.0435 COMPLEX REGIONAL PAIN SYNDROME, REFLEX SYMPATHETIC DYSTROPHY, OR CAUSALGIA.

Subpart 1. Applicability. This part applies to dates of injury on or after the effective date of this part. For dates of injury from July 1, 1993, through the day before the effective date of this part, the following parts apply: 5223.0400, subpart 6; 5223.0410, subpart 7; 5223.0420, subpart 6; and 5223.0430, subpart 6.

Subp. 2. Rating. To rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions, determine the impairment to the peripheral nervous system, the musculoskeletal system, the skin, and the vascular system as provided in items A to I. The ratings obtained are then combined for the final rating as described in part 5223.0300, subpart 3, item E. The percent of whole body disability for complex regional pain syndrome, reflex sympathetic dystrophy, or causalgia of a member shall not exceed the percent of whole body disability for amputation of that member. If there is no rating under items A to I, then the final rating is zero percent.

A. For upper extremity motor loss rate as provided in part 5223.0400, subparts 1 to 5.

B. For upper extremity sensory loss rate as provided in part 5223.0410, subparts 1 to 6.

C. For upper extremity vascular loss rate as provided in part 5223.0580.

D. For loss of range of motion in the upper extremity rate as provided in parts 5223.0450 to 5223.0480.

E. For lower extremity motor loss rate as provided in part 5223.0420, subparts 1 to 5.

F. For lower extremity sensory loss rate as provided in part 5223.0430, subparts 1 to 5.

G. For lower extremity vascular loss rate as provided in part 5223.0580.

H. For loss of range of motion in the lower extremity rate as provided in parts 5223.0500 to 5223.0530.

I. For impairment due to disorder of the skin rate as provided in part 5223.0630.

5223.0436 THORACIC OUTLET SYNDROME.

Subpart 1. Applicability. This part applies to dates of injury on or after the effective date of this part.

Subp. 2. Rating. To rate thoracic outlet syndrome, determine the impairment to the peripheral nervous system and the vascular system as provided in items A to C. The ratings obtained are then combined for the final rating as described in part 5223.0300, subpart 3, item E. If there is no rating under items A to C, then the final rating is zero percent.

A. For upper extremity motor loss rate as provided in part 5223.0400.

B. For upper extremity sensory loss rate as provided in part 5223.0410.

C. For upper extremity vascular loss rate as provided in part 5223.0580.

5223.0440 MUSCULOSKELETAL SCHEDULE; TRUNK, EXCLUDING SPINE.

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

Subp. 3. **Abdomen.**

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

B. Hernia:

- (1) inguinal hernia, direct or indirect, unilateral or bilateral, repaired once or twice, zero percent;
- (2) inguinal hernia, direct or indirect, unilateral or bilateral ~~and recurrent, recurring~~ after two ~~or more herniorrhaphies repairs~~, three percent;

[For text of subitems (3) to (6), see M.R.]

5223.0450 MUSCULOSKELETAL SCHEDULE; SHOULDER AND UPPER ARM.

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

Subp. 2. **Exclusive categories.**

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

B. Anterior or posterior shoulder dislocation, documented by examination, imaging study, or invasive investigation:

- (1) ~~single first~~ episode or occurring less than three times in six months, three percent;

[For text of subitems (2) to (4), see M.R.]

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

E. Resection arthroplasty of the glenohumeral joint, 36 percent.

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

Subp. 3. **Combinable categories.**

A. For dates of injury from July 1, 1993, through the day before the effective date of item E: chronic rotator cuff tear, demonstrated by medical imaging study, with or without surgical repair:

- (1) partial thickness, two percent;
- (2) full thickness, six percent.

B. Implant arthroplasty of the glenohumeral joint, 18 percent.

C. Fracture or dislocation involving scapula, clavicle, humerus, not otherwise ratable under subpart 2 or 3, or part 5223.0460, zero percent.

D. For dates of injury on or after the effective date of this item: acromioplasty, zero percent.

E. For dates of injury on or after the effective date of this item: rotator cuff tear, demonstrated by medical imaging study:

- (1) healed or surgically repaired with no persistent tear, zero percent;
- (2) partial thickness tear which persists despite treatment, two percent;
- (3) full thickness tear which persists despite treatment, six percent.

Subp. 4. **Categories describing loss of function.** Function at the shoulder is measured by the available passive range of motion in three arcs at the shoulder: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc. If there is an impairment in more than one arc, the ratings for each arc are added to determine the final impairment for loss of function.

[For text of items A and B, see M.R.]

C. Extent of range of rotation:

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

- (3) external rotation is limited to between zero degrees and nine degrees and internal rotation is:

- (a) to greater than 20 degrees, one percent;
- (b) to between zero degrees and 20 degrees, two percent;
- (c) limited to between one degree and nine degrees external rotation, that is, there is an external rotation contracture,

two percent;

- (4) external rotation is limited to between ~~ten degrees~~ one degree and 20 degrees internal rotation, that is, there is an internal

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rotation contracture, and internal rotation is:

- (a) to greater than 20 degrees, three percent;
 - (b) to between ~~ten degrees~~ one degree and 20 degrees, four percent;
- [For text of subitems (5) and (6), see M.R.]

5223.0460 MUSCULOSKELETAL SCHEDULE; ELBOW AND FOREARM.

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

Subp. 4. **Categories describing loss of function.** Function at the elbow or forearm is measured by the available passive range of motion at the elbow.

The passive range of motion is measured in two arcs: flexion or extension and supination or pronation. Examination with goniometer is performed to determine the limitation of passive range of motion in each arc. If there is impairment in more than one arc, the ratings for each arc are added to determine the overall disability for loss of motion.

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

B. Extent of range of rotation:

- (1) pronation is greater than 45 degrees and supination is:
 - (a) to greater than 45 degrees, zero percent;
 - (b) to between zero degrees and 45 degrees, ~~that is, there is a pronation contracture~~, one percent;

[For text of units (c) and (d), see M.R.]

[For text of subitems (2) to (5), see M.R.]

5223.0480 MUSCULOSKELETAL SCHEDULE; HAND AND FINGERS.

Subpart 1. **General.**

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

B. For purposes of computing the percent of disability due to injuries of the digits, each digit and each joint of each digit is assigned a percentage representing the percent of disability of the whole body resulting from 100 percent disability of that digit or joint. In subparts ~~4 2, item D; 3; and 5 4~~, the final percent disability of the whole body is computed by multiplying the overall percent disability to the digit or joint times the values listed in this subpart.

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

[For text of subs 2 and 3, see M.R.]

Subp. 4. **Categories describing loss of function.** Function of the hand and fingers is measured by the available passive range of motion at each joint and by the quality and extent of tactile sensation in the hand. For injuries involving lacerated tendons, the available active range of motion is measured and applied to items A to H.

The passive range of motion at all joints of the digits excluding the carpometacarpal joint of the thumb is measured in one arc: flexion or extension. Examination with goniometer is performed to determine the limits of passive range of motion at each of these joints. The passive range of motion of the carpometacarpal joint of the thumb is measured by three movements of the thumb: extension or abduction, radial abduction, and opposition. Examination with a metric ruler is performed to determine the passive limitations of each of the movements of the carpometacarpal joint of the thumb.

For the thumb, all appropriate ratings for loss of motion at the interphalangeal, metacarpal, and carpometacarpal joints are added to determine the overall rating for loss of motion of the thumb. This overall rating for loss of motion of the thumb is multiplied by the value of the thumb as provided in subpart 1, item B, subitem (1), to ~~convert to find~~ the whole body disability for loss of motion of the thumb. For the fingers, ~~disability ratings~~ for loss of motion at different joints of the same finger are combined to determine the overall ~~disability rating~~ for loss of motion of the ~~digit finger~~. ~~Overall disabilities~~ The overall rating for loss of motion of a digit are ~~finger is~~ multiplied by the value of the ~~digit finger~~ as provided in subpart 1, item B, subitem (1), to find the whole body disability for loss of motion of that ~~digit finger~~. ~~The disabilities for loss of motion of digits are added to determine the overall disability for loss of motion of the hand when there is injury to more than one digit.~~

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When there is injury to more than one digit, the disabilities for loss of motion of each affected digit are added to determine the overall disability for loss of motion of the hand.

The quality and extent of tactile sensation is evaluated according to part 5223.0410, subpart 6.

Any disability for loss of sensation is combined with any overall disability for loss of range of motion to determine the final disability for loss of function.

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

5223.0500 MUSCULOSKELETAL SCHEDULE; HIP AND UPPER LEG.

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

Subp. 3. **Combinable categories.**

[For text of items A and B, see M.R.]

C. Fractures:

- (1) nonunion of hip fracture, 12 percent;
- (2) fracture requiring femoral endoprosthesis, six percent;

[For text of subitems (3) and (4), see M.R.]

Subp. 4. **Categories describing loss of function.** Function of the hip is measured by the available passive range of motion in three arcs: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc.

If there is impairment in more than one arc, the rating for each arc is added to determine the final rating for loss of function.

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

B. Extent of range of abduction or adduction:

[For text of subitem (1), see M.R.]

- (2) adduction is limited to between zero degrees and 20 degrees ~~abduction~~ and abduction is:

[For text of units (a) to (c), see M.R.]

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

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

5223.0510 MUSCULOSKELETAL SCHEDULE; KNEE AND LOWER LEG.

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

Subp. 3. **Combinable categories.**

A. Partial or total patellectomy, four percent.

B. Meniscectomy, or excision of semilunar cartilage in a single knee. If meniscectomy, or excision of semilunar cartilage is performed on both knees, rate each separately and combine the ratings for the overall impairment:

- (1) up to 50 percent of a cartilage removed, two percent;
- (2) more than 50 percent of a cartilage removed, three percent;
- (3) up to 50 percent of both cartilages removed, four percent;
- (4) more than 50 percent of both cartilages removed, six percent;
- (5) for dates of injury on or after the effective date of this subitem: up to 50 percent of one cartilage and more than 50 percent of the other cartilage removed, five percent.

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

I. Fracture or dislocation involving the femur, tibia, or fibula not otherwise ratable under subpart 2 or 3 or part 5223.0500 or 5223.0520, zero percent. For dates of injury on or after the effective date of this item: fracture or dislocation involving the patella not otherwise rated under this subpart, subpart 2, or part 5223.0500 or 5223.0520, zero percent.

[For text of subp 4, see M.R.]

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5223.0520 MUSCULOSKELETAL SCHEDULE; ANKLE.

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

Subp. 4. **Categories describing loss of function.** Function of the ankle is measured by available passive range of motion in two arcs: flexion or extension and inversion or eversion. Examination with goniometer is performed to determine the limits of passive range in each arc. If there is impairment in both arcs, the ratings for loss of motion in the arcs are added to determine the final rating of disability for loss of function.

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

B. Extent of range of inversion or eversion:

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

(4) eversion is limited to between zero degrees and ten degrees inversion, that is, there is an inversion contracture, and inversion is:

- (a) to greater than 30 degrees, two percent;
- (b) limited to between 16 degrees and 30 degrees, three percent;
- (c) limited to between zero degrees and 15 degrees, four percent;

(5) eversion is limited to between ~~ten~~ 11 degrees and 20 degrees inversion, that is, there is an inversion contracture, and inversion is:

[For text of units (a) and (b), see M.R.]

[For text of subitems (6) and (7), see M.R.]

5223.0540 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF UPPER EXTREMITY.

Subpart 1. **Amputations.** Permanent partial impairment due to amputation of upper extremities is a disability of the whole body as follows:

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

J. amputation of multiple digits, add as described in part 5223.0300, subpart 3, item ~~E~~ F, the ratings obtained for the specific abnormalities in items K to O;

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

N. amputation of ring finger:

(1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent; for dates of injury on or after the effective date of this subitem: at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, five percent;

[For text of subitems (2) to (5), see M.R.]

O. amputation of little finger:

(1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent; for dates of injury on or after the effective date of this subitem: at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, five percent;

[For text of subitems (2) to (5), see M.R.]

5223.0550 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF LOWER EXTREMITIES.

Subpart 1. **Amputations.** For permanent partial impairment due to amputation of lower extremities, the disability of the whole body is:

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

K. amputation of great toe:

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

(3) at interphalangeal joint, four percent; for dates of injury on or after the effective date of this subitem: at interphalangeal joint to insertion of flexor hallucis longus, four percent;

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(4) for dates of injury on or after the effective date of this subitem: distal to insertion of flexor hallucis longus, zero percent;

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

5223.0560 RESPIRATORY.

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

Subp. 2. **Respiratory impairment Fixed obstructive or restrictive disease.** A permanent partial impairment of the respiratory system due to fixed obstructive or restrictive disease must be rated under one of items A to F. If the measurements of FEV1, FVC, FEV1/FVC, DCO, or VO2 max fall in different items, then the item that provides for the largest percentage of disability is the appropriate rating for the condition.

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

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

5223.0640 HEAT AND COLD INJURIES.

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

Subp. 2. **Heat and cold injuries other than electrical conduction.** A rating under this part is the combination, as described in part 5223.0300, subpart 3, item E, of the ratings assigned by items A to E G.

A. Any heat or cold injury that heals and leaves no scar, zero percent.

B. Cold intolerance of the hands, face, feet, or head as evidenced by the wearing of heavy gloves, heavy socks, or additional scarves at 35 degrees Fahrenheit:

(1) a scar or skin graft of at least ten square centimeters must be present for an affected member to be rated under this item. These ratings may be added as described in part 5223.0300, subpart 3, item E F, to determine the overall rating for cold intolerance:

- (a) dominant hand, four percent;
- (b) nondominant hand, three percent;
- (c) face, three percent; or
- (d) foot, three percent;

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

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

G. Persistent open sores, recurrent skin breakdown after initial healing, or skin grafting, rate as provided in part 5223.0630.

Subp. 3. **Electrical conduction injuries.**

A. Injury to the skin must be rated as provided in subpart 2, items A to E G.

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

5223.0650 COSMETIC DISFIGUREMENT.

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

Subp. 4. **Anterior neck.**

A. The anterior neck extends from the ear lobule anteriorly to the ear lobule and downward to midclavicle. Disfigurement on the posterior neck from the ear lobule posteriorly to the ear lobule shall ~~not~~ be rated under subpart 6. Ratings under items B and C shall be combined as described in part 5223.0300, subpart 3, item E.

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

[For text of subps 5 and 6, see M.R.]

Proposed Rules

Department of Labor and Industry

Division of Safety and Workers' Compensation

Proposed Permanent Rules Relating to Workers' Compensation; Treatment Parameters

NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

Proposed Amendment to Rules Governing Workers' Compensation; Treatment Parameters, *Minnesota Rules*, 5221.6040 to 5221.6305

Introduction. The Department of Labor and Industry intends to adopt rules without a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. You may submit written comments on the proposed rules and may also submit a written request that a hearing be held on the rules until November 18, 2009.

Agency Contact Person. You must submit comments or questions on the rules and written requests for a public hearing to the agency contact person. The agency contact person is: Carrie Rohling at the Department of Labor and Industry, 443 Lafayette Rd. N., St. Paul, MN 55155; telephone: (651) 284-5006. TTY users may call the Department of Labor and Industry at (651) 297-4198.

Subject of Rules and Statutory Authority. The proposed rule amendments are about the workers' compensation treatment parameters, including: new parameters for the use of non-steroidal anti-inflammatory drugs, muscle relaxant drugs, and opioid (narcotic) analgesic drugs; updates to general and medical imaging parameters and ICD-9 codes; functional capacity evaluations; traction, electrical muscle stimulation, acupuncture and manual therapy modalities; and complex regional pain syndrome and cognate conditions. The statutory authority to adopt the rules is *Minnesota Statutes*, sections 176.83, subdivisions 3 and 5, and 176.103, subd. 2. A copy of the proposed rules is published in the State Register and attached to this notice as mailed. The proposed rules are also on the Department's rule docket web site at:

http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrmPar_1.pdf

Comments. You have until 4:30 p.m. on Wednesday, November 18, 2009, to submit written comment in support of or in opposition to the proposed rules and any part or subpart of the rules. Your comment must be in writing and the agency contact person must receive it by the due date. The Department encourages comment. Your comment should identify the portion of the proposed rules addressed and the reason for the comment. You are encouraged to propose any change desired. You must also make any comments about the legality of the proposed rules during this comment period.

Request for a Hearing. In addition to submitting comments, you may also request that the Department hold a hearing on the rules. Your request must be in writing and the agency contact person must receive it by 4:30 p.m. on November 18, 2009. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rules that you object to or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and the agency cannot count it when determining whether it must hold a public hearing. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

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

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

Modifications. The Department may modify the proposed rules as a result of public comment. The modifications must be supported by comments and information submitted to the agency, and the adopted rules may not be substantially different than these proposed rules, unless the agency follows the procedure under *Minnesota Rules*, part 1400.2110. If the proposed rules affect you in any way, the Department encourages you to participate in the rulemaking process.

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Statement of Need and Reasonableness. The statement of need and reasonableness 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. It is now available from the agency contact person. You may review it or obtain copies for the cost of reproduction by contacting the agency contact person. The statement of need and reasonableness is also available for review on the Department's rule docket web site at: http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrtmPar_1.pdf

Lobbyist Registration. *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You should direct questions about this requirement to the Campaign Finance and Public Disclosure Board at: Suite 190, Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, telephone: (651) 296-5148 or 1-800-657-3889.

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

Dated: October 7, 2009

Steve Sviggum, Commissioner
Department Labor and Industry

5221.6040 DEFINITIONS.

[For text of subs 1 to 8, see M.R.]

Subp. 8a. **Medical contraindication.** "Medical contraindication" means a condition that makes the use of a particular treatment or medication inadvisable because of an increased risk of harm to the patient.

[For text of subs 9 to 13, see M.R.]

5221.6050 GENERAL TREATMENT PARAMETERS; EXCESSIVE TREATMENT; PRIOR NOTIFICATION.

Subpart 1. **General.**

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

B. The health care provider must evaluate at each visit whether initial nonsurgical treatment for the low back, cervical, thoracic, and upper extremity, complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions specified in parts 5221.6200, 5221.6205, 5221.6210, and 5221.6300, and 5221.6305, is effective according to subitems (1) to (3). No later than any applicable treatment response time in parts 5221.6200 to ~~5221.6300~~ 5221.6305, the health care provider must evaluate whether the passive, active, injection, or medication treatment modality is resulting in progressive improvement as specified in subitems (1) to (3):

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

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

[For text of subs 2 to 8, see M.R.]

Subp. 9. **Prior notification; health care provider and insurer responsibilities.** Prior notification is the responsibility of the health care provider who wants to provide the treatment in item A. Prior notification need not be given in any case where emergency treatment is required.

[For text of items A and B, see M.R.]

C. The insurer must provide a toll-free facsimile and telephone number for health care providers to provide prior notification. The insurer must respond orally or in writing to the requesting health care provider's prior notification of proposed treatment in item A within seven working days of receipt of the request. Within the seven days, the insurer must either approve the request, deny authorization, request additional information, request that the employee obtain a second opinion, or request an examination by the employer's physician. A denial must include notice to the employee and health care provider of the reason why the information given by the health care provider in item B does not support the treatment proposed, along with notice of the right to review of the denial under subitem (3).

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

(5) If prior notification of surgery is required under item A, subitem (3), the insurer may require that the employee obtain a second opinion from a physician of the employee's choice under *Minnesota Statutes*, section 176.135, subdivision 1a. If within seven

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working days of the prior notification the insurer notifies the employee and health care provider that a second opinion is required, the health care provider may not perform the nonemergency surgery until the employee provides the second opinion to the insurer. Except as otherwise provided in parts 5221.6200, subpart 6, items B and C; 5221.6205, subpart 6, items B and C; 5221.6210, subpart 6, items B and C; 5221.6300, subpart 6, item B; and 5221.6305, subpart 3, item B, if the insurer denies authorization within seven working days of receiving the second opinion, the health care provider may elect to perform the surgery, subject to a determination of compensability by the commissioner or compensation judge under subpart 7.

[For text of subitems (6) and (7), see M.R.]

[For text of subps 10 and 11, see M.R.]

5221.6100 PARAMETERS FOR MEDICAL IMAGING

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

Subp. 2. **Specific imaging procedures for low back pain.** Except for the emergency evaluation of significant trauma, a health care provider must document in the medical record an appropriate history and physical examination, along with a review of any existing medical records and laboratory or imaging studies regarding the patient's condition, before ordering any imaging study of the low back.

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

B. Magnetic resonance imaging (MRI) scanning is indicated any time that one of the following conditions is met:

- (1) when cauda equina syndrome is suspected;
- (2) for evaluation of progressive neurologic deficit;
- (3) when previous ~~spinal~~ surgery to the lumbar spine has been performed and there is a need to differentiate scar due to previous surgery from disc herniation, tumor, or hemorrhage; or
- (4) suspected discitis.

Except as specified in subitems (1) to (4), MRI scanning is not indicated in the first eight weeks after an injury.

Magnetic resonance imaging scanning is indicated after eight weeks if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities.

C. Myelography is indicated in the following circumstances:

- (1) may be substituted for otherwise indicated CT scanning or MRI scanning in accordance with items A and B, if those imaging modalities are not locally available;
- (2) in addition to CT scanning or MRI scanning, if there ~~are~~ is progressive neurologic ~~deficits or changes~~ deficit and CT scanning or MRI scanning has been negative; or
- (3) for preoperative evaluation in cases of surgical intervention, but only if CT scanning or MRI scanning have failed to provide a definite preoperative diagnosis.

D. Computed tomography myelography is indicated in the following circumstances:

- (1) the patient's condition is predominantly sciatica, and there has been previous ~~spinal~~ surgery to the lumbar spine, and tumor is suspected;
- (2) the patient's condition is predominantly sciatica and there has been previous ~~spinal~~ surgery to the lumbar spine and MRI scanning is equivocal;
- (3) when spinal stenosis is suspected and the CT or MRI scanning is equivocal;
- (4) in addition to CT scanning or MRI scanning, if there ~~are~~ is progressive neurologic ~~symptoms or changes~~ deficit and CT scanning or MRI scanning has been negative; or
- (5) for preoperative evaluation in cases of surgical intervention, but only if CT scanning or MRI scanning have failed to provide a definite preoperative diagnosis.

E. Intravenous enhanced CT scanning is indicated only if there has been previous ~~spinal~~ surgery to the lumbar spine, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor, but only if intrathecal contrast for CT-myelography is contraindicated and MRI scanning is not available or is also contraindicated.

F. Gadolinium enhanced MRI scanning is indicated when:

- (1) there has been previous ~~spinal~~ surgery to the lumbar spine, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor;
- (2) hemorrhage is suspected;
- (3) tumor or vascular malformation is suspected;

- (4) infection or inflammatory disease is suspected; or
- (5) unenhanced MRI scanning was equivocal.

G. Discography is indicated when:

[For text of subitem (1), see M.R.]

(2) there has been previous ~~spinal~~ surgery to the lumbar spine, and pseudoarthrosis, recurrent disc herniation, annular tear, or internal disc disruption is suspected.

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

5221.6105 MEDICATIONS.

Subpart 1. **Scope.** Subparts 2 to 4 apply to use of medication in an outpatient setting. Subparts 2 to 4 do not require a physician to prescribe any class of drugs in the treatment of any patient.

Subp. 2. **Nonsteroidal anti-inflammatory drugs (NSAID's).** Nonsteroidal anti-inflammatory drugs (NSAID's) are drugs with analgesic, antipyretic, and anti-inflammatory effects. The term "nonsteroidal" is used to distinguish these drugs from steroids. NSAID's act as inhibitors of the enzyme cyclooxygenase. For the purposes of this subpart, NSAID's include diflunisal but not other salicylates or acetaminophen. NSAID's can be divided into two groups, nonselective NSAID's and COX-2 inhibitors. Examples of nonselective NSAID's include diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, and tolmetin. An example of a COX-2 inhibitor is celecoxib.

A. NSAID's are indicated for the symptomatic relief of acute and chronic musculoskeletal pain. NSAID's must be prescribed at the lowest clinically effective dose, as determined by the prescribing health care provider, but not to exceed the manufacturer's maximum daily dosage.

B. When treating musculoskeletal pain, a generic nonselective NSAID is indicated unless a COX-2 inhibitor is indicated as specified in item C.

(1) When a nonselective NSAID is used, treatment must begin with generic ibuprofen or generic naproxen. If there is a medical contraindication documented by the prescribing health care provider to each of the medications in this item, then treatment may begin with any other generic nonselective NSAID.

(2) Other generic nonselective NSAID's are not indicated unless one-week trials of each of ibuprofen and naproxen have been ineffective in reducing the patient's pain by at least 50 percent as determined by the prescribing health care provider.

(3) Nonselective NSAID's that are not available as generics are not indicated.

C. A COX-2 inhibitor may be indicated instead of a nonselective NSAID for:

(1) patients over 60 years of age;

(2) patients with a history of gastrointestinal bleeding or peptic ulcer disease; or

(3) patients with a history of gastrointestinal side effects with nonselective NSAID use.

However, for any patient meeting any of the criteria of subitems (1) to (3) who is taking aspirin or who is at an increased risk of cardiovascular disease, a COX-2 inhibitor is not indicated and a nonselective NSAID is indicated as allowed in items A and B, together with gastroprotective medication.

D. NSAID's are indicated only for the shortest duration needed as determined by the prescribing health care provider.

(1) NSAID's prescribed within the first four weeks after the date of injury are limited to no more than two weeks of medication per prescription or refill.

(2) NSAID's prescribed more than four weeks after the date of injury may not be for more than one month of medication per prescription or refill.

(3) NSAID's prescribed more than 12 months after the date of injury may not be for more than three months of medication per prescription or refill.

Subp. 3. **Opioid analgesics.** An opioid is any agent that binds to opioid receptors. There are three broad classes of opioids: opium alkaloids, such as morphine and codeine; semisynthetic opioids such as heroin and oxycodone; and fully synthetic opioids such as pethidine and methadone. Opioid analgesics include codeine, hydrocodone, levorphanol, methadone, morphine, hydromorphone, and oxycodone.

A. Opioid analgesics are indicated for the symptomatic relief of acute and chronic pain that has been inadequately relieved by nonopioid medications. Opioid analgesics must be prescribed at the lowest clinically effective dose, as determined by the prescribing health care provider.

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B. When treating pain, a generic oral opioid analgesic is indicated.

(1) When an oral opioid analgesic is used for the symptomatic relief of acute or chronic pain, treatment must begin with one of the following: generic codeine, generic hydrocodone, generic oxycodone, or generic morphine, unless there is a medical contraindication documented by the prescribing health care provider. If there is a medical contraindication documented by the prescribing health care provider to each of the medications in this item, then treatment may begin with any other generic oral opioid analgesic.

(2) Other generic opioid analgesics are not indicated for oral use for the symptomatic relief of acute or chronic pain unless one-week trials of each of hydrocodone, oxycodone, and morphine have been ineffective in reducing the patient's pain by at least 50 percent as determined by the prescribing health care provider.

(3) Generically available combinations of an oral opioid and a nonopioid analgesic may be prescribed instead of that opioid analgesic as otherwise allowed under subitems (1) and (2).

(4) Oral opioid analgesics that are not available as generics and combinations of an oral opioid analgesic and a nonopioid analgesic that are not available as generics are not indicated.

C. A course of oral opioid analgesics or combination of an oral opioid and a nonopioid analgesic is limited as provided in subitems (1) to (3).

(1) Oral opioid analgesics prescribed within the first four weeks after the date of injury are limited to no more than two weeks of medication per prescription.

(2) Oral opioid analgesics prescribed more than four weeks after the date of injury may not be for more than one month of medication per prescription.

(3) Oral opioid analgesics prescribed more than 12 weeks after the injury may be for more than one month of medication per prescription if there has been a clinical evaluation to confirm the need for an efficacy of the prescription and a clinical evaluation at least every six months thereafter during continued use of opiate analgesics.

D. Meperidine is not indicated in the treatment of acute or chronic pain.

E. Transcutaneous opioid analgesics are only indicated in patients with a documented disorder that prevents adequate oral dosing.

F. Oral transmucosal and buccal preparations are only indicated for the treatment of breakthrough pain and only in patients with a documented disorder that prevents adequate dosing with swallowed medications.

Subp. 4. Muscle relaxants. A muscle relaxant is a drug which decreases the tone of a muscle. For the purposes of this subpart, muscle relaxants include carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine, and tizanide. This subpart does not limit the use of medications that may be used to treat spasticity.

A. Muscle relaxants are indicated for the symptomatic relief of acute and chronic musculoskeletal pain. Muscle relaxants must be prescribed at the lowest clinically effective dose, as determined by the prescribing health care provider, but not to exceed the manufacturer's maximum daily dosage.

B. When treating musculoskeletal pain, a generic muscle relaxant is indicated.

(1) When a muscle relaxant is used, treatment must begin with one of the following: generic carisoprodol, generic chlorzoxazone, generic cyclobenzaprine, generic methocarbamol, or generic tizanide. If there is a medical contraindication documented by the prescribing health care provider to each of the medications in this item, then treatment may begin with any other generic muscle relaxant.

(2) Metaxolone and orphenadrine are not indicated unless one-week trials of each of carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, and tizanide have been ineffective in reducing the patient's pain by at least 50 percent as determined by the prescribing health care provider.

(3) Generically available combinations of a muscle relaxant and an analgesic may be prescribed instead of that muscle relaxant as otherwise allowed under subitems (1) and (2).

(4) Muscle relaxants that are not available as generics, and combinations of a muscle relaxant and an analgesic that are not available as generics, are not indicated.

C. A course of muscle relaxants or combination of a muscle relaxant and an analgesic is limited as provided in subitems (1) to (3).

(1) Muscle relaxants prescribed within the first four weeks after the date of injury are limited to no more than two weeks of medication per prescription or refill.

(2) Muscle relaxants prescribed more than four weeks after the date of injury are limited to no more than one month's worth of medication per prescription or refill.

(3) Treatment with muscle relaxants for more than three consecutive months is not indicated.

D. Benzodiazepines are not indicated as muscle relaxants for the symptomatic relief of acute and chronic musculoskeletal pain.

5221.6200 LOW BACK PAIN.

Subpart 1. **Diagnostic procedures for treatment of low back injury.** A health care provider shall determine the nature of the condition before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must assign the patient at each visit to the appropriate clinical category according to subitems (1) to (4). The diagnosis must be documented in the medical record. For the purposes of subitems (2) and (3), “radicular pain” means pain radiating distal to the knee, or pain conforming to a dermatomal distribution and accompanied by anatomically congruent motor weakness or reflex changes. This part does not apply to fractures of the lumbar spine, or back pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process.

(1) Regional low back pain, includes referred pain to the leg above the knee unless it conforms to an L2, L3, or L4 dermatomal distribution and is accompanied by anatomically congruent motor weakness or reflex changes. Regional low back pain includes the diagnoses of lumbar, lumbosacral, or sacroiliac: strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, spondylosis, and other diagnoses for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the lumbar spine or sacroiliac joints and which effects the lumbosacral region, with or without referral to the buttocks and/or leg above the knee, including, but not limited to, ICD-9-CM codes 720 to 720.9, 721, 721.3, 721.5 to 721.90, 722, 722.3, 722.32, 722.5, 722.51, 722.52, 722.6, 722.8, 722.80, 722.83, 722.9, 722.90, 722.93, 724.2, 724.5, 724.6, 724.8, 724.9, 732.0, 737 to 737.9, 738.4, 738.5, 739.2 to 739.4, 756.1 to 756.19, 846.0, 847.2 to 847.9, 922.3, 922.31, 926.1, 926.11, and 926.12.

(2) Radicular pain, with or without regional low back pain, with static or no neurologic deficit. This includes the diagnoses of sciatica; lumbar or lumbosacral radiculopathy, radiculitis or neuritis; displacement or herniation of intervertebral disc with myelopathy, radiculopathy, radiculitis or neuritis; spinal stenosis with myelopathy, radiculopathy, radiculitis or neuritis; and any other diagnoses for pain in the leg below the knee believed to originate with irritation of a nerve root in the lumbar spine, including, but not limited to, the ICD-9-CM codes 721.4, 721.42, 721.91, 722.1, 722.10, 722.11, 722.2, 722.7, 722.73, 722.8, 722.80, 722.83, 724.0, 724.00, 724.02, 724.09, 724.3, 724.4, and 724.9. In these cases, neurologic findings on history and physical examination are either absent or do not show progressive deterioration.

(3) Radicular pain, with or without regional low back pain, with progressive neurologic deficit. This includes the same diagnoses as subitem (2), however, this category applies when there is a history of progressive deterioration in the neurologic symptoms and physical findings which include worsening sensory loss, increasing muscle weakness, or progressive reflex changes.

(4) Cauda equina syndrome, which is a syndrome characterized by anesthesia in the buttocks, genitalia, or thigh and accompanied by disturbed bowel and bladder function, ICD-9-CM codes 344.6, 344.60, and 344.61.

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

I. ~~A comprehensive functional capacity assessment or evaluation (FCE) is a comprehensive and objective assessment of a patient’s ability to perform work tasks an individualized examination and evaluation that objectively measures the patient’s current level of function and the ability to perform functional or work-related tasks, and it predicts the potential to sustain these tasks over a defined time frame.~~ The components of a ~~functional capacity assessment or evaluation~~ comprehensive FCE include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. ~~A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient’s condition and the requested information. Functional capacity assessments and evaluations are performed to determine and report a patient’s physical capacities in general or to determine work tolerance for a specific job, task, or work activity.~~

(1) ~~Functional capacity assessment or evaluation~~ A comprehensive FCE is not indicated during the period of initial nonsurgical management.

(2) After the period of initial nonsurgical management ~~functional capacity assessment or evaluation,~~ a comprehensive FCE is indicated in either of the following circumstances:

- (a) permanent activity restrictions and capabilities must be identified; or
- (b) there is a question about the patient’s ability to do a specific job.

(3) A ~~functional capacity evaluation~~ comprehensive FCE is not appropriate indicated to establish baseline performance before treatment; or ~~for subsequent assessments;~~ to evaluate change in performance during ~~or after a course of~~ treatment.

(4) Only one completed ~~functional capacity evaluation~~ comprehensive FCE is indicated per injury.

(5) Functional tests or physical performance tests done as part of a work conditioning program or work hardening program as provided in part 5221.6600, subpart 2, item D, or in conjunction with active treatment modalities as provided in subpart 4, are not a comprehensive FCE and are not limited by this item.

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

[For text of subp 2, see M.R.]

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Subp. 3. **Passive treatment modalities.**

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

E. Electrical muscle stimulation includes muscle stimulation, low-volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic stimulation, TENS, interferential, and microcurrent techniques.

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

F. Mechanical traction: is the therapeutic use of mechanically induced tension created by a pulling force to produce a combination of distraction and gliding to relieve pain and increase flexibility. Mechanical traction may be continuous, static, intermittent, inversion, gravity, or positional. Examples of mechanical traction include power traction, intersegmental motorized mobilization, vertebral axial decompression, autotraction (active), and 90/90.

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

G. Acupuncture treatments: ~~Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:~~

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

H. Manual therapy includes ~~soft tissue and joint mobilization, therapeutic massage, and manual traction, myofascial release, joint mobilization and manipulation, manual lymphatic drainage, soft-tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and any form of massage:~~

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

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

[For text of subs 4 to 7, see M.R.]

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only in the situations specified in items A to D. The health care provider must provide prior notification as required in items B and C according to part 5221.6050, subpart 9.

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

D. The following durable medical equipment is not indicated for home use for any of the low back conditions described in subpart 1, item A:

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

[For text of subp 9, see M.R.]

Subp. 10. **Scheduled and nonscheduled medication.** ~~Prescription of controlled substance medications scheduled under *Minnesota Statutes*, section 152.02, including without limitation, narcotics, is indicated only for the treatment of severe acute pain. These medications are not indicated in the treatment of patients with regional low back pain after the first two weeks.~~

~~Patients with radicular pain may require longer periods of treatment.~~

The health care provider must document the rationale for the use of any ~~scheduled~~ medication. Treatment with ~~nonscheduled~~ medication may be appropriate during any phase of treatment and ~~intermittently after all other treatment has been discontinued~~ must comply with all of the applicable parameters in part 5221.6105. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and that the most cost-effective regimen is used.

[For text of subs 11 to 13, see M.R.]

5221.6205 NECK PAIN.

Subpart 1. **Diagnostic procedures for treatment of neck injury.** A health care provider shall determine the nature of the condition before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must assign the patient at each visit to the appropriate clinical category according to subitems (1) to (4). The diagnosis must be documented in the medical record. For the purposes of subitems (2) and (3), "radicular pain" means pain radiating distal to the shoulder. This part does not apply to fractures of the cervical spine or cervical pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process.

(1) Regional neck pain includes referred pain to the shoulder and upper back. Regional neck pain includes the diagnoses of cervical strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, and other diagnoses for pain believed to

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originate in the discs, ligaments, muscles, or other soft tissues of the cervical spine and which affects the cervical region, with or without referral to the upper back or shoulder, including, but not limited to, ICD-9-CM codes 720 to 720.9, 721 to 721.0, 721.5 to 721.90, 722.0, 722.2, 722.3 to 722.30, 722.39, 722.4, 722.6, 722.8, 722.80, 722.81, 722.9 to 722.91, 723 to 723.3, 723.5 to 723.9, 724.5, 724.8, 724.9, 732.0, 737 to 737.9, 738.2, 738.4, 738.5, 739.1, 756.1 to 756.19, 847 to 847.0, 847.9, 920, 922.3, 925, and 926.1 to 926.12, 926.11.

(2) Radicular pain, with or without regional neck pain, with no or static neurologic deficit. This includes the diagnoses of brachialgia; cervical radiculopathy, radiculitis, or neuritis; displacement or herniation of intervertebral disc with radiculopathy, radiculitis, or neuritis; spinal stenosis with radiculopathy, radiculitis, or neuritis; and other diagnoses for pain in the arm distal to the shoulder believed to originate with irritation of a nerve root in the cervical spine, including, but not limited to, the ICD-9-CM codes 721.1, 721.91, 722 to 722.0, 722.2, 722.7 to 722.71, 722.8, 722.80, 722.81, 723.4, and 724 to 724.00, and 724.9. In these cases neurologic findings on history and examination are either absent or do not show progressive deterioration.

(3) Radicular pain, with or without regional neck pain, with progressive neurologic deficit, which includes the same diagnoses as subitem (2); however, in these cases there is a history of progressive deterioration in the neurologic symptoms and physical findings, including worsening sensory loss, increasing muscle weakness, and progressive reflex changes.

(4) Cervical compressive myelopathy, with or without radicular pain, is a condition characterized by weakness and spasticity in one or both legs and associated with any of the following: exaggerated reflexes, an extensor plantar response, bowel or bladder dysfunction, sensory ataxia, or bilateral sensory changes. Cervical compressive myelopathy includes the ICD-9-CM code 336.9.

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

I. A comprehensive functional capacity assessment or evaluation (FCE) is a comprehensive and objective assessment of a patient's ability to perform work tasks an individualized examination and evaluation that objectively measures the patient's current level of function and the ability to perform functional or work-related tasks, and it predicts the potential to sustain these tasks over a defined time frame. The components of a functional capacity assessment or evaluation comprehensive FCE include, but are not necessarily limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information. Functional capacity assessments and evaluations are performed to determine a patient's physical capacities in general or to determine and report work tolerance for a specific job, task, or work activity.

(1) Functional capacity assessment or evaluation A comprehensive FCE is not reimbursable indicated during the period of initial nonoperative care nonsurgical management.

(2) Functional capacity assessment or evaluation After the period of initial nonsurgical management, a comprehensive FCE is reimbursable indicated in either of the following circumstances:

- (a) permanent activity restrictions and capabilities must be identified; or
- (b) there is a question about the patient's ability to do a specific job.

(3) A comprehensive FCE is not indicated to establish baseline performance before treatment or to evaluate change in performance during a course of treatment.

(4) Only one completed comprehensive FCE is indicated per injury.

(5) Functional tests or physical performance tests done as part of a work conditioning program or work hardening program as provided in part 5221.6600, subpart 2, item D, or in conjunction with active treatment modalities as provided in subpart 4, are not a comprehensive FCE and are not limited by this item.

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

[For text of subp 2, see M.R.]

Subp. 3. **Passive treatment modalities.**

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

E. Electrical muscle stimulation includes muscle stimulation, low-volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic stimulation, TENS, interferential, and microcurrent techniques.

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

F. Mechanical traction: is the therapeutic use of mechanically induced tension created by a pulling force to produce a combination of distraction and gliding to relieve pain and increase flexibility. Mechanical traction may be continuous, static, intermittent, inversion, gravity, or positional. Examples of mechanical traction include power traction, intersegmental motorized mobilization, vertebral axial decompression, autotraction (active), and 90/90.

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

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G. ~~Acupuncture treatments. Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:~~

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

H. ~~Manual therapy includes soft tissue and joint mobilization, therapeutic massage, and manual traction, myofascial release, joint mobilization and manipulation, manual lymphatic drainage, soft-tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and any form of massage:~~

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

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

[For text of subs 4 to 7, see M.R.]

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only as specified in items A to D. The health care provider must provide prior notification as required in items B and C according to part 5221.6050, subpart 9.

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

D. The following durable medical equipment is not indicated for home use for any of the neck pain conditions described in subpart 1, item A:

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

[For text of subp 9, see M.R.]

Subp. 10. **Scheduled and nonscheduled medication.** ~~Prescription of controlled substance medications scheduled under Minnesota Statutes, section 152.02, including, without limitation, narcotics, is indicated only for the treatment of severe acute pain. These medications are not indicated in the treatment of patients with regional neck pain after the first two weeks.~~

~~Patients with radicular pain may require longer periods of treatment.~~

The health care provider must document the rationale for the use of any ~~scheduled~~ medication. Treatment with ~~nonnarcotic~~ medication may be appropriate during any phase of treatment and ~~intermittently after all other treatment has been discontinued~~ must comply with all of the applicable parameters in part 5221.6105. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost-effective regimen is used.

[For text of subs 11 to 14, see M.R.]

5221.6210 THORACIC BACK PAIN.

Subpart 1. **Diagnostic procedures for treatment of thoracic back injury.** A health care provider shall determine the nature of the condition before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must assign the patient at each visit to the consistency appropriate clinical category according to subitems (1) to (4). The diagnosis must be documented in the medical record. For the purposes of subitems (2) and (3), "radicular pain" means pain radiating in a dermatomal distribution around the chest or abdomen. This part does not apply to fractures of the thoracic spine or thoracic back pain due to an infectious, immunologic, metabolic, endocrine, neurologic, visceral, or neoplastic disease process.

(1) Regional thoracic back pain includes the diagnoses of thoracic strain, sprain, myofascial syndrome, musculoligamentous injury, soft tissue injury, and any other diagnosis for pain believed to originate in the discs, ligaments, muscles, or other soft tissues of the thoracic spine and which effects the thoracic region, including, but not limited to, ICD-9-CM codes 720 to 720.9, 721 to 721.0, 721.5 to 721.90, 722.3 to 722.30, 722.4, 722.6, 722.9 to 722.91, 723 to 723.3, 723.5 to 723.9, 724.5, 724.8, 724.9, 732.0, 737 to 737.9, 738.4, 738.5, 739.1, 756.1 to 756.19, 847 to 847.0, 920, 922.3, 925, and 926.1 to 926.12.

(2) Radicular pain, with or without regional thoracic back pain, includes the diagnoses of thoracic radiculopathy, radiculitis, or neuritis; displacement or herniation of intervertebral disc with radiculopathy, radiculitis, or neuritis; spinal stenosis with radiculopathy, radiculitis, or neuritis; and any other diagnoses for pain believed to originate with irritation of a nerve root in the thoracic spine, including, but not limited to, the ICD-9-CM codes 721.1, 721.91, 722 to 722.0, 722.2, 722.7 to 722.71, 723.4, and 724 to 724.00.

(3) Thoracic compressive myelopathy, with or without radicular pain, is a condition characterized by weakness and spasticity in one or both legs and associated with any of the following: exaggerated reflexes, an extensor plantar response, bowel or bladder dysfunction, sensory ataxia, or bilateral sensory changes. Thoracic compressive myelopathy includes the ICD-9-CM code 336.9.

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

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I. ~~A comprehensive functional capacity assessment or evaluation (FCE) is a comprehensive and objective assessment of a patient's ability to perform work tasks an individualized examination and evaluation that objectively measures the patient's current level of function and the ability to perform functional or work-related tasks, and it predicts the potential to sustain these tasks over a defined time frame. The components of a functional capacity assessment or evaluation comprehensive FCE include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the requested information. Functional capacity assessments and evaluations are performed to determine and report a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity.~~

~~(1) Functional capacity assessment or evaluation A comprehensive FCE is not reimbursable indicated during the period of initial nonoperative care nonsurgical management.~~

~~(2) Functional capacity assessment or evaluation After the period of initial nonsurgical management, a comprehensive FCE is reimbursable indicated in either of the following circumstances:~~

~~(a) permanent activity restrictions and capabilities must be identified; or~~

~~(b) there is a question about the patient's ability to do a specific job.~~

~~(3) A comprehensive FCE is not indicated to establish baseline performance before treatment or to evaluate change in performance during a course of treatment.~~

~~(4) Only one completed comprehensive FCE is indicated per injury.~~

~~(5) Functional tests or physical performance tests done as part of a work conditioning program or work hardening program as provided in part 5221.6600, subpart 2, item D, or in conjunction with active treatment modalities as provided in subpart 4, are not a comprehensive FCE and are not limited by this item.~~

~~[For text of item J, see M.R.]~~

~~[For text of subp 2, see M.R.]~~

Subp. 3. **Passive treatment modalities.**

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

E. Electrical muscle stimulation includes ~~muscle stimulation, low-volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic stimulation, TENS, interferential, and microcurrent techniques.~~

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

F. Mechanical traction: ~~is the therapeutic use of mechanically induced tension created by a pulling force to produce a combination of distraction and gliding to relieve pain and increase flexibility. Mechanical traction may be continuous, static, intermittent, inversion, gravity, or positional. Examples of mechanical traction include power traction, intersegmental motorized mobilization, vertebral axial decompression, autotraction (active), and 90/90.~~

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

G. Acupuncture treatments: ~~Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:~~

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

H. Manual therapy includes ~~soft tissue and joint mobilization, therapeutic massage, and manual traction, myofascial release, joint mobilization and manipulation, manual lymphatic drainage, soft-tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and any form of massage:~~

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

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

~~[For text of subps 4 to 7, see M.R.]~~

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only in certain specific situations, as specified in items A to D. The health care provider must provide the insurer with prior notification as required by items B and C, according to part 5221.6050, subpart 9.

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

D. The following durable medical equipment is not indicated for home use for any of the thoracic back pain conditions described in subpart 1, item A:

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

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[For text of subp 9, see M.R.]

Subp. 10. **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under *Minnesota Statutes*, section 152.02, including, without limitation, narcotics, is indicated only for the treatment of severe acute pain. These medications are not indicated in the treatment of patients with regional thoracic back pain after the first two weeks.

Patients with radicular pain may require longer periods of treatment.

The health care provider must document the rationale for the use of any ~~scheduled~~ medication. Treatment with ~~nonnarcotic~~ medication may be appropriate during any phase of treatment and ~~intermittently after all other treatment has been discontinued~~ must comply with all of the applicable parameters in part 5221.6105. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost-effective regimen is used.

[For text of subps 11 to 13, see M.R.]

5221.6300 UPPER EXTREMITY DISORDERS.

Subpart 1. **Diagnostic procedures for treatment of upper extremity disorders (UED).** A health care provider shall determine the nature of an upper extremity disorder before initiating treatment.

A. An appropriate history and physical examination must be performed and documented. Based on the history and physical examination the health care provider must at each visit assign the patient to the appropriate clinical category according to subitems (1) to (6). The diagnosis must be documented in the medical record. Patients may have multiple disorders requiring assignment to more than one clinical category. This part does not apply to upper extremity conditions due to a visceral, vascular, infectious, immunological, metabolic, endocrine, systemic neurologic, or neoplastic disease process, fractures, lacerations, amputations, or sprains or strains with complete tissue disruption.

(1) Epicondylitis. This clinical category includes medial epicondylitis and lateral epicondylitis, ICD-9-CM codes 726.31 and 726.32.

(2) Tendonitis of the forearm, wrist, and hand. This clinical category encompasses any inflammation, pain, tenderness, or dysfunction or irritation of a tendon, tendon sheath, tendon insertion, or musculotendinous junction in the upper extremity at or distal to the elbow due to mechanical injury or irritation, including, but not limited to, the diagnoses of tendonitis, tenosynovitis, tendovaginitis, peritendinitis, extensor tendinitis, de Quervain's syndrome, intersection syndrome, flexor tendinitis, and trigger digit, including, but not limited to, ICD-9-CM codes 726.4, ~~726.5~~, 726.8, 726.9, 726.90, 727, 727.0, 727.00, 727.03, 727.04, 727.05, ~~and 727.09, 727.2, 727.3, 727.4 to 727.49, 727.8 to 727.82, 727.89, and 727.9.~~

(3) Nerve entrapment syndromes. This clinical category encompasses any compression or entrapment of the radial, ulnar, or median nerves, or any of their branches, including, but not limited to, carpal tunnel syndrome, pronator syndrome, anterior interosseous syndrome, cubital tunnel syndrome, Guyon's canal syndrome, radial tunnel syndrome, posterior interosseous syndrome, and Wartenburg's syndrome, including, but not limited to, ICD-9-CM codes 354, 354.0, 354.1, 354.2, 354.3, 354.8, and 354.9.

(4) Muscle pain syndromes. This clinical category encompasses any painful condition of any of the muscles of the upper extremity, including the muscles responsible for movement of the shoulder and scapula, characterized by pain and stiffness, including, but not limited to, the diagnoses of chronic nontraumatic muscle strain, repetitive strain injury, cervicobrachial syndrome, tension neck syndrome, overuse syndrome, myofascial pain syndrome, myofasciitis, nonspecific myalgia, fibrositis, fibromyalgia, and fibromyositis, including, but not limited to, ICD-9-CM codes 723.3, 729.0, 729.1, 729.5, 840, 840.3, 840.5, 840.6, 840.8, 840.9, 841, 841.8, 841.9, and 842.

(5) Shoulder impingement syndromes, including tendonitis, bursitis, and related conditions. This clinical category encompasses any inflammation, pain, tenderness, dysfunction, or irritation of a tendon, tendon insertion, tendon sheath, musculotendinous junction, or bursa in the shoulder due to mechanical injury or irritation, including, but not limited to, the diagnoses of impingement syndrome, supraspinatus tendonitis, infraspinatus tendonitis, calcific tendonitis, bicipital tendonitis, subacromial bursitis, subcoracoid bursitis, subdeltoid bursitis, and rotator cuff tendinitis, including, but not limited to, ICD-9-CM codes 726.1 to 726.2, 726.9, 726.90, 727 to 727.01, 727.2, 727.3, 840, 840.4, ~~and 840.6, 840.8, and to 840.9.~~

(6) Traumatic sprains or strains of the upper extremity. This clinical category encompasses an instantaneous or acute injury, as a result of a single precipitating event to the ligaments or the muscles of the upper extremity including, without limitation, ICD-9-CM codes 840 to 842.19. Injuries to muscles as a result of repetitive use, or occurring gradually over time without a single precipitating trauma, are considered muscle pain syndromes under subitem (4). Injuries with complete tissue disruption are not subject to this parameter.

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

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E. The following diagnostic procedures or tests are not indicated for the diagnosis of upper extremity disorders any of the clinical categories in item A:

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

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

J. A comprehensive functional capacity assessment or evaluation (FCE) is a comprehensive and objective assessment of a patient's ability to perform work tasks an individualized examination and evaluation that objectively measures the patient's current level of function and the ability to perform functional or work-related tasks, and it predicts the potential to sustain these tasks over a defined time frame. The components of a functional capacity assessment or evaluation comprehensive FCE include, but are not limited to, neuromusculoskeletal screening, tests of manual material handling, assessment of functional mobility, and measurement of postural tolerance. A functional capacity assessment or evaluation is an individualized testing process and the component tests and measurements are determined by the patient's condition and the required information. Functional capacity assessments and evaluations are performed to determine and report a patient's physical capacities in general or to determine work tolerance for a specific job, task, or work activity.

(1) Functional capacity assessment or evaluation A comprehensive FCE is not indicated during the first 12 weeks period of initial nonsurgical treatment management.

(2) Functional capacity assessment or evaluation After the period of initial nonsurgical management, comprehensive FCE is indicated after the first 12 weeks of care in either of the following circumstances:

(a) permanent activity restrictions and capabilities must be identified; or

(b) there is a question about the patient's ability to return to do a specific job.

(3) A functional capacity evaluation comprehensive FCE is not appropriate indicated to establish baseline performance before treatment; or for subsequent assessments; to evaluate change in performance during or after a course of treatment.

(4) Only one completed functional capacity evaluation comprehensive FCE is indicated per injury.

(5) Functional tests or physical performance tests done as part of a work conditioning program or work hardening program as provided in part 5221.6600, subpart 2, item D, or in conjunction with active treatment modalities as provided in subpart 4, are not a comprehensive FCE and are not limited by this item.

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

[For text of subp 2, see M.R.]

Subp. 3. **Passive treatment modalities.**

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

E. Electrical muscle stimulation includes muscle stimulation, low-volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic stimulation, TENS, interferential, and microcurrent techniques.

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

F. Acupuncture treatments. Endorphin-mediated analgesic therapy includes classic acupuncture and acupressure:

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

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

H. Manual therapy includes soft tissue and joint mobilization and therapeutic massage manual traction, myofascial release, joint mobilization and manipulation, manual lymphatic drainage, soft-tissue mobilization and manipulation, trigger point therapy, acupressure, muscle stimulation - manual (nonelectrical), and any form of massage:

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

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

[For text of subps 4 to 7, see M.R.]

Subp. 8. **Durable medical equipment.** Durable medical equipment is indicated only in the situations specified in items A to D. The health care provider must provide the insurer with prior notification as required in items B and C and part 5221.6050, subpart 9.

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

D. The following durable medical equipment is not indicated for home use for the upper extremity disorders specified described in subparts 11 to 16 subpart 1, item A:

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

[For text of subp 9, see M.R.]

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Subp. 10. **Scheduled and nonscheduled medication.** Prescription of controlled substance medications scheduled under *Minnesota Statutes*, section 152.02, including, without limitation, narcotics, is indicated only for the treatment of severe acute pain. Therefore, these medications are not routinely indicated in the treatment of patients with upper extremity disorders. The health care provider must document the rationale for the use of any scheduled medication. Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued must comply with all of the applicable parameters in part 5221.6105. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and the most cost-effective regimen is used.

[For text of subps 11 to 16, see M.R.]

5221.6305 COMPLEX REGIONAL PAIN SYNDROME (CRPS); REFLEX SYMPATHETIC DYSTROPHY; AND CAUSALGIA OF THE UPPER AND LOWER EXTREMITIES.

Subpart 1. **Scope.**

A. This clinical category encompasses:

(1) any condition diagnosed as complex regional pain syndrome, reflex sympathetic dystrophy, or causalgia, or any other condition included in ICD-9-CM codes 337.20, 337.21, 337.22, 337.29, 337.9, 354.4, 355.71, 355.9, or 733.7; or

(2) any condition of the upper or lower extremity characterized by concurrent presence in the involved extremity of five of the following conditions: edema; local skin color change of red or purple; osteoporosis in underlying bony structures demonstrated by radiograph; local dyshidrosis; local abnormality of skin temperature regulation; reduced passive range of motion in contiguous joints; local alteration of skin texture of smooth or shiny; or typical findings of reflex sympathetic dystrophy on bone scan. ~~This clinical category includes, but is not limited to, the diagnoses of reflex sympathetic dystrophy, causalgia, Sudek's atrophy, algoneurodystrophy, and shoulder-hand syndrome, and including, but not limited to, ICD-9-CM codes 337.9, 354.4, and 733.7.; or~~

(3) any condition of the upper or lower extremity that develops after trauma or nerve injury and is characterized by continuing pain, allodynia, or hyperalgesia that is nonanatomic in distribution and disproportionate to the original injury and to stimulation, and the patient has or has had edema, vasomotor abnormality, or sudomotor abnormality on examination, and there is no other explanation for the degree of pain and dysfunction.

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

Subp. 2. **Initial nonsurgical management.** Initial nonsurgical management is appropriate for all patients with reflex sympathetic dystrophy and must be the first phase of treatment. Any course or program of initial nonsurgical management is limited to the modalities specified in items A to D.

A. Therapeutic injection modalities. The only injections allowed for reflex sympathetic dystrophy are sympathetic block, intravenous infusion of steroids or sympatholytics, or epidural block.

(1) Unless medically contraindicated, sympathetic blocks or the intravenous infusion of steroids or sympatholytics must be used if reflex sympathetic dystrophy has continued for four weeks and the employee remains disabled as a result of the reflex sympathetic dystrophy.

(a) Time for treatment response: within 30 minutes.

(b) Maximum treatment frequency: can repeat an injection ~~at a site to a limb~~ if there was a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections must be discontinued. No more than three injections to different ~~sites~~ limbs are reimbursable per patient visit.

[For text of unit (c), see M.R.]

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

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

D. ~~Oral medications may be indicated in accordance with accepted medical practice. The health care provider must document the rationale for the use of any medication. Treatment with medication may be appropriate during any phase of treatment and must comply with all of the applicable parameters in part 5221.6105. The prescribing health care provider must determine that ongoing medication is effective treatment for the patient's condition and that the most cost-effective regimen is used.~~

[For text of subps 3 and 4, see M.R.]

Adopted Rules

A rule becomes effective after the requirements of *Minnesota Statutes* §§ 14.05-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule. If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed. If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

KEY: Proposed Rules - Underlining indicates additions to existing rule language. ~~Strikeouts~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **Adopted Rules** - Underlining indicates additions to proposed rule language. ~~Strikeout~~ indicates deletions from proposed rule language.

Department of Human Services

Adopted Permanent Rules Relating to Medical Assistance Coverage of Hearing Aid Services

The rules proposed and published at *State Register*, Volume 34, Number 1, pages 5-7, July 06, 2009 (34 SR 5), are adopted as proposed.

Department of Labor and Industry

Adopted Permanent Rules Relating to Mechanical and Fuel Gas Codes

The rules proposed and published at *State Register*, Volume 33, Number 30, pages 1298-1299, January 26, 2009 (33 SR 1298), are adopted with the following modifications:

1346.0050 TITLE; INCORPORATION BY REFERENCE.

This chapter is known and may be cited as the "Minnesota Mechanical Code." As used in this chapter, "the code" and "this code" refer to this chapter.

Chapters 2 to 15 of the 2006 edition of the International Mechanical Code, promulgated by the International Code Council, Inc., ~~5203 Leesburg Pike, Suite 600, Falls Church, Virginia 22041-3401~~ 500 New Jersey Avenue NW, 6th Floor, Washington, DC 20001-2070, are incorporated by reference as part of the Minnesota Mechanical Code as amended in this chapter. Portions of this chapter reproduce text and tables from the International Mechanical Code. The International Mechanical Code is copyright 2006 by the International Code Council, Inc. All rights reserved. As used in this chapter, "IMC" means the International Mechanical Code incorporated in this part.

The IMC is not subject to frequent change and a copy of the IMC, with amendments for use in Minnesota, is available in the office of the commissioner of labor and industry.

Chapters 1 to 15 of the ~~2004~~ 2008 edition of NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, promulgated by the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471, are incorporated by reference as part of the Minnesota Mechanical Code as amended in this chapter. Portions of this chapter reproduce text and tables for the NFPA 96. The NFPA 96 is copyright ~~2004~~ 2008 by the National Fire Protection Association. All rights reserved. As used in this chapter, "NFPA 96" means the NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations incorporated into this part.

The NFPA 96 is not subject to frequent change and a copy of the NFPA 96, with amendments for use in Minnesota, is available in the office of the commissioner of labor and industry.

1346.0060 REFERENCES TO OTHER INTERNATIONAL CODE COUNCIL (ICC) CODES.

[For text of ~~subps subp 1 to 10~~, see M.R.]

Subp. 2. **Building code.** References to the International Building Code in this code mean the Minnesota Building Code, adopted pursuant to this chapter 1305 and Minnesota Statutes, section 326B.106, subdivision 1.

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

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1346.0301 SECTION 301 GENERAL.

IMC Section 301.4 is amended to read as follows:

301.4 Listed and labeled. Appliances regulated by this code shall be listed and labeled to an appropriate standard by a nationally recognized testing laboratory which is qualified to evaluate the appliance, unless otherwise approved in accordance with the administrative provisions of the Minnesota State Building Code, *Minnesota Rules*, chapter 1300. The approval of unlisted appliances shall be based upon engineering evaluation. Unlisted appliances shall be installed with clearances to combustibles in accordance with ~~IMC Chapter 8~~ NFPA 211-2006 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel Burning Appliances; NFPA 31-2006 Standard for the Installation of Oil Burning Equipment; or NFPA 90B-2009 Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable to the unlisted appliances. Unlisted appliances with a fuel input rating of less than 12,500,000 Btu/hr (3,660 kW) shall have fuel trains, controls, and safety devices installed in accordance with Part CF, Combustion Side Control, of ASME CSD-1-2006. Unlisted appliances with a fuel input rating of 12,500,000 Btu/hr (3,660 kW) or greater shall have fuel trains, controls, and safety devices installed in accordance with NFPA 85-2007.

1346.0306 SECTION 306 ACCESS AND SERVICE SPACE.

IMC Section 306.5 is amended to read as follows:

306.5 Mechanical equipment and appliances on roofs or elevated structures. Where mechanical equipment or appliances requiring periodic inspection, service, or maintenance are installed on roofs or elevated structures, a permanent stair shall be provided for access.

Exception: A portable ladder may be used for dwellings, replacement equipment on existing buildings, and exterior roof access points not exceeding 16 feet (4.9 m) above grade, unless the building official determines that the unique shape of the roof does not allow safe access with a portable ladder. The permanent stair shall be as required by relevant safety regulations, but shall not be less than the following:

1. The stair shall be installed at an angle of not more than 60 degrees measured from the horizontal plane.
2. The stair shall have flat treads at least 6 inches (152 mm) deep and a clear width of at least 18 inches (457 mm) with equally spaced risers at least 10.5 inches (267 mm) high and not exceeding 14 inches (356 mm).
3. The stair shall have intermediate landings not exceeding 18 feet (5.5 m) vertically.
4. Continuous handrails shall be installed on both sides of the stair.
5. Interior stairs shall terminate at the under side of the roof at a hatch or scuttle of at least 8 square feet (0.74 m²) with a minimum dimension of 20 inches (508 mm).
6. When a roof access hatch or scuttle is located within 10 feet (3.0 m) of a roof edge, a guard shall be installed in accordance with ~~IMC Section 304.9~~ IMC Section 304.10.
7. Exterior stairs shall terminate at the roof access point or at a level landing of at least 8 square feet (0.74 m²) with a minimum dimension of 20 inches (508 mm). The landing shall have a guard installed in accordance with IMC Section 304.10.

306.5.1 Permanent ladders. Where a change in roof elevation greater than 30 inches (762 mm) but not exceeding 16 feet (4.9 m) exists, a permanent ladder shall be provided. The ladder may be vertical and shall be as required by relevant safety regulations, but shall not be less than the following:

1. Width shall be at least 16 inches (406 mm).
2. Rung spacing shall be a maximum of 14 inches (356 mm).
3. Toe space shall be at least 6 inches (152 mm).
4. Side railings shall extend at least 30 inches (762 mm) above the roof or parapet wall.

306.5.2 Electrical requirements. A receptacle outlet shall be provided at or near the equipment location in accordance with the ICC Electrical Code. 306.5.3 Sloped roofs. Where appliances, equipment, fans, or other components that require service are installed on a roof having a slope of three units vertical in 12 units horizontal (25-percent slope) or greater and having an edge more than 30 inches (762 mm) above grade at such edge, a level platform shall be provided on each side of the appliance to which access is required for service, repair, or maintenance. The platform shall be at least 30 inches (762 mm) in any dimension and shall be provided with guards. The guards shall extend at least 42 inches (1067 mm) above the platform, shall be constructed so as to prevent the passage of a 21-inch-diameter (533 mm) sphere and shall comply with the loading requirements for guards specified in the International Building Code.

1346.0501 SECTION 501 GENERAL.

Subp. 2. **Section 501.3.** IMC Section 501.3 is amended to read as follows: 501.3 Pressure equalization. Mechanical exhaust systems shall be sized and operated to remove the quantity of air required by this chapter. If a greater quantity of air is supplied by a mechanical ventilating supply system than is removed by a mechanical exhaust system for a room, adequate means shall be provided for the natural

exit of the excess air supplied. 501.3.1 Makeup air in new dwellings. Makeup air quantity for new dwellings shall be determined by using Table 501.3.1 and shall be supplied in accordance with IMC Section 501.3.2.

Exception: Makeup air provisions of IMC Section 501.3.1 are not required when any of the following are demonstrated:

1. A test is performed according to ASTM Standard E1998-02 (2007), Standard Guide for Assessing Depressurization-Induced Backdrafting and Spillage from Vented Combustion Appliances, and documentation is provided that the vented combustion appliances continue to operate within established parameters of the test.

2. A test approved by the building official verifies proper operation of vented combustion appliances.

501.3.2 Makeup air supply.

Makeup air shall be provided by one of the following methods:

1. Passive makeup air shall be provided by passive openings according to the following:

2.2 An exhaust system is installed or replaced.

Exception: If powered makeup air is electrically interlocked and matched to the airflow of the exhaust system, additional makeup air is not required.

3. When a solid fuel appliance is installed in a dwelling constructed during or after 1994 under the Minnesota Energy Code, *Minnesota Rules*, chapter 7670, makeup air quantity shall be determined by using IMC Table 501.3.1 and shall be supplied according to IMC Section 501.3.2.

Exception: If a closed combustion solid fuel burning appliance is installed with combustion air in accordance with the manufacturer's installation instructions, additional makeup air is not required.

4. When an exhaust system with a rated capacity greater than 300 cfm (0.144 m³/s) is installed in a dwelling constructed during or after 1994 under the Minnesota Energy Code, *Minnesota Rules*, chapter 7670, makeup air quantity shall be determined by using IMC Table 501.3.3(1) and shall be supplied according to IMC Section 501.3.2.

Exception: If powered makeup air is electrically interlocked and matched to the airflow of the exhaust system additional makeup air is not required.

5. When an exhaust system with a rated capacity greater than 300 cfm (0.144 m³/s) is installed in a dwelling constructed prior to 1994, makeup air quantity shall be determined by using IMC Table 501.3.3(2) and shall be supplied according to IMC Section 501.3.2.

Exception: If powered makeup air is electrically interlocked and matched to the airflow of the exhaust system, additional makeup air is not required.

6. When a solid fuel appliance is installed in a dwelling constructed prior to 1994, makeup air quantity shall be determined by using IMC Table 501.3.3(3) and shall be supplied according to IMC Section 501.3.2.

Exception: If a closed combustion solid fuel burning appliance is installed with combustion air in accordance with the manufacturer's installation instructions, additional makeup air is not required.

Exception: Makeup air is not required in Items 1 to 6 when any of the following are demonstrated: 1. A test is performed according to ASTM Standard E1998-02 (2007), Standard Guide for Assessing Depressurization-Induced Backdrafting and Spillage from Vented Combustion Appliances, and documentation is provided that the vented combustion appliances continue to operate within established parameters of the test. 2. A test approved by the building official verifies proper operation of vented combustion appliances.

**Table 501.3.1
Procedure to Determine Makeup Air Quantity for Exhaust Equipment in Dwellings**

	One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D
1. Use the Appropriate Column to Estimate House Infiltration				
a) pressure factor (cfm/sf)	0.15	0.09	0.06	0.03
b) conditioned floor area (sf) (including unfinished basements)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____

Adopted Rules

Estimated House Infiltration (cfm): [1a x 1b]

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

2. Exhaust Capacity

a) continuous exhaust-only ventilation system (cfm): (not applicable to balanced ventilation systems such as HRV)

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

b) clothes dryer 135 135 135 135

c) 80% of largest exhaust rating (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust)

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

d) 80% of next largest exhaust rating (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust)

not applicable	_____#underscore	_____#underscore	_____#underscore
	leader#___	leader#___	leader#___

Total Exhaust Capacity (cfm): [2a+2b+2c+2d]

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

3. Makeup Air Requirement

a) Total Exhaust Capacity (from above)

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

b) Estimated House Infiltration (from above)

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

Makeup Air Quantity (cfm): [3a - 3b] (if value is negative, no makeup air is needed)

_____#underscore	_____#underscore	_____#underscore	_____#underscore
leader#___	leader#___	leader#___	leader#___

4. For Makeup Air Opening Sizing, refer to Table 501.3.2

^AUse this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.
^BUse this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.
^CUse this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.
^DUse this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliances.

Table 501.3.2
Makeup Air Opening Sizing Table for New and Existing Dwellings

Type of opening or system	One or multiple power vent or direct vent appliances or no combustion appliances ^A (cfm)	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B (cfm)	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C (cfm)	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D (cfm)	Passive makeup air opening duct diameter ^{E,F,G} (inches)
Passive Opening	1-36	1-22	1-15	1-9	3
Passive Opening	37-66	23-41	16-28	10-17	4
Passive Opening	67-109	42-66	29-46	18-28	5
Passive Opening	110-163	67-100	47-69	29-42	6
Passive Opening	164-232	101-143	70-99	43-61	7
Passive Opening	233-317	144-195	100-135	62-83	8
Passive Opening with Motorized Damper	318-419	196-258	136-179	84-110	9
Passive Opening with Motorized Damper	420-539	259-332	180-230	111-142	10
Passive Opening with Motorized Damper	540-679	333-419	231-290	143-179	11
Powered Makeup Air ^H	>679	>419	>290	>179	Not Applicable

^AUse this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.

^BUse this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.

^CUse this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.

^DUse this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliance(s).

^EAn equivalent length of 100 feet of round smooth metal duct is assumed. Subtract 40 feet for the exterior hood and ten feet for each 90-degree elbow to determine the remaining length of straight duct allowable.

^FIf flexible duct is used, increase the duct diameter by one inch. Flexible duct shall be stretched with minimal sags.

^GBarometric dampers are prohibited in passive makeup air openings when any atmospherically vented appliance is installed.

^HPowered makeup air shall be electrically interlocked with the largest exhaust system.

Adopted Rules

Table 501.3.3(1)

Procedure to Determine Makeup Air Quantity for Exhaust Equipment in Existing Dwellings

(Refer to Item 4 in Section 501.3.3 to determine applicability of this table)

	One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D
1. Use the Appropriate Column to Estimate House Infiltration				
a) pressure factor (cfm/sf)	0.15	0.09	0.06	0.03
b) conditioned floor area (sf)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Estimated House Infiltration (cfm): [1a x 1b]	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
2. Exhaust Capacity				
80% of exhaust rating = Exhaust Capacity (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked and matched to exhaust)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
3. Makeup Air Requirement				
a) Exhaust Capacity (from above)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
b) Estimated House Infiltration (from above)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Makeup Air Quantity (cfm): [3a - 3b]	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
			(if value is negative, no makeup air is needed)	
4. For Makeup Air Opening Sizing, refer to Table 501.3.2				

^AUse this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.

^BUse this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.

^CUse this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.

^DUse this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliances.

Table 501.3.3(2)
Procedure to Determine Makeup Air Quantity for Exhaust Equipment in Existing Dwellings
 (Refer to Item 5 in Section 501.3.3 to determine applicability of this table)

	One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solid fuel appliances ^D
1. Use the Appropriate Column to Estimate House Infiltration				
a) pressure factor (cfm/sf)	0.25	0.15	0.10	0.05
b) conditioned floor area (sf)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
		(including unfinished basements)		
Estimated House Infiltration (cfm): [1a x 1b] or Alternative Calculation (by using blower door test) ^E	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
c) conversion factor	0.75	0.45	0.30	0.15
d) CFM50 value (from blower door test)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Estimated House Infiltration (cfm): [1c x 1d]	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
2. Exhaust Capacity				
80% of exhaust rating = Exhaust Capacity (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked with exhaust)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
3. Makeup Air Requirement				
a) Exhaust Capacity (from above)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____

Adopted Rules

b) Estimated House Infiltration (from above) ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___

Makeup Air Quantity (cfm): [3a - 3b] (if value is negative, no makeup air is needed) ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___

4. For Makeup Air Opening Sizing, refer to Table 501.3.2

^AUse this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.

^BUse this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.

^CUse this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.

^DUse this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliances.

^EAs an alternative, the Estimated House Infiltration may be calculated by performing a blower door test and multiplying the conversion factor by the CFM50 value.

Table 501.3.3(3)

Procedure to Determine Makeup Air Quantity for Exhaust Equipment in Existing Dwellings

(Refer to Item 6 in Section 501.3.3 to determine applicability of this table)

One or multiple power vent or direct vent appliances or no combustion appliances ^A	One or multiple fan-assisted appliances and power vent or direct vent appliances ^B	One atmospherically vented gas or oil appliance or one solid fuel appliance ^C	Multiple atmospherically vented gas or oil appliances or solidfuel appliances ^D
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1. Use the Appropriate Column to Estimate House Infiltration

a) pressure factor (cfm/sf) 0.25 0.15 0.10 0.05

b) conditioned floor area (sf) (including unfinished basements) ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___

Estimated House Infiltration (cfm): [1a x 1b] or Alternative Calculation (by using blower door test)^E ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___ ___#underscore leader#___

c) conversion factor 0.75 0.45 0.30 0.15

Adopted Rules

d) CFM50 value (from blower door test)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Estimated House Infiltration (cfm): [1c x 1d]	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
2. Exhaust Capacity				
a) continuous exhaust-only ventilation system (cfm) (not applicable to balanced ventilation systems)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
b) clothes dryer (cfm)	135	135	135	135
c) 80% of largest exhaust rating (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked and with exhaust)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
d) 80% of next largest exhaust rating (cfm): (not applicable if recirculating system or if powered makeup air is electrically interlocked with exhaust)	Not applicable	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Total Exhaust Capacity (cfm): [2a+2b+2c+2d]	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
3. Makeup Air Requirement				
a) Total Exhaust Capacity (from above)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
b) Estimated House Infiltration (from above)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____
Makeup Air Quantity (cfm): [3a - 3b] (if value is negative, no makeup air is needed)	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____	____#underscore leader#____

4. For Makeup Air Opening Sizing, refer to Table 501.3.2

^AUse this column if there are other than fan-assisted or atmospherically vented gas or oil appliances or if there are no combustion appliances.

Adopted Rules

^BUse this column if there is one fan-assisted appliance per venting system. Other than atmospherically vented appliances may also be included.

^CUse this column if there is one atmospherically vented (other than fan-assisted) gas or oil appliance per venting system or one solid fuel appliance.

^DUse this column if there are multiple atmospherically vented gas or oil appliances using a common vent or if there are atmospherically vented gas or oil appliances and solid fuel appliances.

^EAs an alternative, the Estimated House Infiltration may be calculated by performing a blower door test and multiplying the conversion factor by the CFM50 value.

1346.0504 SECTION 504 CLOTHES DRYER EXHAUST.

IMC Section 504.1 is amended to read as follows:

504.1 Installation. Clothes dryers shall be exhausted in accordance with the manufacturer's instructions. Dryer exhaust systems shall be independent of all other systems and shall convey the moisture and any products of combustion to the outside of the building.

Exception: This section shall not apply to listed and labeled condensing (ductless) clothes dryers. The room where a listed and labeled condensing (ductless) clothes dryer is installed shall be provided with a floor drain or laundry sink and with an exhaust ventilation system of 70 cfm or greater and shall have a floor drain or other approved plumbing fixture or disposal area for condensate.

1346.0506 SECTION 506 COMMERCIAL KITCHEN HOOD VENTILATION SYSTEM DUCTS AND EXHAUST EQUIPMENT.

Subpart 1. **Section 506.3.** IMC Section 506.3 is amended to read as follows: 506.3 Ducts serving Type I hoods. Commercial kitchen exhaust systems serving Type I hoods shall be designed, constructed and installed in accordance with NFPA ~~96-2004~~ 96-2008, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.

Subp. 2. **Sections 506.3.1 to 506.3.12.3.** IMC Sections 506.3.1 to 506.3.12.3 are deleted and replaced with NFPA ~~96-2004~~ 96-2008, sections 5.1.1 and 7.5.2, with the following amendments: 5.1.1 The hood or that portion of a primary collection means designed for collecting cooking vapors and residues shall be constructed of stainless steel not less than 0.94 mm (0.037 in.) (No. 20 MSG) in thickness or other approved material of equivalent strength and fire and corrosion resistance. Refer to the Minnesota Food Code, *Minnesota Rules*, chapter 4626, for additional requirements for commercial kitchen hoods licensed and inspected by the Department of Agriculture, Department of Health, or local authorities that conduct inspections of food establishments. 7.5.2.1 All seams, joints, penetrations, and duct-to-hood collar connections shall have a liquid tight continuous external weld. Listed grease ducts and ducts complying with 7.5.1 through 7.5.5.5 that are installed within a concealed enclosure shall maintain an air pressure test of ~~0-10 inches~~ at least 1.0 inch water column positive pressure for a minimum of 20 minutes, unless an equivalent alternate test is specified by the building official.

Subp. 3. **Section 506.4.2.** IMC Section 506.4.2 is amended to read as follows: 506.4.2 Ducts. Ducts and plenums serving Type II hoods shall be constructed of rigid metallic materials. Duct construction, installation, bracing, and supports shall comply with IMC Chapter 6. Ducts conveying moisture-laden or waste heat-laden air shall comply with the following requirements:

1. Ducts shall be constructed, joined, and sealed to prevent drips and leaking.
2. Ducts shall slope not less than one-fourth unit vertical in 12 units horizontal (2 percent slope) toward the hood or toward an approved reservoir.
3. Horizontal ducts exceeding 75 feet (22,860 mm) in length shall slope not less than one unit vertical in 12 units horizontal (8.3 percent slope).
4. Ducts subject to positive pressure shall maintain an air pressure test of ~~0-10 inches~~ 1.0 inch water column positive pressure for a minimum of 20 minutes, unless an equivalent alternate test is specified by the building official.

1346.0507 SECTION 507 COMMERCIAL KITCHEN HOODS.

Subpart 1. **Section 507.1.** IMC Section 507.1 is amended by adding subsection 507.1.1 after the exceptions to read as follows: ~~Commercial kitchen exhaust hoods shall comply with the requirements of this section. Hoods shall be Type I or Type II and shall be designed to capture and confine cooking vapors and residues.~~ 507.1.1 Factory built systems with exhaust or recovery. Where factory built commercial cooking recirculating systems or dishwashers and potwashers equipped with heat and vapor exhaust or recovery systems are installed, the sensible and latent heat from the systems shall be included in the HVAC design calculations of the kitchen. A mechanical HVAC system shall be provided to maintain maximum relative humidity of 65 percent in the space.

Subp. 2. **Section 507.2.** IMC Section 507.2 is amended to read as follows: 507.2 Where required. A Type I or Type II hood shall be installed at or above all commercial cooking appliances in accordance with Sections 507.2.1 and 507.2.2. Where any cooking appliance under a single hood requires a Type I hood, a Type I hood shall be installed. Where a Type II hood is required, a Type I or Type II hood shall be installed. 507.2.1 Type I hoods. Type I hoods shall be installed where cooking appliances produce grease or smoke, such as occurs with griddles, fryers, broilers, ovens, ranges, and wok ranges. 507.2.1.1 Operation. Type I hood systems shall be designed and installed to automatically activate the exhaust fan whenever cooking operations occur. The activation of the exhaust fan shall occur through an interlock with the cooking appliances, by means of heat sensors or by means of other approved methods. 507.2.2 Type II hoods. Type II hoods shall be installed where cooking or dishwashing appliances produce heat, steam, or products of combustion and do not produce grease or smoke, such as steamers, kettles, pasta cookers, and dishwashing machines. Exceptions: 1. Under-counter-type commercial dishwashing machines. 2. A Type II hood is not required for dishwashers and potwashers that are provided with heat and water vapor exhaust or recovery systems that are supplied by the appliance manufacturer and are installed in accordance with the manufacturer's instructions. The additional heat and moisture loads generated by such appliances shall be accounted for in the design of the HVAC system. The HVAC system shall maintain a maximum relative humidity of 65 percent in the space. 3. A single light-duty electric convection, bread, retherm, or microwave oven that are rated at 3.7 kW or less. The additional heat and moisture loads generated by such appliances shall be accounted for in the design of the HVAC system. The HVAC system shall maintain a maximum relative humidity of 65 percent in the space. 4. A Type II hood is not required for the following electrically heated appliances: toasters, steam tables, popcorn poppers, hot dog cookers, coffee makers, rice cookers, egg cookers, and holding/warming ovens that are rated at 3.7 kW or less. The additional heat and moisture loads generated by such appliances shall be accounted for in the design of the HVAC system. The HVAC system shall maintain a maximum relative humidity of 65 percent in the space.

Subp. 9. **Section 507.7.1.** IMC Section 507.7.1 is amended to read as follows: 507.7.1 Type I hoods. Type I hoods shall be designed, constructed, and installed in accordance with Chapter 5 of NFPA ~~96-2004~~ 96-2008.

1346.0508 SECTION 508 COMMERCIAL KITCHEN MAKEUP AIR.

Subpart 1. **Section 508.1.** IMC Section 508.1 is amended to read as follows: 508.1

Makeup air. Makeup air shall be supplied during the operation of commercial kitchen exhaust systems that are provided for commercial food heat-processing appliances. The amount of makeup air supplied shall be approximately equal to the exhaust air. A minimum of 80 percent of the makeup air shall be supplied into the space where the exhaust hood is located. The makeup air shall not reduce the effectiveness of the exhaust system. Makeup air shall be provided by mechanical means and the exhaust and makeup air systems shall be electrically interlocked to insure that makeup air is provided whenever the exhaust system is in operation.

Makeup air intake openings shall comply with IMC Section 401.4 and amended IMC Section 401.4.1.

Exception: This section shall not apply to dwelling units. 508.1.1 Makeup air temperature. Makeup air shall be not less than 50°F (10°C), measured at the flow of air from the supply diffuser into the space. 508.1.2 Makeup and ventilation air distribution. Makeup and ventilation air supply diffusers located within 12 feet (3.7 m) of an exhaust hood shall be directed away from the hood.

Exception: Perimeter perforated supply plenums installed in accordance with the manufacturer's installation instructions.

1346.0601 SECTION 601 GENERAL.

IMC Section 601.1 is amended to read as follows:

601.1 Scope. Duct systems used for the movement of air in air-conditioning, heating, ventilating, and exhaust systems shall conform to the provisions of this chapter except as otherwise specified in chapters 5 and 7. Exception: Linen chutes, trash chutes, and ducts discharging combustible material directly into any combustion chamber, shall conform to the requirements of NFPA 82. Chutes shall not be required to be open to the atmosphere, as required by NFPA 82, section 5.2.2.4.3.

1346.0604 SECTION 604 INSULATION.

IMC Section 604.1 is amended to read as follows:

604.1 General. Duct insulation shall conform to the thickness required by this section and Sections 604.2 through 604.13.

Exception: Except as required to prevent condensation, ducts for which heat gain or loss, without insulation, will not increase the energy requirements of the building.

Adopted Rules

Minimum Required Duct Insulation (see notes for explanations)

Duct Location	Requirements
Attics, garages, and ventilated crawl spaces	R-8 and V
Exterior of building	R-8, V and W
Inside of building and in unconditioned spaces	
TD less than or equal to 15°F	None required
TD greater than 15°F and less than or equal to 40°F	R-3.3 and V
TD greater than 40°F	R-5 and V
Within conditioned spaces, in basements with insulated walls, and in plenums within conditioned spaces	None required
Intake and exhaust ducts within conditioned spaces*	R-3.3 and V
Within cement slab or within ground (also see IMC Section 603.7)	R-3.5

Notes: *Insulation required for a distance of 3 feet (914 mm) from the exterior. TD = Design temperature differential between the air in the duct and the ambient temperature outside of the duct. V = Vapor retarder required in accordance with IMC Section 604.11. When a vapor retarder is required, duct insulation required by this section shall be installed without respect to other building envelope insulation. W = Approved weatherproof barrier.

1346.1001 SECTION 1001 GENERAL.

Subpart 1. **Department of Labor and Industry boilers.** Pursuant to chapter 5225 and *Minnesota Statutes*, sections 326B.952 to 326B.998, the installation, inspection, alteration, and repair of pressure vessels and individual boilers or boilers connected to a common circulation manifold shall be regulated by the Department of Labor and Industry if the individual or combined BTU input exceeds:

A. 100,000 BTUs for steam boilers;

B. 500,000 BTUs for hot water supply boilers; or

C. 750,000 BTUs for hot water heating boilers. Exceptions: 1. Boilers in buildings occupied solely for residential purposes with accommodations for not more than five families. 2. Any boiler or pressure vessel under the direct jurisdiction of the United States. 3. Boiler or pressure vessels located on farms used solely for agricultural or horticultural purposes; for the purposes of this section, boilers used for mint oil extraction are considered used for agricultural or horticultural purposes, provided that the owner or lessee complies with the inspection requirements contained in *Minnesota Statutes*, section 326B.958.

Subp. 2. **High pressure piping for boilers.** Pursuant to chapter 5230 and *Minnesota Statutes*, sections 326B.90 to 326B.925, high pressure piping for boilers shall be regulated by the Department of Labor and Industry for the following operating conditions:

A. Steam systems operating over 15 psi; or

B. Hot water or other heating medium operating over 30 psi and 250° F.

Subp. 3. **IMC Section 1001.** IMC Section 1001.1 is amended to read as follows: 1001.1 Scope. This chapter rule shall govern the installation, alteration and repair of system piping with pressures of 15 psi or less, boilers, water heaters, heat exchangers, and pressure vessels that are not regulated by the Department of Labor and Industry's Boiler and High Pressure Piping Sections.

Exceptions: 1. Pressure vessels used for unheated water supply. 2. Portable unfired pressure vessels and Interstate Commerce Commission containers. 3. Containers for bulk oxygen and medical gas. 4. Unfired pressure vessels having a volume of 5 cubic feet (0.14 m³) or less operating at pressures not exceeding 100 pounds per square inch (psi) (1724 kPa) that are equipped with an ASME code stamped safety valve set at a maximum of 100 pounds per square inch and located within occupancies of Groups B, F, H, M, R, S and U. 5. Pressure vessels used in refrigeration systems that are regulated by Chapter 11 of this code. 6. Pressure tanks used in conjunction with coaxial cables, telephone cables, power cables, and other similar humidity control systems. 7. Any boiler or pressure vessel under the direct jurisdiction of the United States.

Refer to *Minnesota Statutes*, sections 326B.952 to 326B.998, and *Minnesota Rules*, chapter 5225, for additional requirements for boilers and pressure vessels under the jurisdiction of the Department of Labor and Industry. Refer to *Minnesota Statutes*, chapter 326, and *Minnesota Rules*, chapter 5230, for additional requirements for high pressure piping under the jurisdiction of the Department of Labor and Industry.

1346.1006 SECTION 1006 SAFETY AND PRESSURE RELIEF VALVES AND CONTROLS.

Subp. 3. **Section 1006.9.** IMC Section 1006 is amended by adding a section to read as follows: 1006.9 Boiler shutdown switch. A manually operated remote shutdown switch shall be located as required by ASME CSD-1-2004 2006. Exception: A single hot water boiler with a rated input of less than 400,000 Btu/hr (117 kW).

1346.1205 SECTION 1205 VALVES.

IMC Section 1205.1.6 is amended to read as follows:

1205.1.6 Expansion tanks. Shutoff valves shall be installed at connections to nondiaphragm-type expansion tanks. The pipe between the boilers or mains and the expansion tank shall be a minimum of 1/2" nominal size. The valve between boilers or mains and an expansion tank shall have permanently attached thereto a metal tag that contains the following language stamped or etched thereon: "This valve must be open at all times, except when draining expansion tank."

1346.1206 SECTION 1206 PIPING INSTALLATION.

Subpart 1. **Section 1206.1.1.** IMC Section 1206.1.1 is amended to read as follows: 1206.1.1 Prohibited tee applications. Fluid in the supply side of a hydronic system shall not enter a tee fitting through the branch opening. Fluid from two returns shall not enter on the run of the same tee.

Subp. 2. **Section 1206.12.** IMC Section 1206 is amended by adding a new subsection to the end of the section to read as follows: 1206.12 Mixing of radiation. Mixing radiation with different rates of heat transfer shall not be permitted in the same heating zone. Exception: Engineered design installations.

Subp. 3. **Section 1206.13.** IMC Section 1206 is amended by adding a new subsection to the end of the section to read as follows: 1206.13 Draining and venting. Hydronic pipes shall be installed so that the pipes can be drained and so that air can be completely removed from the system during filling.

1346.1500 CHAPTER 15, REFERENCED STANDARDS.

Subpart 1. **Modifications to chapter 15.** The list of referenced standards in IMC Chapter 15 is modified as follows:

- A. References to NFPA 211-2003 shall be deleted and replaced with references to NFPA 211-2006.
- B. References to NFPA 31-2001 shall be deleted and replaced with references to NFPA 31-2006.

Subp. 2. **Supplemental standards.** The standards listed in this part shall supplement the list of referenced documents in chapter 15 of the 2006 IMC. The standards referenced in this rule shall be considered part of the requirements of this rule shall be considered part of the requirements of this rule to the extent prescribed in each rule or reference.

- K. NFPA 96-2004 96-2008 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations;
- M. UL 197-2003 including revisions through March 26, 2007, Standard for Commercial Electric Cooking Appliances;
- ~~N.~~ M. UL 555-2006 Standard for Fire Dampers;
- ~~O.~~ N. UL 555C-2006 Standard for Ceiling Dampers;
- ~~P.~~ O. UL 555S-1999 Standard for Smoke Dampers; and
- ~~Q.~~ P. NFPA 45-2004 Standard on Fire Protection for Laboratories Using Chemicals;
- Q. NFPA 211-2006 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances;
- R. NFPA 31-2006 Standard for the Installation of Oil Burning Appliances;
- S. NFPA 90B-2006 Standard for the Installation of Warm Air Heating and Air Conditioning Systems;
- T. NFPA 85-2007 Boiler and Combustion Systems Hazards Code; and
- U. NFPA 54-2009 National Fuel Gas Code.

1346.5050 TITLE; INCORPORATION BY REFERENCE.

This section is known and may be cited as the "Minnesota Fuel Gas Code." As used in this section, "the code" and "this code" refer to this section.

Chapters 2 to 8 of the 2006 edition of the International Fuel Gas Code, promulgated by the International Code Council, Inc., 5203 Leesburg Pike, Suite 600, Falls Church, Virginia 22041-3401 500 New Jersey Avenue NW, 6th Floor, Washington, DC 20001-2070, are incorporated by reference as part of the Minnesota Fuel Gas Code with the amendments in this section. Portions of this chapter reproduce text and tables from the International Fuel Gas Code. The International Fuel Gas Code is copyright 2006 by the International Code Council, Inc. All rights reserved. As used in this section, "IFGC" means the International Fuel Gas Code incorporated in this part.

The IFGC is not subject to frequent change and a copy of the IFGC, with amendments for use in Minnesota, is available in the office of the commissioner of labor and industry.

Adopted Rules

1346.5101 SECTION 101 (IFGC) GENERAL.

IFGC Section 101 is amended to read as follows:

101 Scope. The Minnesota Fuel Gas Code shall apply to the installation of fuel gas piping systems, fuel gas utilization equipment, gaseous hydrogen systems, and related accessories in accordance with this part. 101.1 Gaseous hydrogen systems. Gaseous hydrogen systems shall be regulated by IFGC Chapter 7. 101.2 Piping systems. These regulations cover piping systems for natural gas with an operating pressure of 125 pounds per square inch gauge (psig) (862 kPa gauge) or less, and for LP-gas with an operating pressure of 20 psig (140 kPa gauge) or less, except as provided in IFGC Section 402.6.1. Coverage shall extend from the point of delivery to the outlet of the equipment shutoff valves. Piping system requirements shall include design, materials, components, fabrication, assembly, installation, testing, inspection, operation, and maintenance. 101.3 Gas utilization equipment. Requirements for gas utilization equipment and related accessories on the side of the meter that supplies gas to the building piping system shall include installation, combustion, and ventilation air and venting and connections to piping systems. 101.4 Systems and equipment outside the scope. This code shall not apply to the following: 1. Portable LP-gas equipment of all types that is not connected to a fixed fuel piping system. 2. Installation of farm equipment such as brooders, dehydrators, dryers, and irrigation equipment. 3. Raw material (feedstock) applications except for piping to special atmosphere generators. 4. Oxygen-fuel gas cutting and welding systems. 5. Industrial gas applications using gases such as acetylene and acetylenic compounds, hydrogen, ammonia, carbon monoxide, oxygen, and nitrogen. 6. Petroleum refineries, pipeline compressor or pumping stations, loading terminals, compounding plants, refinery tank farms, and natural gas processing plants. 7. Integrated chemical plants or portions of such plants where flammable or combustible liquids or gases are produced by, or used in, chemical reactions. 8. LP-gas installations at utility gas plants. 9. Liquefied natural gas (LNG) installations. 10. Fuel gas piping in power and atomic energy plants. 11. Proprietary items of equipment, apparatus, or instruments such as gas-generating sets, compressors, and calorimeters. 12. LP-gas equipment for vaporization, gas mixing, and gas manufacturing. 13. Temporary LP-gas piping for buildings under construction or renovation that is not to become part of the permanent piping system. 14. Installation of LP-gas systems for railroad switch heating. 15. Installation of hydrogen gas, LP-gas, and compressed natural gas (CNG) systems on vehicles. 16. Except as provided in IFGC section 401.1.1, gas piping, meters, gas pressure regulators, and other appurtenances used by the serving gas supplier in the distribution of gas, other than undiluted LP-gas. 17. Building design and construction, except as specified in this rule. 18. Piping systems for mixtures of gas and air within the flammable range with an operating pressure greater than 10 psig (69 kPa gauge). 19. Portable fuel cell appliances that are neither connected to a fixed piping system nor interconnected to a power grid. 101.5 Other fuels. The requirements for the design, installation, maintenance, alteration, and inspection of mechanical systems operating with fuels other than fuel gas shall be regulated by the Minnesota Mechanical Code, parts 1346.0050 to 1346.1500.

1346.5202 SECTION 202 (IFGC) GENERAL DEFINITIONS.

Subpart 1. **Section 202.** IFGC Section 202 is amended by adding the following definitions: GAS PIPING SYSTEM - LOW PRESSURE. A system that operates at a pressure not exceeding 14 inches of water column. LPG is a pressure not exceeding 14 inches of water column. GAS PIPING SYSTEM - MEDIUM PRESSURE. A system that operates at a pressure exceeding 14 inches of water column but not exceeding five (5) psig. LPG is a pressure exceeding 14 inches of water column but not exceeding twenty (20) psig. GAS PIPING SYSTEM - HIGH PRESSURE. A system that operates at a pressure exceeding five (5) psig. LPG is a pressure exceeding twenty (20) psig. POWER VENT APPLIANCE. An appliance with a venting system that uses a fan or other mechanical means to cause the removal of flue or vent gases under positive static vent pressure.

[For text of subp 2, see M.R.]

1346.5301 SECTION 301 (IFGC) GENERAL.

IFGC Section 301.3 is amended to read as follows:

301.3 Listed and labeled. Appliances regulated by this code shall be listed and labeled to an appropriate standard by a nationally recognized testing laboratory which is qualified to evaluate the appliance, unless otherwise approved in accordance with the administrative provisions of the Minnesota State Building Code, Minnesota Rules, chapter 1300. The approval of unlisted appliances shall be based upon engineering evaluation. Unlisted appliances shall be installed with clearances to combustibles in accordance with ~~IFGC Chapter 5~~ NFPA 54-2009. Unlisted appliances with a fuel input rating of less than 12,500,000 Btu/hr (3,660 kW) shall have fuel gas trains, controls and safety devices installed in accordance with Part CF, Combustion Side Control, of ASME CSD-1-2006. Unlisted appliances with a fuel input rating of 12,500,000 Btu/hr (3,660 kW) or greater shall have fuel gas trains, controls and safety devices installed in accordance with NFPA 85-2007.

1346.5403 SECTION 403 (IFGC) PIPING MATERIALS.

Subpart 1. **Section 403.8.** IFGC Section 403.8 is amended to read as follows: 403.8 Protective coating. Where in contact with material, or passing through concrete or other abrasive material or atmosphere exerting a corrosive action, metallic piping and fittings coated with a corrosion-resistant material, sleeve, or casing shall be used. Steel pipe exposed in exterior locations shall be galvanized or coated with approved corrosion-resistant material. External or internal coatings or linings used on piping or components shall not be considered as adding strength.

Subp. 1a. **Section 403.10.2.** IFGC Section 403.10.2 is amended to read as follows: 403.10.2 Tubing joints. Tubing joints shall be either made with approved gas tubing fittings or brazed with a material having a melting point in excess of 1,000°F (538°C), or made by press connect fittings complying with ANSI LC-4, Press-Connect Copper and Copper Alloy, Fittings for Use in Fuel Gas Distribution Systems. Brazing alloys shall not contain more than 0.05-percent phosphorus.

[For text of subp 2, see M.R.]

1346.5409 SECTION 409 (IFGC) SHUTOFF VALVES.

Subpart 1. **Section 409.1.** IFGC Section 409.1 is amended by adding subsection 409.1.4 to read as follows: 409.1.4 Main shutoff valve. Piping systems shall be provided with an approved main shutoff valve before the first branch line. The main shutoff valve shall be installed in the first available location inside the building that provides ready access and shall have a permanently attached handle. Exception: Gas piping that serves equipment on the roof of a building shall install the shutoff valve on the roof, ten feet or more from the roof's edge, before the first branch line.

Main shutoff valves controlling several gas piping systems shall be protected from physical damage and shall be placed an adequate distance from each other so they will be easy to operate.

Subp. 2. **Section 409.2.** IFGC Section 409.2 is amended to read as follows: 409.2 Meter valve. Every meter shall be equipped with a shutoff valve located on the supply side of the meter that supplies gas to the building piping system. The main shutoff valve required in amended IFGC Section 409.1.4 subpart 1 shall serve as the shutoff valve.

1346.5800 CHAPTER 8 REFERENCED STANDARDS.

Supplemental standards. The standards listed in this part shall supplement the list of referenced documents in chapter 8 of the 2006 IFGC. The standards referenced in this rule shall be considered part of the requirements of this rule to the extent prescribed in each rule or reference.

A. NFPA 54-2009 National Fuel Gas Code;

B. NFPA 85-2007 Boiler and Combustion Systems Hazards Code; and

C. ASME CSD-1 2006 Controls and Safety Devices for Automatic Boilers.

1346.6000 SECTION 1000 MANUFACTURED HOME PARK/COMMUNITY FUEL GAS EQUIPMENT AND INSTALLATION.

The IFGC is amended by adding a chapter to read as follows:

CHAPTER 10 MANUFACTURED HOME PARK/COMMUNITY FUEL GAS EQUIPMENT AND INSTALLATION

1001 General. Except as otherwise permitted or required by this chapter, all fuel gas equipment and installations in manufactured home parks and communities shall comply with the provisions of this code. The provisions of this chapter shall not apply to manufactured home gas piping and equipment. 1002 Required gas supply. The minimum hourly volume of gas required at each manufactured home lot outlet or any section of the manufactured home gas piping system shall be calculated as shown in IFGC Table 1002. Required gas supply for buildings or other fuel gas utilization equipment connected to the manufactured home gas piping system shall be calculated as provided in this code.

Adopted Rules

Table 1002
Demand Factors for Calculating Gas Piping Systems in Manufactured Home Parks and Communities

Number of Manufactured Home Sites	Demand Factor (Btu/hr) per Manufactured Home Site	Demand Factor (Watts) per Manufactured Home Site
1	125,000	36,638
2	117,000	34,293
3	104,000	30,482
4	96,000	28,138
5	92,000	26,965
6	87,000	25,500
7	83,000	24,327
8	81,000	23,741
9	79,000	23,155
10	77,000	22,569
11-20	66,000	19,345
21-30	62,000	18,172
31-40	58,000	17,000
41-60	55,000	16,121
Over 60	50,000	14,655

1003 Installation. Gas piping shall not be installed underground beneath buildings or that portion of the manufactured home lot reserved for the location of manufactured homes, manufactured home accessory buildings or structures, concrete slabs, or automobile parking, unless installed in a gas-tight conduit complying with the following:

1. The conduit shall be of material approved for installation underground beneath buildings and not less than Schedule 40 pipe. The interior diameter of the conduit shall be not less than 0.5 inch (15 mm) larger than the outside diameter of the gas piping.

2. The conduit shall extend to a point not less than 12 inches (305 mm) beyond any area where it is required to be installed, or the outside wall of a building, and the outer ends shall not be sealed. Where the conduit terminates within a building, it shall be provided with access, and the space between the conduit and the gas piping shall be sealed to prevent leakage of gas into the building.

Exception: A gas piping lateral terminating in a manufactured home lot riser surrounded by a concrete slab shall not be required to be installed in a conduit, provided the concrete slab is entirely outside the wall line of the manufactured home, and is used for stabilizing other utility connections. 1004 Manufactured home lot shutoff valve. Each manufactured home lot shall have an approved gas shutoff valve installed upstream of the manufactured home lot gas outlet and located on the outlet riser at a height at least 6 inches (152 mm) above grade. Such valve shall not be located under a manufactured home. When the manufactured home lot is not in use, the outlet shall be equipped with an approved cap or plug to prevent accidental discharge of gas. 1005 Manufactured home lot gas outlet. Each manufactured home lot piped for gas shall be provided with an individual outlet riser at the manufactured home lot. The manufactured home lot gas outlet shall terminate with the point of delivery in the rear third section and within 4 feet (1,219 mm) of the proposed location of the manufactured home. ~~1006 Manufactured home gas connector. Each manufactured home shall be connected to the lot outlet by an approved or listed gas connector, a maximum of 6 feet (1,829 mm) in length. Approved pipe and fittings may be used between the flexible connector and the lot gas outlet when the distance exceeds that required to make a safe installation with only an approved or listed gas connector. Gas connectors shall be of a size to adequately supply the total demand of the connected manufactured home.~~ 1007 Mechanical protection. All gas outlet risers, regulators, meters, valves, or other exposed equipment shall be protected from mechanical damage. Atmospherically controlled regulators shall be installed in such a manner that moisture cannot enter the regulator vent and accumulate above the diaphragm. Where the regulator vent may be obstructed due to snow and icing conditions, shields, hoods, or other suitable devices shall be provided to guard against closing the vent opening. 1008 Meters. Meters shall not be installed in unvented or inaccessible locations or closer than 3 feet (914 mm) from sources of ignition. When meters are installed, they shall not depend on the gas outlet riser for support, but shall be adequately supported by a post or bracket placed on a firm footing, or other means providing equivalent support. 1009 Meter shutoff valve. All meter installations shall be provided with a shutoff valve located adjacent to and on the inlet side of the meter. For installations utilizing a liquefied petroleum gas container, the container service valve shall serve as the shutoff valve. 1010 Gas pipe sizing. The size of each section of natural gas or liquefied petroleum gas piping systems shall be determined as specified in this code. 1011 Maintenance. The manufactured home park/community operator shall be responsible for maintaining all gas piping installations and equipment in good working condition.

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.

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Minnesota Board of Dentistry

Request for Comments on Proposed Amendments to Permanent Rules Relating to Licensure and Practice in Dentistry, *Minnesota Rules*, chapter 3100

Subject of Rules. The Minnesota Board of Dentistry requests comments on its proposed amendments to rules governing: definitions; anesthesia and sedation; duties and supervision relating to dental hygienists and dental assistants; and other minor technical corrections in certain rules. The Board is considering changes to these various rules which range from minor technical changes to necessary comprehensive changes.

Persons Affected. The proposed rules would likely affect dentists, dental hygienists, and dental assistants.

Statutory Authority. *Minnesota Statutes*, section 150A.04, subdivision 5, authorizes the Board to adopt rules to carry out and make effective the provisions and purposes of sections 150A.01 to 150A.12, in accordance with Chapter 14.

Public Comment. Interested persons or groups may submit comments or information to the Board’s contact person listed below on these proposed rules in writing until 4:30 p.m. on December 18, 2009. The contact person shall direct all comments to the Board’s Executive Committee for review. Any open meetings held by the Board’s Executive Committee will be properly announced to the public prior to the meeting.

Rules Draft. The Minnesota Board of Dentistry has prepared and posted a draft of the proposed rule changes on the Board’s official website. The website address is: www.dentalboard.state.mn.us. Persons interested in a paper copy of the draft of rule changes should contact the Board’s contact person directly.

Board Contact Person. Written comments, questions, or requests to receive a draft of the rules and requests for more information on these proposed rules should be directed to: Kathy Johnson at Minnesota Board of Dentistry, University Park Plaza, 2829 University Avenue SE, Suite 450, Minneapolis, Minnesota 55414-3249, **phone:** (612) 617-2554 or (888) 240-4762 (outside metro), **FAX:** (612) 617-2260, or directed by **e-mail:** kathy.t.johnson@state.mn.us. Minnesota Relay Service for hearing impaired: (800) 627-3529.

Alternative Format. Upon request, this Request for Comments can be made available in an alternative format, such as large print,

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Braille, or cassette tape. To make such a request, please contact the Board contact person at the address or telephone number listed above.

NOTE: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the Administrative Law Judge if and when a proceeding to adopt rules is started. The Board is required to submit to the Judge only those written comments received in response to the rules after they are proposed. If you submit comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Department of Health (MDH)

Public Hearing Regarding the Minnesota Department of Health Application to the Federal Department of Health and Human Services for Federal Fiscal Year 2010 Preventive Health and Health Services Block Grant Funding

The Minnesota Department of Health will sponsor a public hearing to obtain comments on the proposed uses of the Preventive Health and Health Services Block Grant funds during federal fiscal year 2010. The draft application for those funds is available for inspection upon request.

The public hearing will be conducted as part of a meeting of the State Preventive Health Advisory Committee held Monday, October 26, 2009 at the Minnesota Counties Insurance Trust Building (MCIT) located at 100 Empire Drive in St. Paul, MN. The meeting and public hearing will begin at 2:30 p.m. Any person or group may submit either written or oral comments at the meeting.

Written comments must be submitted by noon Friday, October 23, 2009 to the address below. For further information contact:

Debra Burns, Director
Office of Public Health Practice
Minnesota Department of Health
85 East 7th Place, Suite 220
P.O. Box 64882
St. Paul, Minnesota 55164-0882
Phone: (651) 201-3873
E-mail: debra.burns@state.mn.us

Minnesota Department of Health

Division of Environmental Health

REQUEST FOR COMMENTS on Proposed Amendment to Rules Governing Indoor Air Quality in the Operation and Maintenance of Enclosed Sports Arenas, *Minnesota Rules, Parts 4620.3900 to 4620.4900*

Subject of Rules. The Minnesota Department of Health requests comments on its proposed amendment to rules governing indoor air quality in the operation and maintenance of enclosed sports arenas. While the current rule has served the Department well, changes to this rule have not been made since 1977. New issues have since developed that might adversely affect public health. The Department needs to address these concerns and consider new technologies that might simplify compliance with the rule.

The Department is considering changing the rules to do the following:

- clarify air monitoring and documentation requirements,
- ensure that air quality standards are consistent with current health risk data,
- develop air monitoring protocols for special motor sports events,
- specify standard practices for safely operating indoor sports arenas that hold motorsports events,

- and incorporate modern air-monitoring technologies into compliance measures.

Persons Affected. The amendment to the rules would likely affect owners and operators of enclosed sports arenas and the patrons that use those facilities. Also possibly affected would be the general public attending events as spectators, indoor motorsports participants and event managers, and activity groups such as hockey, speed and figure skating associations.

Statutory Authority. *Minnesota Statutes*, section 144.1222, subdivision 3, requires the Department to adopt rules “relating to indoor air quality in the operation and maintenance of enclosed sports arenas.”

Public Comment. Interested persons or groups may submit comments or information on these proposed rules in writing until further notice is published in the *State Register* that the Department intends to adopt or to withdraw the rules. It will be more than 60 days from the date of this publication before the Department will publish such a notice. The Department intends to hold regional public forums to inform stakeholders of intended rule changes and allow for a public arena for comments and concerns to be expressed. It is the Department’s desire that user groups, arena operators, event sponsors, air quality professionals and arena vendors attend and participate in the regional forums. Therefore, the Department does not intend to form an advisory committee to comment on the proposed rules.

Rules Drafts. The department has not yet prepared a draft of the possible rule amendments.

Agency Contact Person. Written comments, questions and requests for more information on these possible rules should be directed to: John D. Olson at Minnesota Department of Health, Indoor Air Unit, **telephone:** (651) 201-4601, **fax:** (651) 201-4606. **TTY** users may call the Department at (651) 201-5797.

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

NOTE: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the administrative law judge if and when a proceeding to adopt rules is started. The agency is required to submit to the judge only those written comments received in response to the rules after they are proposed. If you submitted comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Signed: October 6, 2009

Sanne Magnan, Commissioner
Minnesota Department of Health

Metropolitan Airports Commission Hennepin County, Minnesota Notice of Public Hearing Concerning Acquisition of Property Near Flying Cloud Airport

NOTICE IS HEREBY GIVEN that the Metropolitan Airports Commission, a public corporation organized under the laws of the State of Minnesota, will hold a public hearing pursuant to *Minnesota Statutes* § 473.641 to consider the acquisition by the Metropolitan Airports Commission of certain property located proximate West of the Flying Cloud Airport located in Eden Prairie, Minnesota, more specifically:

Approximately 2.83 acres of Lot 1, Block 1 Grace Church Addition, Hennepin County; lying East of Hennepin County Road No. 4 and just North of its intersection with Spring Road, Eden Prairie, Minnesota.

The public hearing will commence at 10:00 a.m. on the 4th day of November, 2009 in the Commission Chambers located in Room 3048A of the Lindbergh Terminal at the Minneapolis-St. Paul International Airport, as part of the scheduled Finance, Development & Environment Committee Meeting.

Official Notices

The hearing will afford interested persons, groups and agencies an opportunity for public consideration of the economic, social and environmental effects of the proposed acquisition. Any person wishing to submit information relating to this matter may appear at the public hearing and make an oral statement or present written material. Persons intending to make presentations at the public hearing may contact Mr. Richard Biddle (612) 726-8100 with questions or details about the hearing. Written comments will be incorporated into the hearing record, provided that the comments are received at the public hearing or by 4:00 p.m. on Friday, November 6, 2009. Written comments can be submitted to Ms. Jenn Felger, Metropolitan Airports Commission, 6040 – 28th Avenue South; Minneapolis, MN 55450; Fax: (612) 726-5306.

Dated the 12th day of October, 2009

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

Metropolitan Airports Commission Notice of Public Hearing on Rental Auto Facility Charge Ordinance

NOTICE IS HEREBY GIVEN that on the 4th day of November 2009, at 1:00 p.m. in the Lindbergh Terminal at the Minneapolis-St. Paul International Airport, Room 3048A, the Metropolitan Airports Commission will hold a public hearing, as part of the scheduled Management and Operations Committee to receive verbal and written testimony relative to proposed amendments to Ordinance No .88 - Rental Auto Facility Charge (“RAFC”).

RENTAL AUTO FACILITY CHARGE ORDINANCE

An Ordinance to promote and conserve the public safety, health, peace, convenience, and welfare; to establish uniform fees for on-Airport rental auto Customers to fund rental auto facilities at Minneapolis-St. Paul International Airport consistent with *Minnesota Statutes* § 473.651; establishing payment procedures; and prescribing the penalty for violation thereof

Copies of the proposed Ordinance will be available under the Management and Operations Committee meeting agenda and materials for the November 4, 2009 meeting at www.msairport.com/mac/meetings/mo.aspx or can be obtained by contacting Tammy Rader at (612) 794-4466 or tammy.rader@mspmac.org.

Written and verbal comments will be accepted at the public hearing. In addition, written comments will continue to be accepted at the below address until 4:00 p.m. on Friday, November 6, 2009:

Metropolitan Airports Commission
Attn: Legal Department
General Office
6040 28th Avenue South
Minneapolis, MN 55450-2799

Dated this 12th day of October 2009

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

Metropolitan Council**Public Meeting Regarding the 2010 Unified Operating Budget, 2010 Unified Capital Program and 2009, Payable 2010, Levies**

**Wednesday, December 9, 2009, 6:00 p.m.,
Metropolitan Council, Chambers,
390 N. Robert Street, St. Paul, MN 55101**

The Metropolitan Council will discuss the 2010 Unified Operating Budget, 2010 Unified Capital Program and 2009, Payable 2010, Levies and the public will be allowed to comment.

The 2010 Unified Operating Budget, which includes Council Levies, and the 2010 Unified Capital Program will be available on October 22, 2009. The documents will be available on the Council's **website** at: www.metrocouncil.org/about/budget2010.htm. Printed copies are available at no charge from the Council's Data Center, 390 N. Robert Street, St. Paul. Call (651) 602-1140 or email:

data.center@metc.state.mn.us

Upon request, the Council will provide reasonable accommodations to persons with disabilities.

The procedure for public comment will be as follows:

- Persons will be called to speak in the order in which they have registered. Individuals may register to speak in advance by calling (651) 602-1140.
- Individuals will have 3 minutes each and designated representatives of groups will have 5 minutes. Once all speakers have presented, speakers may request additional time to make further comments.
- The chair shall have discretion in limiting or extending testimony by any person.

Comments will also be accepted prior to December 9th. To be included in the official record, comments must be received before 5:00 PM, Tuesday, December 8, 2009. You may submit comments for the official record in one of the following ways:

- Mail: Metropolitan Council Data Center, 390 N. Robert Street, St. Paul, MN 55101
- Fax: (651) 602-1464
- Public Comment Line: (651) 602-1500
- E-mail: *data.center@metc.state.mn.us*
- TTY: (651) 291-0904

At the close of the public comment period, the Council will prepare a hearing summary. To request a copy of the hearing summary, call the Data Center at 651-602-1140, or 651-291-0904 (TTY).

Minnesota Pollution Control Agency (MPCA)**Joint Notice of [1] the Draft 2010 TMDL List of Impaired Waters for Stream Segments & Lakes Which Have Impaired Uses, and [2] Revisions to Appendix A of the Statewide Mercury TMDL – 30 Day Formal Written Comment Period**

Every two years, the Minnesota Pollution Control Agency (MPCA) is required by the US Environmental Protection Agency (EPA), through the Clean Water Act, to submit a list of impaired waters to EPA for their review and approval. In addition, Appendix A, which contains the lakes and rivers covered by the EPA-approved Mercury TMDL, is being modified.

[1] The draft 2010 List of Impaired Waters and supporting documentation

In accordance with the requirements of Section 303(d) of the Federal Clean Water Act (CWA), the MPCA conducted a series of public informational meetings across the state between September 28, 2009 and October 7, 2009 to discuss its Year 2010 draft list of stream segments and lakes that have impaired designated uses and for which the MPCA proposes to complete total maximum daily load (TMDL) reports. Each TMDL is pollutant-specific, defining the maximum amount of each pollutant that can be released and assimilated in the receiving water from point and nonpoint sources, thereby allowing the receiving water to meet water quality standards.

Official Notices

The MPCA is required to list and prioritize by including a schedule which estimates starting dates and completion dates for developing the TMDL for each affected reach or lake. Schedules are estimated because pollutants vary in complexity and schedules must be consistent with basin planning. Please note this is not a schedule of when the water body will no longer be impaired.

The draft 2010 List contains 1774 impairments, including 378 new TMDL listings, including impairments for excess nutrients in lakes, perfluorooctane sulfonate (PFOS) in fish in streams and lakes, and excess nitrates in waters protected for drinking water.

The Inventory & Listing EXCEL file on the Agency TMDL List website: [<http://www.pca.state.mn.us/water/tmdl/tmdl-303dlist.html>] contains many tabs; the first seven are the most pertinent. This file and the Guidance Manual file are scheduled to be available for review by **September 24, 2009**.

The EXCEL file tabs are as follows:

- **The 2010 draft TMDL List of impaired waters** – these waters are not meeting water quality standards and need a TMDL pollution reduction study plan
- **The Inventory of all impaired waters** – this tab is a compilation of all impaired waters, including the draft TMDL List, those waters for which a TMDL has already been approved by EPA but are not yet meeting water quality standards, and those waters naturally impaired and therefore not requiring a TMDL plan
 - A tab with just the **new listing to the 2010 draft TMDL List** - this is a subset of the first bullet
 - A tab with **all new impairments** - these include the new listings to the TMDL list [see the bullet just above] plus new impairment listings for which a TMDL is not required. An example would be an addition to Appendix A of the already approved Mercury TMDL (see Section [2] below for more details)
 - A tab with **corrections** resulting in removals or list corrections from the EPA approved 2008 TMDL List – these are not delistings [i.e. waters meeting water quality standards; see the next bullet below] but all other actions that change the 2010 TMDL List
 - A tab showing **delistings** between 2008 & 2010 – these are waterbodies that are determined to be meeting water quality standards and are, thus, removed from the Inventory
 - A tab showing **changes to Appendix A of the US EPA approved Mercury TMDL** - see Section [2] below for more details

Another document placed on the Agency TMDL List website is the Guidance Manual for assessing the quality of Minnesota surface waters for determination of impairment: 305(b) report and 303(d) list. This document describes state water quality standards, the data collection and quality requirements, and assessment tools used when developing the 303(d) TMDL List.

There are still some potential changes to this initial draft that could arise from comments received during the public comment period, from recommendations of the Agency delisting study group, and from data analyses of PFOS in fish tissue that are presently on-going. If significant changes occur, you will be informed through a notice in the *State Register* before the draft TMDL List is submitted to EPA for their review and approval.

[2] The Revisions to Appendix A of the approved statewide mercury TMDL

The MPCA Mercury TMDL is comprised of the reduction goal for mercury atmospheric deposition in the main body of the TMDL report and two appendices. Appendix A contains the list of lakes and river segments covered by the Mercury TMDL and Appendix B contains the list of NPDES permittees covered by the mercury TMDL.

The TMDL was originally approved on March 27, 2007 and revisions to Appendix A were approved on April 3, 2008.

The 2008 Mercury TMDL Appendix A totaled 998 water bodies. Subsequently, three AUIDs were split, resulting in a total of 1001 water bodies. An additional 95 waterbodies are being added in the 2010 cycle, resulting in a grand total of 1096 water bodies in the 2010 revision to Appendix A of the EPA-approved Mercury TMDL.

The water bodies in Appendix A have fish tissue concentrations greater than 0.2 mg/kg [the water quality standard] and equal to or less than 0.572 mg/kg. Fish tissue concentrations that exceed 0.572 mg/kg are not eligible to be included in the Mercury TMDL and will be added to the 2010 draft TMDL List. Those mercury impairments that are on the 2010 TMDL List are subject to a future TMDL study.

It is important to note that the Hg TMDL documentation and reduction goals, etc., are NOT being changed; only Appendix A is being modified.

The summary table showing Inventory, 2010 draft List, and Appendix A mercury impairments is below:

2008 Hg Inventory =	1296		
2008 Hg List =	298		
2008 Hg TMDL =	998	+3 splits	1001

2010 Hg Inventory =	1422
2010 Hg List =	326
2010 Hg TMDL =	1096

△ =	+126
△ =	+28
△ =	+95

Public Notice and Contact Information

Minnesota's proposed draft Year 2010 list of impaired waters, 2010 Guidance Manual for Assessing the Quality of Minnesota Surface Waters, [1] and revisions to Appendix A to the approved mercury TMDL and supporting documentation [2] are all located at the MPCA web site at <http://www.pca.state.mn.us/water/tmdl/index.html#tmdl>. If you do not have access to the web, please contact the List Coordinator below and a paper copy of any of these documents will be mailed to you.

Removal of waterbodies contained in the draft 2010 list of impaired waters because of TMDL report approval by US EPA could occur up to and including the day the draft 2010 list of impaired waters is forwarded to US EPA for their review and approval.

This notice is being published for the purpose of providing opportunity for public notice and comment for [1] the new reaches and lakes being proposed in the draft 2010 TMDL List and other changes to the US EPA-approved 2008 TMDL List and [2] the revisions to Appendix A to the statewide mercury TMDL. The comment period will end at 4:30 pm CST on November 19, 2009. Written comments with clear post office return addresses should be directed to the following address:

Howard D. Markus, Ph.D., P.E.
 TMDL List Coordinator
 Environmental Assessment & Outcomes Division
 Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, Minnesota 55155-4196

If you have further questions, you may contact Howard at (651) 757-2551, 800-657-3864, or howard.markus@state.mn.us. Other contacts are Mark Tomasek at (651) 757-2788 and Doug Hansen at (651) 757-2406 if Howard is not available.

Office of Secretary of State Proposed Amendments to Help America Vote Act (HAVA) State Plan

The Office of the Secretary of State is proposing amendments to the Help America Vote Act (HAVA) State Plan. As required by HAVA section 254 (a) (11) and 256 (2), there is a 30-day notice, inspection and comment period.

The text of the amendments is available on the Web site of the Office of the Secretary of State at:

<http://www.sos.state.mn.us/index.aspx?page=1562>

The 30-day notice and comment period will end at 5:00 PM, November 18, 2009. Comments should be directed to:
 Bert Black, Legal Advisor

Official Notices

Office of the Secretary of State
180 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Boulevard
Saint Paul MN 55155
Phone: (651) 201-1326
Fax: (651) 215-0682
E-mail: *Bert.Black@state.mn.us*

and must be received before that time and date.

Minnesota Sentencing Guidelines Commission Notice of Public Hearing to Consider Modifications to the Sentencing Guidelines

The Minnesota Sentencing Guidelines Commission will hold a Public Hearing on Thursday, November 19, 2009, at 2:00 p.m. in Room 107, at the State Capitol Building, 75 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155. The public hearing is being held to consider proposed modifications to the sentencing guidelines and commentary related to the severity level ranking for riot first degree, moving certain prostitution offenses to the Sex Offender Grid, and technical modifications to the criminal history section and the presumptive sentence section.

Copies of the proposed modifications will be available free of charge on the agency's website at: www.msgc.state.mn.us or by contacting the Minnesota Sentencing Guidelines Commission at 525 Park Street, Suite 220, St. Paul, MN 55103, or by calling Voice: (651) 296-0144. Deaf/Hard of Hearing/Speech Impaired Only TTY users may call this agency through the MN Relay Service: 1 (800) 627-3529; ask for (651) 296-0144. If you need special accommodations to attend, please contact the Minnesota Sentencing Guidelines Commission as soon as possible. This notice is available in alternative formats upon request.

All interested persons are encouraged to attend the hearing and offer comments. Persons wishing to speak may register in advance by contacting the Commission's office at the above address/telephone number.

The Commission will hold the record open for five days after the public hearing to accept additional written comment on the proposed modifications. On Thursday, December 10, 2009, the Commission will meet at 2:00 p.m. at the Minnesota Department of Corrections, 1450 Energy Park Drive, Suite 200, St. Paul, MN 55108, to formally adopt or reject the proposed modifications. If adopted, the modifications to the sentencing guidelines and commentary will become effective August 1, 2010, provided the Legislature does not pass a bill to the contrary.

Department of Transportation Comments Sought on Benefits, Feasibility, and Cost of Adopting a Complete Streets Policy Applicable to Plans to Construct, Reconstruct, and Relocate Streets and Roads

In 2008, the Minnesota Legislature passed a law requiring:

"The commissioner of transportation, in cooperation with the Metropolitan Council and representatives of counties, statutory and home rule charter cities, and towns, shall study the benefits, feasibility, and cost of adopting a complete streets policy applicable to plans to construct, reconstruct, and relocate streets and roads that includes the following elements:

1. safe access for all users, including pedestrians, bicyclists, motorists, and transit riders
2. bicycle and pedestrian ways in urbanized areas except where bicyclists and pedestrians are prohibited by law,

where costs would be excessively disproportionate, and where there is no need for bicycle and pedestrian ways

3. paved shoulders on rural roads;
4. safe pedestrian travel, including for people with disabilities, on sidewalks and street crossings
5. utilization of the latest and best design standards; and
6. consistency of complete streets plan with community context.

The Commissioner shall report findings, conclusions, and recommendations to the Senate Transportation Budget and Policy Division and the house of representatives Transportation Finance Division and Transportation and Transit Policy Subcommittee by December 5, 2009"

A draft of the report to the Commissioner is located on the Mn/DOT website at:

<http://www.dot.state.mn.us/planning/completestreets/>

The public is invited to submit comments **by 4:00 PM on November 9, 2009** to the Mn/DOT Commissioner by either of the two following methods:

By letter addressed to:

Minnesota Department of Transportation
395 John Ireland Blvd. – M.S. 500
St. Paul, MN 55155
Attention: *Complete Streets*

Or

Electronically by clicking on the link on the website.

Tom Sorel, Commissioner
Minnesota Department of Transportation

State Grants & Loans

In addition to requests by state agencies for technical/professional services (published in the State Contracts Section), the *State Register* also publishes notices about grants and loans available through any agency or branch of state government. Although some grant and loan programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself. Agencies are encouraged to publish grant and loan notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

More Grants

The *State Register* is one of the best ways to advertise your grants - it's a required read for public works projects. And it's cost is one of the least expensive legal advertising rates in Minnesota. At \$13.60 per 1/10 of a page you cannot go wrong.

Check up on all the "active" state grants in the "Contracts & Grants" section, available only to *State Register* subscribers. Open the *State Register* and click on Bookmarks on the left. You will also see a list of ALL the current rules, a growing INDEX, and previous years' indices. Subscribers also receive LINKS to the *State Register*. Subscriptions cost \$180 a year (an \$80 savings). Here's what you receive via e-mail:

- **Word Search Capability**
- **LINKS, LINKS, LINKS**
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- **"Contracts & Grants" Open for Bid**
- **Early delivery, on Friday**
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- **Indexes to Vols. 31, 30, 29, 28 and 27**

It's all E-mailed to you, at end-of-day on Friday, instead of waiting for the non-subscriber's issue released on Monday. Contact Cathy Hoekstra, our subscriptions manager, at (651) 297-8777, or **Fax:** (651) 297-8260, or **E-mail:** cathy.hoekstra@state.mn.us

State Grants & Loans

Department of Commerce Office of Energy Security

Notice of Grant Availability for Emerging Renewable Energy Industries' Projects

The Office of Energy Security requests proposals for emerging renewable energy industries' projects. Eligible organizations are those that are engaged or will engage in the manufacture of renewable energy systems or fuels, energy storage systems, geothermal energy systems for heating and cooling, or the manufacture of components for such systems in the State of Minnesota.

The Request for Proposals (RFP) will be available for download on the Department's website (www.energy.mn.gov) through December 18, 2009. Potential responders may also request a hard copy of the RFP by mail from this office. Requests for hard copies must be received by the Office of Energy Security no later than 12:00 p.m. Central Standard Time (CST), on December 18, 2009.

The Request for Proposal can be obtained from:

Preferred Method: www.energy.mn.gov

U.S. Postal Service: Natalie Buys
Minnesota Department of Commerce
Office of Energy Security
85 Seventh Place E, Suite 500
Saint Paul, MN 55101

Proposals submitted in response to this RFP must be received no later than 4:00 p.m. CST, December 18, 2009. **Late proposals will not be considered.** Instructions for submitting proposals are detailed in the RFP.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Department of Employment and Economic Development Vocational Rehabilitation Services

Notice of Availability of Funds for Assessment, Training, Placement and Extended Employment in Worthington, MN

The Department of Employment and Economic Development and Nobles County Family Services announce a joint request for proposals to provide comprehensive assessment, training, placement, employment and ongoing employment support services to Minnesotans with the most severe disabilities in Worthington, Minnesota and the surrounding counties due to the discontinuation of services by the current service provider. The requests for proposals may be downloaded at www.deed.state.mn.us/rehab/ee/worthingtonrfp.htm from October 19, 2009 thru November 5, 2009.

Any city, town, county, non-profit organization or combination meeting the following conditions may apply for funding: (a) the entity operates or does propose to operate a community rehabilitation facility pursuant to *Minnesota Statutes*, Chapter 268A.06, 268A.085, 268A.13-14 and 268A.15; and (b) the entity holds current accreditation by the Commission on Accreditation of Rehabilitation Facilities in proposed services; and (c) the entity's proposal includes the full range of services identified in the request for proposals, as services will not be awarded to more than one entity and all services are deemed necessary to the future success of the program; and (d) the entity's proposal ensures the continuation of current levels of employment, appropriate supports and services, to all persons currently served; and (e) the entity's proposal demonstrates a plan for the smooth transition of persons served from the exiting service provider to new services and supports.

A maximum of \$300,000, non-renewable, federal Rehabilitation Services Administration stimulus funds will be made available over a two-year period ending September 30, 2011, under establishment grant authority to develop the infrastructure for self-sustaining assess-

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ment, training, community placement and retention services, to meet the needs of the customers of the Vocational Rehabilitation program with appropriate vocational outcomes in the Worthington and surrounding service delivery area. The rules for expending these funds are the same as the rules for VR 110 dollars: The Vocational Rehabilitation Act, *Code of Federal Regulations* title 34, Education Department General Administrative Rules (EDGAR), OMB circulars A-122, A-133, etc. Questions should be directed to *Kristen.Tone@state.mn.us*.

A maximum of \$203,000 will be made available under a lead county contract with Nobles County Family Services for Home and Community-Based Waiver Services to persons in accordance with *Minnesota Statutes*, Chapters 245A, 245B and 256.0112, *Minnesota Rules*, Chapter 9525, and in accordance with the type, amount, frequency and duration stated in each person's individual community support plan. Of these funds, \$88,000 are Medical Assistance funds; the remaining \$115,000 via local contract. Continued funding will be available based on the vendor's ability to meet the needs of persons served. Questions should be directed to Mary Fischer, (507) 215-2280, or **e-mail:** *Mary.Fischer@co.pipestone.mn.us*.

A maximum of \$174,465 will be made available to provide ongoing employment support services pursuant to *Minnesota Statutes*, Chapter 268A.15 and *Minnesota Rules*, Chapter 3300.2005 to 3300.2055. Continued funding will be available based on the requirements for new or expanded programs for the first three years, and vendor's ability to meet annual contracted performance thereafter. Contract performance is based on the total work hours of the workers reported to the Department of Employment and Economic Development during the state fiscal year. Payments on the contract are made monthly, based on the number of work hours of the workers reported to the Department of Employment and Economic Development in the previous month. The Extended Employment funding system is described in *Minnesota Rule* 3300.2035. Provisions for new and expanded programs are defined in *Minnesota Rule* 3300.2030. Questions should be directed to Anita Kavitz, (651) 259-7347, or **e-mail:** *Anita.Weckman-Kavitz@state.mn.us*.

A maximum of \$42,432 will be made available to provide ongoing employment support services to Minnesotans with serious mental illness pursuant to *Minnesota Statutes*, Chapter 268A.13 and 268A.14. Continued funding will be available based on the vendor's ability to meet annual contracted performance. Contract performance is based on the total service hours provided to the workers reported to the Department of Employment and Economic Development during the state fiscal year. Payments on the contract are made monthly, based on the hours of service provided to workers reported to the Department of Employment and Economic Development in the previous month. Direct questions to Claire Courtney, (651) 259-7346, or **e-mail:** *Claire.Courtney@state.mn.us*.

Funding is contingent upon the availability of funds.

Proposals must be received no later than 4:30 p.m., November 6, 2009, and must be delivered as instructed in the request for proposals.

Department of Employment and Economic Development Workforce Development Division Request for Qualifications for Organizations Interested in Providing Dislocated Worker Program Services

PURPOSE OF SOLICITATION

The Minnesota Department of Employment and Economic Development (DEED) is seeking public or private non-profit organizations interested in providing dislocated worker program services. The purpose of this solicitation is to establish a list of qualified providers of such services beyond the current Workforce Service Area (WSA) providers. The organization must comply with the federal Workforce Investment Act (WIA), state Dislocated Worker Law, Rules, and Regulations. This information may be found on DEED's website: <http://www.deed.state.mn.us/wia> and <http://www.deed.state.mn.us/dw>

AUTHORITY AND PURPOSE

The federally funded Dislocated Worker program is governed by WIA, its rules and regulations, and accompanying state policies. The state funded Dislocated Worker Program is governed by *Minnesota Statutes* 116L.17 and accompanying state policies. These rules and regulations include the following Equal Opportunity legislation:

Assurances: As a condition to the award of financial assistance from the U.S. Department of Labor under Title I of the Workforce Investment Act (WIA), the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions
(Cite 34 SR 563)

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of the following laws prohibiting discrimination, including but not limited to:

i. **The Workforce Investment Act of 1998 (29 CFR, Part 37)**, Section 188, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity;

ii. **Title VI The Civil Rights Act of 1964 (42 USC 2000d), as amended by the Equal Employment Opportunity Act of 1972** which prohibits discrimination on the basis of race, color and national origin, and applies to any program or activity receiving federal financial aid, and to all employers, including State *and* local governments, public and private employment agencies, and labor organizations;

iii. **Section 504 of the Rehabilitation Act of 1973 (29 USC 794)**, as amended, which prohibits *discrimination* against qualified individuals with disabilities in all federally-funded programs;

iv. **The Age Discrimination Act of 1975 (42 USC 6101)**, as amended, which prohibits discrimination on the basis of age in programs or activities receiving federal financial assistance;

v. **The Americans with Disabilities Act of 1990 (42 USC 12101)**, as amended, which prohibits discrimination on the basis of physical, sensory, or mental disability or impairment;

vi. **Title IX of the Education Amendments of 1972 (20 USC 1681-1688)**, as amended, which prohibits discrimination on the basis of sex in educational programs;

vii. **Title V of the Older Americans Act of 1965** and all regulations that apply to the **Senior Community Services Employment Program**, which generally prohibit discrimination under any program funded in whole or in part with Title V funds because of race, color, religion, sex, national origin, age, disability or political affiliation or beliefs.

viii. **The Minnesota Human Rights Act, (Minnesota Statutes, Chapter 363A)**, the grant applicant agrees to comply with the Minnesota Human Rights Act, *Minnesota Statutes*, Chapter 363A, which prohibits discrimination based on race, color, creed, religion, national origin, sex, marital status, sexual orientation, status with regard to public assistance, disability, citizenship, or age.

ix. **Equal Protection of the Laws for Faith-based and Community Organizations** (EO 13279) signed December 12, 2002. Prohibits discrimination against grant seeking organizations on the basis of religion in the administration or distribution of federal financial assistance under social service programs, including grants, contracts and loans.

The grant applicant also assures that it will comply with 29 CFR, Part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

The purpose of the Dislocated Worker program is to furnish employment and training assistance to individuals who have permanently lost their jobs due to economic and technological changes in the marketplace. These are individuals who might have been self-employed and/or long-term unemployed.

ELIGIBLE ORGANIZATIONS

An "eligible organization" is a local government unit, a non-profit organization, community action agency, accredited institution of higher education, non-profit business organization or association, or a labor organization.

Eligible organizations interested in being selected and certified as deliverers of dislocated services must:

- complete an application in accordance with the directions contained herein;
- have a pre-award survey completed with satisfactory results (unless the organization has been awarded a grant by DEED during the past 12 months);
- be approved by the Job Skills Partnership Board; and

State Grants & Loans

- comply with DEED's Management Information System to ensure data conformity and quality related to client tracking and financial operations.

In determining the organizations best able to meet the needs of dislocated workers, DEED will look to organizations that meet the following:

- Demonstrated past experience in delivering employment and training services;
- Demonstrated staff capabilities and qualifications including adequate staff to provide timely, appropriate and effective services to dislocated workers, and proven staff experience in providing a full program of readjustment, retraining and support services;
- Demonstrated effectiveness in providing services to dislocated workers or similar populations, as well as meeting required performance measures and cost limitations for those populations;
- Demonstrated effectiveness in serving diverse populations, including racial/ethnic minorities, newly arrived refugees, and/or women in non-traditional careers;
- Demonstrated administrative capabilities, including adequate fiscal and accounting procedures, financial management systems, program administration, participant data system and record retention procedures;
- Demonstrated willingness/ability to respond rapidly to mass layoff events within requested time frames; and
- Demonstrated ability to access a wide range of community resources and coordinate these resources to maximize program impact.

In completing the application, an organization must indicate for which geographic area(s) of the state it is willing and able to provide service.

CERTIFICATION PROCESS

An organization must complete the application beginning on page in order to be considered for certification as a deliverer of dislocated worker services. The organization must also undergo a pre-award survey (unless they have been awarded a grant by DEED within the past 12 months).

Pre-award surveys must be completed by **February 28, 2010**. DEED staff will recommend newly certified providers to the Job Skills Partnership Board by **March 31, 2010**. The Board decision is final. Newly certified program providers should be ready to provide services by **July 1, 2010**. Certifications will last 30 months; the Job Skills Partnership Board regularly re-certifies existing program providers using criteria of performance and ethics.

DISCLAIMER

The submission of an application does not commit the State of Minnesota to approve and certify organizations completing this document. The State reserves the right to cancel this solicitation, the right to accept or reject an application, and may solicit additional applications that meet the criteria established.

All expenses incurred in responding to this notice are solely the responsibility of the responder.

SUBMISSION AND TIMETABLE

Applicants must complete the Application Form beginning on page four and submit two (2) original copies of the material by **4:00 p.m. on Monday, December 6, 2009** to:

Anthony Alongi
Director, Dislocated Worker Program
Minnesota Department of Employment and Economic Development
332 Minnesota Street, Suite 200E
St. Paul, Minnesota 55101
Phone: (651) 259-7528

Anthony Alongi will be the sole source of information for this request. **FAXED OR E-MAILED PROPOSALS WILL NOT BE CONSIDERED. LATE PROPOSALS WILL NOT BE CONSIDERED.**

APPLICATION FORM

Name of Organization _____

State Grants & Loans

Address _____

City, State, ZIP code _____

Telephone _____

Fax Number _____

E-mail _____

Type of Organization: Indicate by placing "X" in the appropriate place

Local Governmental Unit _____

Non-Profit Organization* _____

Community Action Agency _____

Business Organization/Association _____

Labor Organization _____

*Please submit a copy of the IRS determination

Federal Tax ID Number: _____ State Tax ID Number: _____

Name and Title of Person with Signature Authority:

(Name)

(Title)

Name and Title of Person Who will be the Contact Person

(Name)

(Title)

(Telephone)

(E-mail)

Application is hereby made for certification as an additional Dislocated Worker program grantee. The information provided in this application is complete and accurate.

(Name of Authorized Official)

(Title)

(Signature)

(Date)

QUESTIONNAIRE

1. Describe the organization's history, purpose and mission.
2. How many total employees are in the organization?
3. How many total employees would be devoted to the employment and training component being described in this Request for Qualifications?
4. Describe the organization's past experience in delivering employment and training services in general.
5. Describe the organization's past experience in delivering employment and training services to dislocated workers or similar individuals. Describe these workers (e.g. from what industries/occupations did they come). What services were provided to these workers?
6. Describe the organization's past experience in delivering employment and training services to diverse populations. Describe these populations and the unique steps your organization has taken to serve them.
7. Describe the qualifications, education, and tenure of staff you are planning to use in the delivery of dislocated worker program

- services including basic core services, retraining and support services.
8. Describe the organization's administrative capabilities including fiscal and accounting procedures, financial management systems, grant administration, participant data systems, record retention procedures, and ability to submit timely reports.
 9. Describe the organization's ability and willingness to respond promptly to plant closings or mass layoff events (i.e. an ability and willingness to respond at all hours if necessary).
 10. Describe your organization's ability and willingness to produce a proposal of services tailored specifically to the needs of a particular group of workers in a short period of time (i.e. less than seven days).
 11. Describe the organization's method of assessment for career decision making and training.
 12. Describe the organization's facilities including its accessibility for workers.
 13. Describe the geographic areas of Minnesota you will be able to serve based on your present location and based on your knowledge of the particular area(s)'s labor market and employers.
 14. Describe the unique strengths of the organization.
 15. Describe the organization's ability to develop and work with advisory bodies (e.g. Employee-Management Committees).

Applicant must meet required performance standards on entered employment rate, employment retention rate, average earnings rate, and credential attainment rate. These performance standards often change from year to year.

Department of Health

Infectious Disease Epidemiology, Prevention and Control Division, STD and HIV Section

Notice of Availability of Funds for Community HIV Health Education and Risk Reduction Projects For Persons Who Inject Drugs

NOTICE IS HEREBY GIVEN that the Minnesota Department of Health is requesting proposals for the purpose of providing HIV health education and risk reduction information and behavior change interventions including non-clinical HIV counseling, testing, and referral for persons who inject drugs in Minnesota.

Work is proposed to start after July 1, 2010.

The Request for Proposal packet can be obtained by going to <http://www.health.state.mn.us/divs/idepc/diseases/hiv/rfp/idu/index.html> or by contacting Jessica Barry at (651) 201-4005.

A Notice of Intent (NOI) is required in order to submit a proposal. The NOI is due by 4:00 p.m., Monday, November 16, 2009. All documents are available at the website above.

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address below on or before 4:00 p.m., Monday, December 21, 2009 or have a legible postmark from the United States Postal Service, or a legible pick-up or drop-off time from a private carrier with a date and time that precedes 4:00 p.m., Monday, December 21, 2009. Late proposals will not be considered. Fax or e-mailed proposals will not be considered.

Full proposals are to be submitted by the specified date and time to:

US Postal Service Mailing Address:

Jessica Barry
STD and HIV Section
Minnesota Department of Health
Orville L. Freeman Building - P.O. Box 64975
St. Paul, Minnesota 55164-0975

Street Address (drop off or courier):

Jessica Barry
STD and HIV Section

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Minnesota Department of Health
Orville L. Freeman Building
625 North Robert Street
St. Paul, Minnesota 55101-2516

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Minnesota Department of Human Services Child Safety and Permanency Division Notice of Request for Proposals to Counties and Tribes

NOTICE IS HEREBY GIVEN that the Minnesota Department of Human Services is requesting proposals to implement the Family Group Decision Making strategy throughout the child welfare system. Family Group Decision Making is a decision-making process that allows families to develop a care and protection plan to ensure child safety, or to plan for permanency and reunification. The process is designed to address the needs of children who are at risk of placement into foster care, and children currently in foster care. Foster care is 24 hour substitute care where a child is placed away from their parent(s), and the social service agency has placement and care responsibilities.

Work is proposed to start January 1, 2010. For more information, or to obtain a copy of the Request for Proposal, contact:

Gerald A. Lindskog
Department of Human Services
Child Safety and Permanency Division
P.O. Box 64943
444 Lafayette Road North
St. Paul, MN 551550943
Phone: (651) 431-4679
E-mail: *Gerald.A.Lindskog@state.mn.us*

This is the only person designated to answer questions by potential responders regarding this request.

Proposals submitted in response to this Request for Proposals must be received at the address above no later than **4:00 p.m., Central Time, November 17, 2009. Late proposals will NOT be considered.** Faxed or e-mailed proposals will **NOT** be considered.

The RFP can be viewed by visiting the Minnesota Department of Human Services RFP web site:

http://www.dhs.state.mn.us/main/id_000102

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Department of Labor and Industry Workplace Safety Consultation Unit Notice of Safety Grants for Employers

The Department of Labor and Industry (DLI) announces continuation of its safety hazard abatement matching grant program under *Minnesota Statutes*, section 79.253, and *Minnesota Rules*, parts 5203.0010 through 5203.0070. Employers covered by worker's compensation insurance, and those approved as self-insured employers, are eligible to apply for safety/health matching grants to abate safety

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hazards in their workplace. The safety/health hazards must have been identified in an on-site survey conducted by one of the following:

- 1) MNOSHA safety/health investigator,
- 2) DLI Workplace Safety Consultation safety/health consultant,
- 3) in-house employee safety/health committee,
- 4) workers' compensation underwriter,
- 5) private safety/health consultant or
- 6) a person under contract with the Assigned Risk Plan.

The on-site safety/health survey must have resulted in specifically recommended safety and/or health practices or equipment, training for purchased equipment, and/or tuition reimbursement designed to reduce the risk of injury to employees. Costs eligible for program participation are all or part of the cost of purchasing and installing recommended safety/health equipment, training for purchased equipment, tuition reimbursement, the cost of operating or maintaining safety/health equipment, and/or the cost of purchasing or renting real property, if necessary, to meet criteria established by the on-site safety/health survey. Automobiles, weapons, or personnel costs, such as salary and benefits, will not be covered by these grants.

Whether we approve your grant application or not, in no way diminishes delays or absolve you of any obligation to abate hazards as required by law. No state funds will be distributed until all grant documents are signed by all parties; funds expended before that must not rely on grant approval. Invoices dated prior to your fully executed grant agreement are not eligible for this program.

Grants are limited to a total maximum match of \$10,000 per project. The employer must provide at least \$1.00 (one dollar) in project costs for every dollar awarded. No grant will be awarded for more than half the amount of the approved project. Grant Applications received by February 15, April 15, June 15, August 15, October 15, and December 15 respectively, will be reviewed and processed in the two months that follow each.

Projects will be judged according to the criteria established by law. Qualified projects having the greatest impact and feasibility will be given priority. Priority will also be given to projects meeting the other requirements for grants: creating production jobs in an area, preventing loss of jobs due to safety problems, and in areas that are the current focus of Minnesota OSHA compliance and consultation strategic plan, including:

General Industry Primary Group; utilities except nuclear, food manufacturing, construction, beverage and tobacco product manufacturing, wood product manufacturing, nonmetallic mineral product manufacturing, primary metal manufacturing except foundries, transportation equipment manufacturing, furniture and related product manufacturing, building material and garden equipment and supplies dealers, warehouse and storage, combustible dust, foundries, refineries, grain facilities, meatpacking, public sector, tree trimming/logging, and industries with high risk of amputations. Health Primary Group: asthma, lead, methylene chloride, popcorn, silica, Process Safety Management, ergonomics and safe patient handling, including hospitals, surgical centers and nursing homes.

Grant applications will be accepted continuously and awarded every two months. An employer that has received a grant for a particular worksite will not be eligible to receive another grant for that worksite during the two years after the date of the award. All applicable information requested on the grant application form is required for grant approval. Missing information will result in your application being returned to you. Less than the requested amount may be awarded if program resources are insufficient to provide full assistance to all approved applicants and if the reduced grant could still achieve safety objectives.

Eligible applicants for grants must submit their proposals to: James Collins, OSHA Management Team Director, Workplace Safety Consultation, at 443 Lafayette Road N., St. Paul, MN 55155. For further information or to request a grant application, please contact Don McGruder, Grants Administrator, MNOSHA Workplace Safety Consultation, at (651) 284-5162, 1-800-731-7232 or e-mail at don.mcgruder@state.mn.us.

State Contracts

Informal Solicitations: Informal solicitations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be published in the *State Register* or posted on the Department of Administration, Materials Management Division's (MMD) Web site. Interested vendors are encouraged to monitor the P/T Contract Section of the MMD Web site at www.mmd.admin.state.mn.us for informal solicitation announcements.

Formal Solicitations: Department of Administration procedures require that formal solicitations (announcements for contracts with an estimated value over \$50,000) for professional/technical contracts must be published in the *State Register*. Certain quasi-state agency and Minnesota State College and University institutions are exempt from these requirements.

Requirements: There are no statutes or rules requiring contracts to be advertised for any specific length of time, but the Materials Management Division strongly recommends meeting the following requirements:

\$0 - \$5000 does not need to be advertised. Contact the Materials Management Division: (651) 296-2600

\$5,000 - \$25,000 should be advertised in the *State Register* for a period of at least seven calendar days;

\$25,000 - \$50,000 should be advertised in the *State Register* for a period of at least 14 calendar days; and

anything above \$50,000 should be advertised in the *State Register* for a minimum of at least 21 calendar day

Find ALL Contracts

The *State Register* is one of the best ways to advertise your contracts - it's a required read for public works projects. And it's cost is one of the least expensive legal advertising rates in Minnesota. At \$13.60 per 1/10 of a page you cannot go wrong.

Also, a summarized list of all "active" contracts and grants is available for subscribers only. Subscribers also receive LINKS to the *State Register*, as well as Bookmarks, and a growing INDEX to each volume, including the current issue, and previous volumes. Subscribers open their *State Register* and click on BOOKMARKS in the left hand corner. Here's what you receive via e-mail:

- **Word Search Capability**
- **Updates to Index to Vol. 31**
- **Early delivery, on Friday**
- **LINKS, LINKS, LINKS**
- **"Contracts & Grants" Open for Bid**
- **E-mailed to you . . . its so easy**
- **Easy Access to *State Register* Archives**
- **Indexes to Vols. 31, 30, 29, 28 and 27**

Subscriptions cost \$180 a year (an \$80 savings). It's all E-MAILED to you, at end-of-day on Friday, instead of waiting for the non-subscriber's issue released on Monday. Contact Cathy Hoekstra, our subscriptions manager, at (651) 297-8777, or **Fax:** (651) 297-8260, or **E-mail:** cathy.hoekstra@state.mn.us

Minnesota State Colleges and Universities (MnSCU)

Office of the Chancellor

Notice of Request for Information (RFI) for Architectural, Owner's Representative, Real Estate and other Related Professional and Technical Services for a Master List of Consultants

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities ("MnSCU"), requests information of Minnesota registered consultants, as appropriate, to assist MnSCU in providing Architectural/Engineering, Owner Representative, Real Estate and other related Professional and Technical services as needed for up to a four-year period. Projects will vary in scope and may involve due diligence services, new construction, remodeling, commissioning, site and utility work, facilities, roads and grounds, and land development.

The Request for Information documents can be found online at: www.finance.mnscu.edu/facilities/index.html under Announcements. This RFI is to permit a consultant to be added to the current MnSCU Master List of Consultants. The consultants currently on the List do not need to respond to this RFI. The current List can be viewed at:

www.finance.mnscu.edu/facilities/design-construction/pm_emanual/index.html

and click on "#37 - Facilities P/T Consultants Master List".

If unable to access the RFI electronically, copies of the RFI may also be requested from:

Nancy Marandola - Minnesota State Colleges & Universities

Phone: (651) 297-7862, or

E-mail: *Nancy.marandola@so.mnscu.edu*

Proposals must be delivered to:

Minnesota State Colleges & Universities
ATTN: Facilities Design and Construction
Wells Fargo Place
30 Seventh Street East, Suite 350
St. Paul, Minnesota 55101-7804

Proposals must be received **NOT** later than **November 6, 2009 at 12:00 P.M. CST**; late responses will **NOT** be considered.

MnSCU reserves the right to cancel this solicitation if it is considered to be in MnSCU's best interest. The RFI is not a guarantee of work and does not obligate MnSCU to award any contracts. MnSCU reserves the right to discontinue the use or cancel all or any part of this Master List of Consultants program if it is determined to be in its best interest. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Minnesota State Colleges and Universities (MnSCU) Hennepin Technical College, Eden Prairie Campus Notice of Availability of Request for Bid (RFB) for Storm Sewer Rehabilitation

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Hennepin Technical College, is soliciting bids from interested, qualified vendors to place approximately 220 lineal feet of new RCP storm sewer pipe, install two large catch basin structures, along with excavation and grading work to restore the ground surface elevation in an existing drainage ravine at the Eden Prairie Campus.

Bidding Documents as prepared by the Project Engineer; Larson Engineering, Inc.; will be on file at the offices of the:

- 1) National Association of Minority Contractors of Minnesota
- 2) following Builders' Exchanges:
 - Minneapolis Builders' Exchange
 - St. Paul Builders' Exchange

Set of bid forms, plans and specifications for use by contractors in submitting a bid may also be obtained at the following:

Larson Engineering, Inc.
3524 Labore Rd
White Bear Lake, MN 55110
Phone: (651) 481-9120,
Fax: (651) 481-9201

A refundable deposit of \$50.00 is required for each set. The deposit will be refunded if all documents are returned to Larson Engineering in good condition within ten days of the bid opening date. Bid documents will be available after October 10, 2009.

Each bid which totals over \$15,000.00 shall be accompanied by a certified check, payable to Minnesota State Colleges and Universities, in the sum of not less than 5% of the total base bid; or a corporate surety bond of a surety company duly authorized to do business in the state of Minnesota in the same amount; which is submitted as bid security, conditioned upon the Bidder entering into a contract with Minnesota State Colleges and Universities in accordance with the terms of the bid.

A Pre-Bid Meeting will be held at **1:30 PM, Monday, October 26, 2009**, in Room D125, Hennepin Technical College, Eden Prairie Campus. The Engineer and/or College Representatives will review the bidding procedures, bidding documents, and other conditions with interested Bidders and answer questions.

State Contracts

Bids must be delivered to Pauline Arnst, Hennepin Technical College, 13100 College View Drive, Eden Prairie, MN 55347, **NOT later than 1:30 PM, Thursday, October 29, 2009.** Late responses will NOT be considered.

Minnesota State Colleges and Universities is not obligated to complete the proposed project and reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Lake Superior College Request for Proposal for Single-engine Aircraft Rental

NOTICE IS HEREBY GIVEN that proposals are being solicited for the rental of single-engine aircraft to be used for student pilot instruction at Lake Superior College located in Duluth, Minnesota.

Lake Superior College seeks to enter into a rental agreement for up to three (3) single-engine aircraft to be used for student pilot instruction during the period of November, 2009 through June 30, 2010. For additional information or to request a copy of the Request for Proposal, please contact:

Mark Winson, Vice President Finance and Administration
Lake Superior College
2101 Trinity Road
Duluth, MN 55811
Phone: (218) 733-7613
Fax: (218) 733-5937
E-mail: *m.winson@lsc.edu*

Proposals are due at the Lake Superior College Business Office by 4:00 p.m. CT on Wednesday, October 28, 2009.

This notice and the Request for Proposal do **NOT** obligate the State of Minnesota, Minnesota State Colleges and Universities or Lake Superior College to award a contract; and reserves its right to withdraw from the RFP if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Normandale Community College Notice of Availability of Request for Qualifications (RFQ) for Construction Manager at Risk for Normandale Community College – Academic Partnership Center Project

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Normandale Community College, is soliciting qualifications from interested consultants for construction management at risk services for the above referenced project.

A full Request for Qualification is available on the Minnesota State Colleges Universities website:

<http://www.finance.mnscu.edu/facilities/index.html>

click on “Announcements”. A copy of the pre-design is available for review at this same location. An informational meeting is scheduled for 1:30 p.m., Wednesday, October 14, 2009 in the Fine Arts Building, Room F1265 on the Normandale Community College campus, 9700 France Avenue South, Bloomington, MN 55431. All firms interested in this meeting should e-mail Gail Scheid at: *Gail.Scheid@normandale.edu* to sign up to attend the meeting.

Proposals must be delivered to Gail Scheid, Executive Assistant, Office of the Vice President – Finance & Operations, Room C2106, Normandale Community College, 9700 France Avenue South, Bloomington, MN 55431, not later than 2:00 P.M., Friday, October 30, 2009. **Late responses will NOT be considered.** Minnesota State Colleges and Universities is NOT obligated to complete the proposed project and reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) Normandale Community College Notice of Availability of Request for Proposals (RFP) for Owners Representative Services for Academic Partnership Center – New Construction

The State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of Normandale Community College, is soliciting qualifications from interested consultants for owners representative services for the above referenced project.

A full Request for Qualification is available on the Normandale website, <http://www.normandale.edu/rfp/fo/index.cfm>. A copy of the pre-design is available for review at this same location. An informational meeting is scheduled for 2:00 p.m., Thursday, October 22, 2009 in the Fine Arts Building, Room F1265 on the Normandale Community College campus, 9700 France Avenue South, Bloomington, MN 55431. All firms interested in this meeting should e-mail Gail Scheid at Gail.Scheid@normandale.edu to sign up to attend the meeting.

Proposals must be delivered to Gail Scheid, Executive Assistant, Office of the Vice President – Finance & Operations, Room C2106, Normandale Community College, 9700 France Avenue South, Bloomington, MN 55431, NOT later than 2:00 P.M., Friday, November 6, 2009. **Late responses will NOT be considered.** Minnesota State Colleges and Universities is NOT obligated to complete the proposed project and reserves the right to cancel the solicitation if it is considered to be in its best interest.

Minnesota State Colleges and Universities (MnSCU) North Hennepin Community College Request for Bids for the Theater Sound System Upgrade

NOTICE IS HEREBY GIVEN that North Hennepin Community College is seeking bids for the upgrade of the sound system in our theater.

Bid specifications will be available beginning Monday, October 12, 2009. Please contact Joseph Collins by phone (763) 488-0204 or e-mail: joseph.collins@nhcc.edu. To view the bid, go to: <http://www.nhcc.edu/maps>

There will be a three pre-bid meetings at North Hennepin Community College. They will be held in the theater, Fine Arts Center Rm. 178. Vendors submitting a bid are required to attend a pre-bid meeting. Bids will not be accepted from vendors who do not attend. Proposal specifications will also be made available at that time.

Pre-Bid Meeting Dates & Times:

Thursday,	October 15, 2009,	2:30 PM – 3:30 PM
Friday,	October 16, 2009,	10:00 AM – 11:00 AM
Tuesday,	October 20, 2009,	9:00 AM – 10:00 AM

Sealed bids must be received by Joseph Collins at 7411 - 85th Ave. No., Learning Resource Center Rm. 125, Brooklyn Park, MN 55445 by 1:00 PM on Monday, November 2, 2009.

There will be a bid opening at North Hennepin Community College, Educational Services Rm. 36 on Monday, November 2, 2009 at 1:15 PM.

State Contracts

North Hennepin Community College reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received.

Minnesota Historical Society (on behalf of the Minnesota Historical Society Press/Borealis Books) Sealed Bids Sought for PRINTING SERVICES for *Prairie, Lake, Forest: Minnesota's State Parks*

The Minnesota Historical Society, on behalf of the Minnesota Historical Society Press, is seeking bids from qualified firms for the printing of a book entitled *Prairie, Lake, Forest: Minnesota's State Parks* [6,000 + additional 500s + 1,050 jackets].

The schedule is as follows:

- 11/16/09 - all to printer
- 03/08/10 - finished books at the Society's warehouse and Press.

The Request for Bids is available by contacting Mary Green-Toussaint, Purchasing Coordinator, via e-mail:
mary.green-toussaint@mnhs.org

Bids must be received no later than 2:00 p.m., Local Time, Thursday, November 5, 2009. A public bid opening will be conducted at that time. No late bids will be accepted.

Dated: October 19, 2009

Minnesota Historical Society Notice of Request for Bids For Supplying and Installing Audio and Video Presentation Equipment

The Minnesota Historical Society is seeking a vendor to supply and install audio and video presentation equipment in two conference rooms and six classrooms at the Minnesota History Center, 345 Kellogg Boulevard West, St. Paul, Minnesota 55102. The projection and control equipment in each room will be the same, but the screens, sound equipment, and cabling will vary. Please refer to the Request for Bids for details.

A mandatory walk-through of all affected rooms will occur at 1:00 p.m. on Monday, October 26, 2009 to specify equipment locations and cable runs. Please refer to the Request for Bids for details.

The Request for Bids is available from Mary Green-Toussaint, Purchasing Coordinator, Minnesota Historical Society via e-mail:
mary.green-toussaint@mnhs.org

Bids must be received by 2:00 p.m. Local Time on Tuesday, November 3, 2009. Late bids will not be considered.

Dated: October 19, 2009

Minnesota Historical Society**Notice of Request for Proposals For A Survey to Assess the Status of Burial Mound Sites in Scott and Crow Wing Counties**

The Minnesota Historical Society and the Oversight Board of the Statewide Historical and Archaeological Survey seek a qualified consultant to perform the following tasks:

- summarize known burial mound data for Scott and Crow Wing counties
- complete a Light Detection and Ranging (LIDAR) analysis of previously mapped mound sites in these counties, and
- conduct a field survey of selected burial mound sites in these counties.

The overall project goal is to determine the current status of mounds in the two counties with regard to their visibility and probability of intact burials in order to inform landowners and agencies of their obligations under *Minnesota Statutes* (M.S.) 307. Another goal is to assess the usefulness of LIDAR, GIS, and GPS technology for mapping earthworks in Minnesota.

The Request for Proposals is available from Mary Green-Toussaint, Purchasing Coordinator, Minnesota Historical Society via e-mail: mary.green-toussaint@mnhs.org

Proposals must be received by 2:00 p.m. Local Time on Thursday, November 5, 2009. Late proposals will not be considered.

Dated: October 19, 2009

Minnesota Historical Society**Notice of Request for Proposals for A Survey to Identify and Evaluate Indian Sacred Sites and Traditional Cultural Properties in the Twin Cities Metropolitan Area**

The Minnesota Historical Society and the Oversight Board of the Statewide Historical and Archaeological Survey seek a qualified consultant to perform the following tasks:

- conduct a literature search and field survey of Indian Traditional Cultural Properties (TCPs) and sacred sites in the Twin Cities Metropolitan area
- determine the current status of such sites, and
- develop procedures for their identification, evaluation, recordation, and treatment.

This project will assist environmental review agencies and local governments in assessing impacts to and management of such sites.

The Request for Proposals is available from Mary Green-Toussaint, Purchasing Coordinator, Minnesota Historical Society via e-mail: mary.green-toussaint@mnhs.org

Proposals must be received by 2:00 p.m. Local Time on Thursday, November 5, 2009. Late proposals will not be considered.

Dated: October 19, 2009

State Contracts

Minnesota Historical Society

(on behalf of itself, the Minnesota State Arts Board, and the Minnesota Humanities Center)

Public Listening Session - 5:30 PM at the Minnesota History Center in St. Paul, Minnesota

The Minnesota Historical Society, the Minnesota State Arts Board, and the Minnesota Humanities Center invite your participation in a process that will affect financing for the arts, history, and cultural heritage in Minnesota for the next 25 years. In November 2008, the citizens of our state added a provision to our state constitution that provides for an increase in sales tax, and which will dedicate funds for the next 25 years to support outdoor heritage, clean water, parks and trails, as well as arts, history and cultural heritage. One of the four funds created by the constitutional amendment, the **Arts and Cultural Heritage Fund** will support “the arts, arts education, and arts access and to preserve Minnesota’s history and cultural heritage.”

In addition to making the first appropriations from this fund in May, the Minnesota State Legislature has charged the **Minnesota State Arts Board**, the **Minnesota Historical Society**, and the **Minnesota Humanities Center** with leading a process to develop “a 10-year plan and a 25-year framework for the use of the money” available in this fund. The plan and framework must be complete and submitted to the legislature by January 15, 2010. The Legislation specified that public listening sessions are conducted.

The first of a series of public listening sessions will be held at the Minnesota History Center on October 21, 2009 at 5:30 PM. The Minnesota History Center is located at 345 Kellogg Boulevard West, St. Paul, Minnesota. Additional information can be found at www.achfminnesota.org

Dated: October 21, 2009

Department of Natural Resources (DNR)

Notice of Availability of Contract for Stewardship Plan Writing Services for Private Lands with Existing Native Prairies and Savannas

CERTIFICATION # 20334

Amount of proposed contract: \$100,000.00

The Minnesota Department of Natural Resources is requesting proposals for the purpose of stewardship plan writing services for private lands with existing native prairies and savannas. These tracts of land are located across the western and southern portions of Minnesota.

Work is proposed to start after October, 2009.

A Request for Proposals will be available by mail from this office through October 28, 2009. **A written request (by direct mail or fax) is required to receive the Request for Proposal.** After October 28, 2009, the Request for Proposal must be picked up in person.

The Request for Proposal can be obtained from:

Jason Garms, Project Coordinator
500 Lafayette Road, Box 25
St. Paul, MN 55155
E-mail: Jason.garms@dnr.state.mn.us

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address above no later than 2:00 p.m., November 4, 2009 **Late proposals will NOT be considered.** Fax or e-mailed proposals will **NOT** be considered.

This request does not obligate the State to complete the work contemplated in this notice. The State reserves the right to cancel this solicitation. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Department of Natural Resources (DNR)

Division of Lands and Minerals

Request for Proposals for Taconite Mining, Crushing, Concentrating, and Pelletizing; Research Related to Diversification of the State's Mineral Industry

Statement of Objectives

The Department of Natural Resources, Division of Lands and Minerals, is seeking research proposals related to taconite mining, crushing, concentrating, and pelletizing; and research proposals related to diversification of the states mineral industry for the following state programs:

Iron Ore Cooperative Research whose goal is to undertake projects for taconite mining, crushing, concentrating and pelletizing research that will decrease production costs, improve product quality, increase productivity, decrease environmental impacts, and/or develop new products.

- ***Mineral Diversification Research*** whose goal is to conduct research that increases the knowledge of Minnesota's mineral potential, stimulate the development of mineral resources in Minnesota, promote basic mineral research, and identify Minnesota aggregate resources.

- ***Environmental Cooperative Research*** whose goal is to undertake projects that enhance understanding of the environmental effects of mining and seek ways to mitigate them.

Successful respondents to this solicitation will be awarded a Master Contract to conduct research in one, or more of the above-mentioned program areas for a two-year period. Specific projects selected will be handled through work-order contracts pursuant to the Master. One or more work-order contracts may be awarded to each Master Contractor. However, this request for proposals does not obligate the state to award any contract or complete projects, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

Prospective responders who have any questions regarding this request for proposal may contact:

John Arola, Mineral Development Consultant
DNR-Lands and Minerals
1525 Third Avenue East
Hibbing, Minnesota 55746
Phone: (218) 231-8441
E-mail: john.arola@dnr.state.mn.us

Other personnel are **NOT** authorized to discuss this request for proposal with responders before the proposal submission deadline. Contact regarding this RFP with any personnel not listed could result in disqualification. All proposals must be received no later than 2:30 pm, November 5, 2009, as indicated by a notation made by the DNR-Lands and Minerals receptionist, 1525 Third Avenue East, Hibbing, MN 55746. All costs incurred in responding to this RFP will be borne by the responder. Fax and E-mail responses will not be considered.

Department of Natural Resources (DNR)

Division of Lands and Minerals

Request for Proposals for Geochemical Analysis of Rock, Core, Sediment, Soil, and Water Samples

SECTION I. Statement of Objectives

The State of Minnesota Department of Natural Resources, Division of Lands and Minerals, seeks to establish a non-exclusive contract with an analytical laboratory for the purpose of acquiring affordable, accurate, and precise geochemical analyses of rock, core, sediment, soil, and water samples.

Prospective responders wishing to obtain this RFP may contact:

State Contracts

David Antonson
Project Coordinator
DNR - Lands and Minerals
1525 3rd Ave. East
Hibbing, MN 55746
Phone: (218) 231-8440
Fax: (218) 262-7328
E-mail: dave.antonson@dnr.state.mn.us

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

Proposals submitted in response to the Request for Proposals (RFP) in this advertisement must be received at the address above no later than 2:30 pm, November 5, 2009. Late proposals will not be considered. Fax or emailed proposals will not be considered. Questions on this RFP should be directed to the above listed person. Contact regarding this RFP with any state of Minnesota personnel not listed above could result in disqualification.

This RFP does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

Department of Transportation (Mn/DOT) Engineering Services Division Notice of Potential Availability of Contracting Opportunities for a Variety of Highway Related Technical Activities (“Consultant Pre-Qualification Program”)

This document is available in alternative formats for persons with disabilities by calling Juanita Voigt at (651) 366-4774; for persons who are hearing or speech impaired by calling Minnesota Relay Service at (800) 627-3529.

Mn/DOT, worked in conjunction with the Consultant Reform Committee, the American Council of Engineering Companies of Minnesota (ACEC/MN), and the Department of Administration, to develop the Consultant Pre-Qualification Program as a new method of consultant selection. The ultimate goal of the Pre-Qualification Program is to streamline the process of contracting for highway related professional/technical services. Mn/DOT awards most of its consultant contracts for highway-related technical activities using this method, however, Mn/DOT also reserves the right to use Request for Proposal (RFP) or other selection processes for particular projects. Nothing in this solicitation requires Mn/DOT to use the Consultant Pre-Qualification Program.

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT’s Consultant Services web site, indicated below, to see which highway related professional/technical services are available for application. Applications are accepted on a continual basis. All expenses are incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

Consultant Pre-Qualification Program information, application requirements and applications forms are available on Mn/DOT’s Consultant Services web site at: <http://www.dot.state.mn.us/consult>.

Send completed application material to:

Juanita Voigt
Consultant Services
Office of Technical Support
Minnesota Department of Transportation
395 John Ireland Blvd. Mail Stop 680
St. Paul, MN 55155

**Department of Transportation (Mn/DOT)
Engineering Services Division
Notice Concerning Professional/Technical Contract Opportunities and Taxpayers'
Transportation Accountability Act Notices**

NOTICE TO ALL: The Minnesota Department of Transportation (Mn/DOT) is now placing additional public notices for professional/technical contract opportunities on Mn/DOT's Consultant Services **website** at: www.dot.state.mn.us/consult

New Public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice. Mn/DOT is also posting notices as required by the Taxpayers' Transportation Accountability Act on the above referenced website.

**Minnesota Department of Transportation (Mn/DOT)
Office of Investment Management
Request for Proposals (RFP) for Mediation, Conflict Resolution, and Facilitation
Services Related to Ombudsman Issues**

The goal of this project is to facilitate, mediate, resolve conflicts and report on meetings of various members of the public, Mn/DOT customers and stakeholder groups and Mn/DOT personnel to assess relationship and other issues, to build trust with meeting participants, to identify alternative ways of doing things and to make recommendations for improving processes and/or policies that are causing conflicts. The successful responder will assess key relationships, identify historical conflict/frustrations, assess issues and recommendations and explore a process for moving the meeting participants forward in a proactive and productive way. Recommendations will be made for changing Mn/DOT processes, policies and/or behavior that reflect participant's perspectives and opinions as well as legal constraints and Mn/DOT personnel input. The Contract will include facilitating/mediating individual participant/stakeholder interviews and facilitating participant/stakeholder group meetings at which issues and recommendations are addressed and developed. The successful responder will document individual interviews and full-group meetings. The successful responder will report on findings and recommend process and policy changes for resolving issues presented.

The full RFP can be viewed on the Consultant Services Web Page at: <http://www.dot.state.mn.us/consult/files/notices/notices.html>.

If you have any questions regarding this advertisement, or are having problems viewing the RFP on the Consultant Services Web Page, you may contact:

Ashley Duran, Contract Administrator
E-mail: ashley.duran@dot.state.mn.us
Telephone: (651) 366-4627

Note: RESPONSES WILL BE DUE ON **FRIDAY, OCTOBER 30, 2009 2:00 PM CENTRAL DAYLIGHT TIME**

**Department of Transportation (Mn/DOT)
Metro District
Requests Proposals for Contract Administration and Construction Inspection
Services for the Interstate 35 (I-35) and Trunk Highway 95 (TH 95) Interchange
Reconstruction**

The Minnesota Department of Transportation (Mn/DOT) requests proposals for contract administration and construction inspection services for the Interstate 35 (I-35) and Trunk Highway 95 (TH 95) interchange reconstruction project in North Branch, Minnesota.

State Contracts

Work is proposed to start after December 1, 2009.

The request for proposal (RFP) may be requested by e-mail from the Contract Administrator at julie.fiareck@dot.state.mn.us or obtained from Mn/DOT Consultant Services website at: <http://www.dot.state.mn.us/consult/files/notices/notices.html> under “notices open to all consultants”.

Proposals submitted in response to this RFP must be received no later than 11:00 a.m. Central Standard Time on **Wednesday November 18, 2009**. **Late proposals will not be considered, no time extensions will be granted.**

Note that any questions regarding this RFP must be received by the Contract Administrator no later than **Monday November 2, 2009** Central Standard Time. See the RFP for more information.

This request does not obligate the State of Minnesota, Mn/DOT to complete the work contemplated in this notice, and Mn/DOT reserves the right to cancel this solicitation. All expenses incurred in responding to this notice will be borne by the responder.

Non-State Bids, 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 commodity, project or tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from the date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact editor for further details.

Publish Your Agency's Bids, Contracts and Grants

The *State Register* offers one of the cheapest, yet far reaching methods, of notifying the public about your agency's bids, contracts and grants. It is available to any government, non-profit, or private agency. Space is charged at the current rate of \$13.60 per each 1/10th of a page used in the *State Register*. Agencies are only billed for the space used in the *State Register*.

Agencies wishing to take advantage of this offer should submit what you want printed in the *State Register* via e-mail to: robin.panlener@state.mn.us. Attach to your entry a short note indicating when you wish the notice to be published (one, or many dates), if you want a copy of the issue your notice appears in (a TEAR SHEET will be sent free with your bill), and whether you want an “Affidavit of Publication.”

Dakota County

Dakota County Law Enforcement Agencies

Request for Proposals for Providing a Regional Police Records Management System, Including Software and Professional Services

Request for Proposals for a Regional Police Records Management System for Dakota County Law Enforcement Agencies, including software and professional services.

Non-State Bids, Contracts & Grants

Dakota County, on behalf of Dakota County Law Enforcement Agencies, is requesting proposals from vendors to provide law enforcement agencies in the County with a multi jurisdictional computerized records management system (RMS). Proposals must be received no later than 4:00 pm, November 10, 2009.

To obtain a complete copy of the Request for Proposal, please go to the Dakota County website at the following address:

<http://www.co.dakota.mn.us/DoingBusiness/RequestsFor/CurrentBids/default.htm>

ServeMinnesota

National and Community Service

Announcement of 2010-2011 AmeriCorps*State Request for Proposal for Planning Grants

For more information and to download the application materials, visit: www.serveminnesota.org

ServeMinnesota is an independent, non-profit organization charged with administering federal AmeriCorps*State grants in Minnesota. Since its inception in 1994, ServeMinnesota (formerly the Minnesota Commission on National and Community Service) has disseminated over forty million dollars in AmeriCorps funding to local and statewide public and nonprofit agencies that have created opportunities for thousands of AmeriCorps members to serve in Minnesota. ServeMinnesota provides AmeriCorps programs with training and ongoing technical assistance to support the development of high quality AmeriCorps programs.

Through this RFP, programs can apply to receive AmeriCorps*State planning grants. The purpose of these planning grants is to support the development of AmeriCorps programs so applicants are better prepared to compete for an AmeriCorps program grant in the following grant cycle. Applicants wishing to apply for a planning grant should follow the submission procedure outlined in the Application Instructions which can be found on the ServeMinnesota website at www.serveminnesota.org.

Application Deadline: Concept Paper to Apply is due by close of business November 16, 2009. Applications are due by close of business January 20, 2010. Funding decisions will be announced in May 2010. For more information, please contact: Janet Johnson, VP of Operations, **phone:** (612) 333-7741, **e-mail:** janet@serveminnesota.org.

For information about AmeriCorps and national service, visit ServeMinnesota (www.serveminnesota.org) and the Corporation for National and Community Service (www.nationalservice.org).

ServeMinnesota
431 South 7th Street, Suite 2540
Minneapolis, Minnesota 55415
Phone: (612) 333-7740
E-mail: serve@serveminnesota.org

University of Minnesota (U of M) Subscribe to Bid Information Service (BIS)

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

Request for Bids/Proposals are also available to the public each business day from 8:00 a.m. to 4:30 p.m. in the Purchasing Services lobby, Suite 560, 1300 S. 2nd Street, Minneapolis, Minnesota 55454.



Several convenient ways to order:

- ♦ **Retail store** Open 8 a.m. - 5 p.m. Monday - Friday, 660 Olive Street, St. Paul
- ♦ **Phone** (credit cards): 8 a.m. - 5 p.m. Monday - Friday, 651.297.3000 (Twin Cities) or 1.800.657.3757 (nationwide toll-free)
- ♦ **On-line orders:** www.minnesotasbookstore.com
- ♦ **Minnesota Relay Service:** 8 a.m. - 5 p.m. Monday - Friday, 1.800.627.3529 (nationwide toll-free)
- ♦ **Fax** (credit cards): 651.215.5733 (fax line available 24 hours/day)
- ♦ **Mail orders:** Orders can be sent to Minnesota's Bookstore, 660 Olive Street, St. Paul, MN 55155

PREPAYMENT REQUIRED. Prices and availability subject to change.

Fax and phone orders: Credit card purchases ONLY (American Express/Discover/MasterCard/VISA). Please allow 1-2 weeks for delivery. **Mail orders:** Complete order blank and send to address above. Enclose check or include credit card information. Please allow 4-6 weeks for delivery. Please make checks payable to "Minnesota's Bookstore." A \$20.00 fee will be charged for returned checks.

Stock No.	Title	Quantity	Unit Price	Total

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Credit card number: _____

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Shipping Charges

<i>If Product</i>	<i>Please</i>
<i>Subtotal is:</i>	<i>Add:</i>
Up to \$15.00	\$ 5.00
\$15.01-\$25.00	\$ 6.00
\$25.01-\$50.00	\$ 9.00
\$50.01-\$100.00	\$ 14.00
\$100.01-\$1,000	\$ 17.00*
<small>*\$17 to an address in MN, WI, SD, ND, IA. If delivered to an address in other states, Canada or internationally, we will contact you if there are additional charges.</small>	
More than \$1,000	Call

Product Subtotal _____

Shipping _____

Subtotal _____

Sales tax _____

(6.875% sales tax if shipped to MN address, 7.625% if shipped to St. Paul address. 7.125% MN transit tax or other local sales tax if applicable)

TOTAL _____

If tax exempt, please provide ES number or completed exemption form.
ES# _____