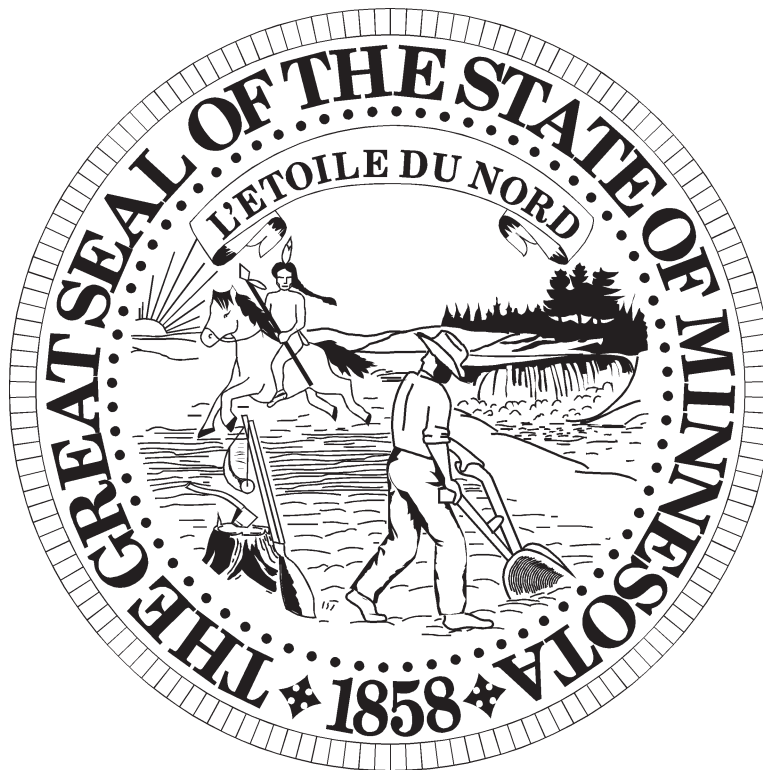


State of Minnesota

# 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**  
Published every Monday (Tuesday when Monday is a holiday)

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# State Register

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The *State Register* is the official publication of the State of Minnesota's Executive Branch of government, published weekly to fulfill the legislative mandate set forth in *Minnesota Statutes*, Chapter 14, and *Minnesota Rules*, Chapter 1400. 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- Withdrawn Rules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
- Non-state Public Bids, Contracts and Grants

Printing Schedule and Submission Deadlines											
Vol. 35	PUBLISH DATE			Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts				Deadline for Proposed, Adopted and Exempt RULES			
Issue Number	(BOLDFACE shows altered publish date)										
# 15	Monday	11	October	Noon	Tuesday	5	October	Noon	Wednesday	29	September
# 16	Monday	18	October	Noon	Tuesday	12	October	Noon	Wednesday	6	October
# 17	Monday	25	October	Noon	Tuesday	19	October	Noon	Wednesday	13	October
# 18	Monday	1	November	Noon	Tuesday	26	October	Noon	Wednesday	20	October

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**Website:** [www.senate.mn](http://www.senate.mn)

**House Public Information Services** (651) 296-2146  
State Office Building, Room 175,  
100 Rev. Dr. Martin Luther King Jr Blvd., St. Paul, MN 55155  
**Website:** [www.house.leg.state.mn.us/hinfo/hinfo.htm](http://www.house.leg.state.mn.us/hinfo/hinfo.htm)

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MN Judicial Center, Rm. 135,  
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St. Paul, MN 55155 **Website:** [www.mncourts.gov](http://www.mncourts.gov)

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Office of the Federal Register (202) 512-1530; or (888) 293-6498  
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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. 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, but 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.

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 #40-52 inclusive, with final index (#1-52, or 53 in some years). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 660 Olive Street (one block east of I-35E and one block north of University Ave), St. Paul, MN 55155, phone: (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 Human Services (DHS)

### Proposed Permanent Rules Relating to Outpatient Mental Health Services

#### NOTICE OF HEARING

#### Proposed Amendment to and Repeal of Rules Governing Outpatient Mental Health Services, *Minnesota Rules*, Chapter 9505

**Public Hearing.** The Department of Human Services intends to adopt rules after a public hearing following the procedures in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2200 to 1400.2240, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.131 to 14.20. The agency will hold a public hearing on the above-named rules in Room B, Fifth Floor, Veterans Services Building, 20 West 12<sup>th</sup> Street, Saint Paul, MN 55155, starting at 9:30 a.m., on Monday, November 15, 2010, and continuing until the hearing is completed. The agency will schedule additional days of hearing if necessary. All interested or affected persons will have an opportunity to participate by submitting either oral or written data, statements, or arguments. Statements may be submitted without appearing at the hearing.

**Administrative Law Judge.** Administrative Law Judge Kathleen Sheehy will conduct the hearing. The judge can be reached at the Office of Administrative Hearings, 600 North Robert Street, P.O. Box 64620, Saint Paul, Minnesota 55164-0620, **telephone:** (651) 361-7900, and **fax:** (651) 361-7936. The rule hearing procedure is governed by *Minnesota Statutes*, sections 14.131 to 14.20, and by the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2000 to 1400.2240. You should direct questions about the rule hearing procedure to the administrative law judge.

**Subject of Rules, Statutory Authority, and Agency Contact Person.** The proposed rules amend and repeal rules governing payment for outpatient mental health services that are paid for through the state's medical assistance program. The medical assistance program is the name given to Minnesota's joint federal-state Medicaid program. The amendments and repeals are intended to update the rule and bring it into compliance with federal regulations. The repeal of rule parts will eliminate defunct and obsolete rule parts. Part 9505.0323 will be repealed and replaced with parts 9505.0370 to 9505.0372, and part 9505.0175, subparts 18 and 20 will be repealed because they contain obsolete references to the terms "licensed psychologist" and "licensed consulting psychologist."

This rulemaking is part of a two-phase rulemaking project. The first phase was completed in January 2009 when the department published adopted rule amendments in the *State Register* (see: 33 SR 1251) that modified part 9505.0323 to bring it into compliance with federal regulations. The 2009 rule amendments were adopted under the good cause exemption in *Minnesota Statutes*, section 14.388, subdivision 1, because the department needed to promptly comply with federal regulatory requirements and did not have enough time to comply with *Minnesota Statutes*, sections 14.14 to 14.28. The amendments to part 9505.0323 will expire in January 2011, because rules

# Proposed Rules

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adopted under the good cause exemption are in effect for a period of two years from the date of publication in the *State Register*. The proposed rule amendments and repeals are the second phase of the rulemaking project, which will permanently enact the changes in the 2009 rulemaking and make other changes that are needed to update the rule, make the rule more readable and remove obsolete rule requirements.

The department provides payment for outpatient mental health services for eligible recipients through the medical assistance program. The rules include standards for services and payment requirements that a vendor must meet to qualify for payment through the medical assistance program. The standards in the rule are based upon federal requirements (see: 45 CFR 162.1000, 162.1002), state law, and the accepted standards within the mental health industry for providing outpatient mental health services. The proposed rules include updated federal requirements regarding payments for mental health services that bring the rule into compliance with the federally adopted Current Procedural Technology, Fourth Edition (CPT). The proposed rules will also bring the department into compliance with the requirements of Minnesota Statutes, section 62J.536.

The rule standards for mental health care are based upon statutory standards contained in Minnesota Statutes including: The Comprehensive Adult Mental Health Act, *Minnesota Statutes*, section 245.461 to 245.486 and the Comprehensive Children's Mental Health Act, *Minnesota Statutes*, sections 245.487 to 245.4889. These statutes define the service delivery standards applicable to a comprehensive mental health system. In contrast medical assistance focuses on provider payment and upon the nature, scope, and frequency of services that may be reimbursed from medical assistance funds.

The department developed the proposed rules with the assistance of an advisory committee composed of twenty-six people who represented various groups that might be impacted by the rule or who are interested in mental health treatment issues, including: consumers and providers of mental health services, professional associations that represent individuals and companies that provide mental health care, insurance companies that pay for treatment, and academics who train and educate persons who will work in mental health treatment.

The proposed rules are authorized by *Minnesota Statutes*, sections 256B.04, subdivision 2, and 245.484 . A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

A free copy of the rules is available upon request from the agency contact person. The agency contact person is Bob Klukas, Department of Human Services, Appeals and Regulations Division, PO Box 64941, St. Paul, MN 55164-0941, **phone:** (651) 431-3613, **fax:** (651) 431-7523, **e-mail:** [Robert.klukas@state.mn.us](mailto:Robert.klukas@state.mn.us).

**Statement of Need and Reasonableness.** The draft 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 or obtain copies for the cost of reproduction by contacting the agency contact person.

**Public Comment.** You and all interested or affected persons, including representatives of associations and other interested groups, will have an opportunity to participate. The administrative law judge will accept your views either orally at the hearing or in writing at any time before the close of the hearing record. Submit written comments to the administrative law judge at the address above or to [rulecomments@state.mn.us](mailto:rulecomments@state.mn.us). All evidence that you present should relate to the proposed rules. You may also submit written material to the administrative law judge to be recorded in the hearing record for five working days after the public hearing ends. At the hearing the administrative law judge may order this five-day comment period extended for a longer period but for no more than 20 calendar days. Following the comment period, there is a five-working-day rebuttal period during which the agency and any interested person may respond in writing to any new information submitted. No one may submit additional evidence during the five-day rebuttal period. The Office of Administrative Hearings must receive all comments and responses submitted to the administrative law judge no later than 4:30 p.m. on the due date. All comments or responses received are public and will be available for review at the Office of Administrative Hearings.

The agency requests that any person submitting written views or data to the administrative law judge before the hearing or during the comment or rebuttal period also submit a copy of the written views or data to the agency contact person at the address stated above.

**Alternative Format/Accommodation.** Upon request, this Statement of Need and Reasonableness can be made available in an alternative format to individuals with disabilities by calling 1-800-431-3600 (division's general information number) or toll free at 1-800-657-3510. To make a request, contact the contact person, Bob Klukas at Minnesota Department of Human Services, P.O. Box 64941, Saint

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# Proposed Rules

Paul, MN 55164-0941 by mail, phone: (651) 431-3613, or **fax:** (651) 431-7523. TTY users may call through Minnesota Relay at 1-800-627-3529. For Speech-to-Speech call 1-877-627-3848.

**Modifications.** The agency may modify the proposed rules as a result of the rule hearing process. It must support modifications by data and views presented during the rule hearing process. 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 agency encourages you to participate.

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

**Lobbyist Registration.** *Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Campaign Finance and Public Disclosure Board. You should direct questions regarding 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.

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

Dated: 28 September 2010

Cal R. Ludeman  
Commissioner of Human Services

## **9505.0370 DEFINITIONS.**

Subpart 1. **Scope.** For parts 9505.0370 to 9505.0372, the following terms have the meanings given them.

Subp. 2. **Adult day treatment.** "Adult day treatment" or "adult day treatment program" means a time-limited, structured program of treatment and care.

Subp. 3. **Child.** "Child" means a person under 18 years of age.

Subp. 4. **Client.** "Client" means an eligible recipient who is determined to have or who is being assessed for a mental illness as specified in part 9505.0371.

Subp. 5. **Clinical summary.** "Clinical summary" means a written description of a clinician's conceptualization of the cause of the client's mental health symptoms, the client's prognosis, and the likely consequences of the symptoms; how the client meets the criteria for the diagnosis by describing the client's symptoms, the duration of symptoms, and functional impairment; an analysis of the client's other symptoms, strengths, relationships, life situations, cultural influences, and health problems and their potential interaction with the diagnosis and conceptualization of the problem; and alternative diagnoses that were considered and ruled out.

Subp. 6. **Clinical supervision.** "Clinical supervision" means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. It includes the documented oversight and supervision responsibility for planning, implementation, and evaluation of services for a client's mental health treatment.

Subp. 7. **Clinical supervisor.** "Clinical supervisor" means the mental health professional who is responsible for clinical supervision.

Subp. 8. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means the mental health provider's:

A. awareness of the provider's own cultural background, and the related assumptions, values, biases, and preferences that influence assessment and intervention processes;

B. ability and will to respond to the unique needs of an individual client that arise from the client's culture;

# Proposed Rules

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C. ability to utilize the client's culture as a resource and as a means to optimize mental health care; and

D. willingness to seek educational, consultative, and learning experiences to expand knowledge of and increase effectiveness with culturally diverse populations.

Subp. 9. **Cultural influences.** "Cultural influences" means historical, geographical, and familial factors that affect assessment and intervention processes. Cultural influences include the client's:

A. racial or ethnic self-identification;

B. experience of cultural bias as a stressor;

C. immigration history and status;

D. level of acculturation;

E. time orientation;

F. social orientation;

G. verbal communication style;

H. locus of control;

I. spiritual beliefs; and

J. health beliefs and the endorsement of or engagement in culturally specific healing practices.

Subp. 10. **Culture.** "Culture" means the distinct ways of living and understanding the world that are used by a group of people and are transmitted from one generation to another or adopted by an individual.

Subp. 11. **Diagnostic assessment.** "Diagnostic assessment" means a clinical and functional face-to-face evaluation of the client's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, subjective distress of the client, and identification of the client's strengths and resources, that results in the issuance of a written diagnostic assessment report.

Subp. 12. **Dialectical behavior therapy.** "Dialectical behavior therapy" means a treatment approach provided in an intensive outpatient treatment program using a combination of individualized rehabilitative and psychotherapeutic interventions. A dialectical behavior therapy program is certified by the commissioner and involves the following service components: individual therapy, group skills training, telephone coaching, and case consultation meetings.

Subp. 13. **Explanation of findings.** "Explanation of findings" means the explanation of a client's diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants as required under parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client, client's family, primary caregiver, or other responsible persons.

Subp. 14. **Family.** "Family" means a person who is identified by the client or the client's parent or guardian as being important to the client's mental health treatment. Family may include, but is not limited to, parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, or persons who are presently residing together as a family unit.

Subp. 15. **Individual treatment plan.** "Individual treatment plan" means a written plan that outlines and defines the course of treatment. It delineates the goals, measurable objectives, target dates for achieving specific goals, main participants in treatment process, and recommended services that are based on the client's diagnostic assessment and other meaningful data that are needed to aid the client's recovery and enhance resiliency.

Subp. 16. **Medication management.** "Medication management" means a service that determines the need for or effectiveness of the medication prescribed for the treatment of a client's symptoms of a mental illness.



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# Proposed Rules

Subp. 17. **Mental health practitioner.** “Mental health practitioner” means a person who is qualified according to part 9505.0371, subpart 5, items B and C, and provides mental health services to a client with a mental illness under the clinical supervision of a mental health professional.

Subp. 18. **Mental health professional.** “Mental health professional” means a person who is enrolled to provide medical assistance services and is qualified according to part 9505.0371, subpart 5, item A.

Subp. 19. **Mental health telemedicine.** “Mental health telemedicine” has the meaning given in *Minnesota Statutes*, section 256B.0625, subdivision 46.

Subp. 20. **Mental illness.** “Mental illness” has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 20. “Mental illness” includes “emotional disturbance” as defined in *Minnesota Statutes*, section 245.4871, subdivision 15.

Subp. 21. **Multidisciplinary staff.** “Multidisciplinary staff” means a group of individuals from diverse disciplines who come together to provide services to clients under part 9505.0372, subparts 8, 9, and 10.

Subp. 22. **Neuropsychological assessment.** “Neuropsychological assessment” means a specialized clinical assessment of the client’s underlying cognitive abilities related to thinking, reasoning, and judgment that is conducted by a qualified neuropsychologist.

Subp. 23. **Neuropsychological testing.** “Neuropsychological testing” means administering standardized tests and measures designed to evaluate the client’s ability to attend to, process, interpret, comprehend, communicate, learn and recall information; and use problem-solving and judgment.

Subp. 24. **Partial hospitalization program.** “Partial hospitalization program” means a provider’s time-limited, structured program of psychotherapy and other therapeutic services, as defined in *United States Code*, title 42, chapter 7, subchapter XVIII, part E, section 1395x, (ff), that is provided in an outpatient hospital facility or community mental health center that meets Medicare requirements to provide partial hospitalization services.

Subp. 25. **Primary caregiver.** “Primary caregiver” means a person, other than the client’s parent or facility staff, who has primary responsibility for providing the client with food, clothing, shelter, direction, guidance, and nurturance.

Subp. 26. **Psychological testing.** “Psychological testing” means the use of tests or other psychometric instruments to determine the status of the recipient’s mental, intellectual, and emotional functioning.

Subp. 27. **Psychotherapy.** “Psychotherapy” means treatment of a client with mental illness that applies the most appropriate psychological, psychiatric, or interpersonal method that conforms to prevailing community standards of professional practice to meet the mental health needs of the client.

Subp. 28. **Supervisee.** “Supervisee” means an individual who requires clinical supervision because the individual does not meet mental health professional standards in part 9505.0371, subpart 5, item A.

## **9505.0371 MEDICAL ASSISTANCE COVERAGE REQUIREMENTS FOR OUTPATIENT MENTAL HEALTH SERVICES.**

Subpart 1. **Purpose.** This part describes the requirements that outpatient mental health services must meet to receive medical assistance reimbursement.

Subp. 2. **Client eligibility for mental health services.** The following requirements apply to mental health services:

A. The provider must use a diagnostic assessment as specified in part 9505.0372 to determine a client’s eligibility for mental health services under this part, except:

(1) prior to completion of a client’s initial diagnostic assessment, a client is eligible for:

(a) one explanation of findings;

(b) one psychological testing; and

(c) either one individual psychotherapy session, one family psychotherapy session, or one group psychotherapy session;

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and

(2) for a client who is not currently receiving mental health services covered by medical assistance, a crisis assessment as specified in *Minnesota Statutes*, section 256B.0944 or 256B.0624, conducted in the past 60 days may be used to allow up to ten sessions of mental health services within a one-year period.

B. A brief diagnostic assessment must meet the requirements of part 9505.0372, subpart 1, item C, and:

(1) may be used to allow up to ten sessions of mental health services as specified in part 9505.0372 within a one-year period before a standard or extended diagnostic assessment is required when the client is:

(a) a new client; or

(b) an existing client who has had fewer than ten sessions of psychotherapy in the previous 12 months and is projected to need fewer than ten sessions of psychotherapy in the next 12 months, or who only needs medication management; and

(2) may be used for a subsequent annual assessment, if based upon the client's treatment history and the provider's clinical judgment, the client will need ten or fewer sessions of mental health services in the upcoming year; and

(3) must not be used for:

(a) a client or client's family who requires a language interpreter to participate in the assessment unless the client meets the requirements of subitem (1), unit (b), or (2); or

(b) more than ten sessions of mental health services in a calendar year. If, after completion of ten sessions of mental health services, the mental health professional determines the need for additional sessions, a standard assessment or extended assessment must be completed.

C. For a child, a new standard or extended diagnostic assessment must be completed:

(1) when the child does not meet the criteria for a brief diagnostic assessment;

(2) at least annually following the initial diagnostic assessment, if:

(a) additional services are needed; and

(b) the child does not meet criteria for brief assessment;

(3) when the child's mental health condition has changed markedly since the child's most recent diagnostic assessment; or

(4) when the child's current mental health condition does not meet criteria of the child's current diagnosis.

D. For an adult, a new standard diagnostic assessment or extended diagnostic assessment must be completed:

(1) when the adult does not meet the criteria for a brief diagnostic assessment or an adult diagnostic assessment update;

(2) at least every three years following the initial diagnostic assessment for an adult who receives mental health services;

(3) when the adult's mental health condition has changed markedly since the adult's most recent diagnostic assessment; or

(4) when the adult's current mental health condition does not meet criteria of the current diagnosis.

E. An adult diagnostic assessment update must be completed at least annually unless a new standard or extended diagnostic assessment is performed. An adult diagnostic assessment update must include an update of the most recent standard or extended diagnostic assessment and any recent adult diagnostic assessment updates that have occurred since the last standard or extended diagnostic assessment.

Subp. 3. **Authorization for mental health services.** Mental health services under this part are subject to authorization criteria and standards published by the commissioner according to *Minnesota Statutes*, section 256B.0625, subdivision 25.

## Subp. 4. Clinical supervision.

### A. Clinical supervision must be based on each supervisee's written supervision plan and must:

- (1) promote professional knowledge, skills, and values development;
- (2) model ethical standards of practice;
- (3) promote cultural competency by:
  - (a) developing the supervisee's knowledge of cultural norms of behavior for individual clients and generally for the clients served by the supervisee regarding the client's cultural influences, age, class, gender, sexual orientation, literacy, and mental or physical disability;
  - (b) addressing how the supervisor's and supervisee's own cultures and privileges affect service delivery;
  - (c) developing the supervisee's ability to assess their own cultural competence and to identify when consultation or referral of the client to another provider is needed; and
  - (d) emphasizing the supervisee's commitment to maintaining cultural competence as an ongoing process;
  - (4) recognize that the client's family has knowledge about the client and will continue to play a role in the client's life and encourage participation among the client, client's family, and providers as treatment is planned and implemented; and
  - (5) monitor, evaluate, and document the supervisee's performance of assessment, treatment planning, and service delivery.

B. Clinical supervision must be conducted by a qualified supervisor using individual or group supervision. Individual or group face-to-face supervision may be conducted via electronic communications that utilize interactive telecommunications equipment that includes at a minimum audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee, and meet the equipment and connection standards of part 9505.0370, subpart 19.

(1) Individual supervision means one or more designated clinical supervisors and one supervisee.

(2) Group supervision means one clinical supervisor and two to six supervisees in face-to-face supervision.

C. The supervision plan must be developed by the supervisor and the supervisee. The plan must be reviewed and updated at least annually. For new staff the plan must be completed and implemented within 30 days of the new staff person's employment. The supervision plan must include:

- (1) the name and qualifications of the supervisee and the name of the agency in which the supervisee is being supervised;
- (2) the name, licensure, and qualifications of the supervisor;
- (3) the number of hours of individual and group supervision to be completed by the supervisee including whether supervision will be in person or by some other method approved by the commissioner;
- (4) the policy and method that the supervisee must use to contact the clinical supervisor during service provision to a supervisee;
- (5) procedures that the supervisee must use to respond to client emergencies; and
- (6) authorized scope of practices, including:
  - (a) description of the supervisee's service responsibilities;
  - (b) description of client population; and
  - (c) treatment methods and modalities.

D. Each occurrence of clinical supervision must be documented and recorded in the supervisee's supervision record. The documentation must include:

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(1) date and duration of supervision;

(2) identification of supervision type as individual or group supervision;

(3) name of the clinical supervisor;

(4) de-identified summary of client information discussed with the supervisee including:

(a) high risk or safety concerns;

(b) report of client's progress in accomplishing specific treatment plan goals and objectives;

(c) new presenting clinical issues; and

(d) identified concerns about administrative activity regarding the client's treatment and a plan to rectify the concerns;

(5) documentation of the supervisor's availability to the supervisee while the supervisee is providing client services. The supervisor may be available in person, by telephone, or by audio or audiovisual electronic device;

(6) subsequent actions that the supervisee must take; and

(7) date and signature of the clinical supervisor.

E. Clinical supervision pertinent to client treatment changes must be recorded by a case notation in the client record after supervision occurs.

Subp. 5. **Qualified providers.** Medical assistance covers mental health services according to part 9505.0372 when the services are provided by mental health professionals or mental health practitioners qualified under this subpart.

A. A mental health professional must be qualified in one of the following ways:

(1) in clinical social work, a person must be licensed as an independent clinical social worker by the Minnesota Board of Social Work under *Minnesota Statutes*, chapter 148D;

(2) in psychology, a person licensed by the Minnesota Board of Psychology under *Minnesota Statutes*, sections 148.88 to 148.98, who has stated to the board competencies in the diagnosis and treatment of mental illness;

(3) in psychiatry, a physician licensed under *Minnesota Statutes*, chapter 147, who is certified by the American Board of Psychiatry and Neurology or is eligible for board certification;

(4) in marriage and family therapy, a person licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy under *Minnesota Statutes*, sections 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;

(5) in professional counseling, a person licensed as a professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy under *Minnesota Statutes*, section 148B.5301; or

(6) a tribally approved mental health care professional, who meets the standards in *Minnesota Statutes*, section 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe.

B. A mental health practitioner for a child client must have training working with children. A mental health practitioner for an adult client must have training working with adults. A mental health practitioner must be qualified in at least one of the following ways:

(1) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university; and

(a) has at least 2,000 hours of supervised experience in the delivery of mental health services to clients with mental illness; or

(b) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to clients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met;

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(2) has at least 6,000 hours of supervised experience in the delivery of mental health services to clients with mental illness. Hours worked as a mental health behavioral aide I or II under *Minnesota Statutes*, section 256B.0943, subdivision 7, may be included in the 6,000 hours of experience for child clients;

(3) is a graduate student in one of the mental health professional disciplines defined in item A and is formally assigned by an accredited college or university to an agency or facility for clinical training;

(4) holds a master's or other graduate degree in one of the mental health professional disciplines defined in item A from an accredited college or university; or

(5) is an individual who meets the standards in *Minnesota Statutes*, section 256B.02, subdivision 7, paragraphs (b) and (c), who is serving a federally recognized Indian tribe.

C. Medical assistance covers diagnostic assessment and psychotherapy performed by a mental health practitioner working as a clinical trainee when:

(1) the mental health practitioner is:

(a) complying with requirements for licensure or board certification as a mental health professional, as defined in item A, including supervised practice in the delivery of mental health services for the treatment of mental illness; or

(b) a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional defined in item A; and

(2) the mental health practitioner's clinical supervision experience is helping the practitioner gain knowledge and skills necessary to practice effectively and independently. This may include supervision of:

(a) direct practice;

(b) treatment team collaboration;

(c) continued professional learning; and

(d) job management.

D. A clinical supervisor must:

(1) be a mental health professional licensed as specified in item A;

(2) hold a license without restrictions that has been in good standing for at least one year while having performed at least 1,000 hours of clinical practice;

(3) be approved, certified, or in some other manner recognized as a qualified clinical supervisor by the person's professional licensing board;

(4) be competent as demonstrated by experience and graduate-level training in the area of practice and the activities being supervised;

(5) not be the supervisee's blood or legal relative or cohabitant, or someone who has acted as the supervisee's therapist within the past two years;

(6) have experience and skills that are informed by advanced training, years of experience, and mastery of a range of competencies that demonstrate the following:

(a) capacity to provide services that incorporate best practice;

(b) ability to recognize and evaluate competencies in supervisees;

(c) ability to review assessments and treatment plans for accuracy and appropriateness;

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(d) ability to give clear direction to mental health staff related to alternative strategies when a client is struggling with moving towards recovery; and

(e) ability to coach, teach, and practice skills with supervisees;

(7) accept full professional liability for a supervisee's direction of a client's mental health services;

(8) instruct a supervisee in the supervisee's work, and oversee the quality and outcome of the supervisee's work with clients;

(9) review, approve, and sign the diagnostic assessment, individual treatment plans, and treatment plan reviews of clients treated by a supervisee;

(10) review and approve the progress notes of clients treated by the supervisee according to the supervisee's supervision plan;

(11) apply evidence-based practices and research-informed models to treat clients;

(12) be employed by or under contract with the same agency as the supervisee;

(13) develop a clinical supervision plan for each supervisee;

(14) ensure that each supervisee receives the guidance and support needed to provide treatment services in areas where the supervisee practices;

(15) establish an evaluation process that identifies the performance and competence of each supervisee; and

(16) document clinical supervision of each supervisee and securely maintain the documentation record.

Subp. 6. **Release of information.** Providers who receive a request for client information and providers who request client information must:

A. comply with data practices and medical records standards in *Minnesota Statutes*, chapter 13, and *Code of Federal Regulations*, title 45, part 164; and

B. subject to the limitations in item A, promptly provide client information, including a written diagnostic assessment report, to other providers who are treating the client to ensure that the client will get services without undue delay.

Subp. 7. **Individual treatment plan.** Except as provided in subpart 2, item A, subitem (1), a medical assistance payment is available only for services provided in accordance with the client's written individual treatment plan (ITP). The client must be involved in the development, review, and revision of the client's ITP. For all mental health services, except as provided in subpart 2, item A, subitem (1), and medication management, the ITP and subsequent revisions of the ITP must be signed by the client before treatment begins. The ITP shall be signed by the client, or in the case of a child, the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child, shall sign the client's ITP. If the mental health professional or practitioner determines that it is not appropriate for the client to sign the ITP, the mental health professional or mental health practitioner shall document the reason why it was not signed. If the client refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner shall document the client's refusal to sign the plan and the client's reason or reasons for the refusal. A client's individual treatment plan must be:

A. based on the client's current diagnostic assessment;

B. developed by identifying the client's service needs and considering relevant cultural influences to identify planned interventions that contain specific treatment goals and measurable objectives for the client; and

C. reviewed at least once every 90 days, and revised as necessary. Revisions to the initial individual treatment plan do not require a new diagnostic assessment unless the client's mental health status has changed markedly as provided in subpart 2.

Subp. 8. **Documentation.** To obtain medical assistance payment for an outpatient mental health service, a mental health professional or a mental health practitioner must promptly document:

A. in the client's mental health record:

(1) each occurrence of service to the client including the date, type of service, start and stop time, scope of the mental health service, name and title of the person who gave the service, and date of documentation; and

(2) all diagnostic assessments and other assessments, psychological test results, treatment plans, and treatment plan reviews;

B. the provider's contact with persons interested in the client such as representatives of the courts, corrections systems, or schools, or the client's other mental health providers, case manager, family, primary caregiver, legal representative, including the name and date of the contact or, if applicable, the reason the client's family, primary caregiver, or legal representative was not contacted; and

C. dates that treatment begins and ends and reason for the discontinuation of the mental health service.

**Subp. 9. Service coordination.** The provider must coordinate client services as authorized by the client as follows:

A. When a recipient receives mental health services from more than one mental health provider, each provider must coordinate mental health services they provide to the client with other mental health service providers to ensure services are provided in the most efficient manner to achieve maximum benefit for the client.

B. The mental health provider must coordinate mental health care with the client's physical health provider if the client's physical health has an effect on the client's mental health functioning.

**Subp. 10. Telemedicine services.** Mental health services in part 9505.0372 covered as direct face-to-face services may be provided via two-way interactive video if it is medically appropriate to the client's condition and needs. The interactive video equipment and connection must comply with Medicare standards that are in effect at the time of service. The commissioner may specify parameters within which mental health services can be provided via telemedicine.

## **9505.0372 COVERED SERVICES.**

**Subpart 1. Diagnostic assessment.** Medical assistance covers four types of diagnostic assessments when they are provided in accordance with the requirements in this subpart.

A. To be eligible for medical assistance payment, a diagnostic assessment report must:

(1) identify a mental health diagnosis and recommended mental health services, which are the factual basis to develop the recipient's mental health services and treatment plan; or

(2) include a finding that the client does not meet the criteria for a mental health disorder.

B. A standard diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The standard diagnostic assessment must be done within the cultural context of the client and must include information about:

(1) the client's current life situation, including the client's:

(a) age and stage of life;

(b) current living situation, including household membership and housing status;

(c) basic needs status including economic status;

(d) education level and employment status;

(e) significant personal relationships, including the client's evaluation of relationship quality;

(f) strengths and resources, including the extent and quality of social networks;

(g) belief systems;

(h) contextual nonpersonal factors contributing to the client's presenting problems;

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(i) general physical health and relationship to client's culture; and

(j) current medications;

(2) the reason for the assessment, including the client's:

(a) perceptions of the client's condition;

(b) description of symptoms or problems, including reason for referral;

(c) history of mental health problems, trauma, and treatment, including review of the client's records;

(d) important developmental incidents;

(e) maltreatment, trauma, or abuse issues;

(f) history of alcohol and drug usage and treatment;

(g) health history and family health history, including physical, chemical, and mental health history; and

(h) cultural influences and their impact on the client;

(3) the client's mental status examination;

(4) the assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

(5) the screenings used to determine the client's substance use, abuse, or dependency and other standardized screening instruments determined by the commissioner;

(6) assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner;

(7) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

(8) the client that is adequate to support the findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis.

C. An extended diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The face-to-face interview is conducted over three or more assessment appointments because the client's complex needs necessitate significant additional assessment time. Complex needs are those caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; need to disentangle prior disorders; co-occurring substance abuse use disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment. For child clients, the appointments may be conducted outside the diagnostician's office for face-to-face consultation and information gathering with family members, doctors, caregivers, teachers, and other providers, with or without the child present, and must involve directly observing the child in various settings that the child frequents such as home, school, or care settings. The components of an extended diagnostic assessment include:

(1) for children under age 5:

(a) utilization of the DC:0-3R diagnostic system for young children;

(b) an early childhood mental status exam that assesses the client's developmental, social, and emotional functioning and style both within the family and with the examiner and includes:

i. physical appearance including dysmorphic features;



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ii. reaction to new setting and people and adaptation during evaluation;

iii. self-regulation, including sensory regulation, unusual behaviors, activity level, attention span, and frustration tolerance;

iv. physical aspects, including motor function, muscle tone, coordination, tics, abnormal movements, and seizure activity;

v. vocalization and speech production, including expressive and receptive language;

vi. thought, including fears, nightmares, dissociative states, and hallucinations;

vii. affect and mood, including modes of expression, range, responsiveness, duration, and intensity;

viii. play, including structure, content, symbolic functioning, and modulation of aggression;

ix. cognitive functioning; and

x. relatedness to parents, other caregivers, and examiner; and

(c) other assessment tools as determined and periodically revised by the commissioner;

(2) for children ages 5 to 18, completion of other assessment standards for children as determined and periodically revised by the commissioner; and

(3) for adults, completion of other assessment standards for adults as determined and periodically revised by the commissioner.

D. A brief diagnostic assessment must include a face-to-face interview with the client and a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The professional or practitioner must gather initial background information using the components of a standard diagnostic assessment in item A and draw a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's immediate needs or presenting problem. Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard diagnostic assessment or an extended diagnostic assessment.

E. Adult diagnostic assessment update includes a face-to-face interview with the client, and contains a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C, who reviews a standard or extended diagnostic assessment. The adult diagnostic assessment update must update the most recent assessment document in writing in the following areas:

(1) review of the client's life situation, including an interview with the client about the client's current life situation, and a written update of those parts where significant new or changed information exists, and documentation where there has not been significant change;

(2) review of the client's presenting problems, including an interview with the client about current presenting problems and a written update of those parts where there is significant new or changed information, and note parts where there has not been significant change;

(3) screenings for substance use, abuse, or dependency and other screenings as determined by the commissioner;

(4) the client's mental health status examination;

(5) assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

(6) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary, or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

(7) the client's diagnosis on all axes of the current edition of the Diagnostic and Statistical Manual and any differential diagnosis.

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**Subp. 2. Neuropsychological assessment.** A neuropsychological assessment must include a face-to-face interview with the client, the interpretation of the test results, and preparation and completion of a report. A client is eligible for a neuropsychological assessment if at least one of the following criteria is met:

A. There is a known or strongly suspected brain disorder based on medical history or neurological evaluation such as a history of significant head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative disorders, significant exposure to neurotoxins, central nervous system infections, metabolic or toxic encephalopathy, fetal alcohol syndrome, or congenital malformations of the brain; or

B. In the absence of a medically verified brain disorder based on medical history or neurological evaluation, there are cognitive or behavioral symptoms that suggest that the client has an organic condition that cannot be readily attributed to functional psychopathology. Examples include:

- (1) poor memory or impaired problem solving;
- (2) change in mental status evidenced by lethargy, confusion, or disorientation;
- (3) deterioration in level of functioning;
- (4) marked behavioral or personality change; and
- (5) in children, significant delays in academic skill acquisition or poor attention relative to peers.

C. If neither criterion in item A nor B is fulfilled, neuropsychological evaluation is not indicated.

D. The neuropsychological assessment must be conducted by a neuropsychologist with competence in the area of neuropsychological assessment as stated to the Minnesota Board of Psychology and be:

- (1) validated by a diploma awarded to the neuropsychologist by the American Board of Clinical Neuropsychology;
- (2) approved by the commissioner as an eligible provider of neuropsychological assessment prior to December 31, 2010;
- (3) granted a provisional approval by the commissioner to an individual for up to two years pending validation by a diploma granted to the neuropsychologist by the American Board of Clinical Neuropsychology; or
- (4) credentialed by another state which has equivalent diploma status requirements.

## Subp. 3. Neuropsychological testing.

A. Medical assistance covers neuropsychological testing when the client has either:

- (1) a significant mental status change that is not a result of a metabolic disorder that has failed to respond to treatment; or
- (2) a significant behavioral change, memory loss, or other organic brain injury and one of the following:
  - (a) traumatic brain injury;
  - (b) stroke;
  - (c) brain tumor;
  - (d) substance abuse or dependence;
  - (e) cerebral anoxic or hypoxic episode;
  - (f) central nervous system infection or other infectious disease;
  - (g) neoplasms or vascular injury of the central nervous system;
  - (h) neurodegenerative disorders;

(i) demyelinating disease;

(j) extrapyramidal disease;

(k) exposure to intrathecal agents or cranial radiation known to be associated with cerebral dysfunction; or

(l) a condition presenting in a manner making it difficult for a clinician to distinguish between:

i. the neurocognitive effects of a neurogenic syndrome such as dementia; and

ii. a major depressive disorder when adequate treatment for major depressive disorder has not resulted in improvement in neurocognitive function.

B. Neuropsychological testing must be validated in a face-to-face interview between the client and a licensed neuropsychologist as defined in subpart 2, item D.

C. Neuropsychological testing must be administered or clinically supervised by a neuropsychologist qualified as defined in subpart 2, item D.

D. Neuropsychological testing is not covered when performed:

(1) primarily for educational purposes;

(2) primarily for vocational counseling or training;

(3) for personnel or employment testing;

(4) as a routine battery of psychological tests given at inpatient admission or continued stay; or

(5) for legal or forensic purposes.

Subp. 4. **Psychological testing.** Psychological testing must meet the following requirements:

A. The psychological testing must:

(1) be administered or clinically supervised by a licensed psychologist with competence in the area of psychological testing as stated to the Minnesota Board of Psychology; and

(2) be validated in a face-to-face interview between the client and a licensed psychologist with competence in the area of psychological testing.

B. The administration, scoring, and interpretation of the psychological tests must be done under the clinical supervision of a licensed psychologist when performed by a technician, psychometrist, or psychological assistant or as part of a computer-assisted psychological testing program.

C. The report resulting from the psychological testing must be:

(1) signed by the psychologist conducting the face-to-face interview;

(2) placed in the client's record; and

(3) released to each person authorized by the client.

Subp. 5. **Explanations of findings.** To be eligible for medical assistance payment, the mental health professional providing the explanation of findings must obtain the authorization of the client or the client's representative to release the information as required in part 9505.0371, subpart 6. Explanation of findings is provided to the client, client's family, and caregivers, or to other providers to help them understand the results of the testing or diagnostic assessment, better understand the client's illness, and provide professional insight needed to carry out a plan of treatment. An explanation of findings is not paid separately when the results of psychological testing or a diagnostic assessment are explained to the client or the client's representative as part of the psychological testing or a diagnostic

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assessment.

**Subp. 6. Psychotherapy.** Medical assistance covers psychotherapy as provided in this subpart.

**A.** Individual psychotherapy is psychotherapy designed for one client.

**B.** Family psychotherapy is designed for the client and one or more family members or the client's primary caregiver whose participation is necessary to accomplish the client's treatment goals. Family members or primary caregivers participating in a therapy session do not need to be eligible for medical assistance. For purposes of this subpart, the phrase "whose participation is necessary to accomplish the client's treatment goals" does not include shift or facility staff members at the client's residence. Medical assistance payment for family psychotherapy is limited to face-to-face sessions at which the client is present throughout the family psychotherapy session unless the mental health professional believes the client's absence from the family psychotherapy session is necessary to carry out the client's individual treatment plan. If the client is excluded, the mental health professional must document the reason for and the length of time of the exclusion. The mental health professional must also document the reason or reasons why a member of the client's family is excluded.

**C.** Group psychotherapy is appropriate for individuals who because of the nature of their emotional, behavioral, or social dysfunctions can derive mutual benefit from treatment in a group setting. For a group of three to eight persons, one mental health professional is required to conduct the group. For a group of nine to 12 persons, a team of at least two mental health professionals or one mental health professional and one mental health practitioner as defined in part 9505.0371, subpart 5, is required to co-conduct the group. Medical assistance payment is limited to a group of no more than 12 persons.

**D.** A multiple-family group psychotherapy session is eligible for medical assistance payment if the psychotherapy session is designed for at least two but not more than five families. Multiple-family group psychotherapy is clearly directed toward meeting the identified treatment needs of each client as indicated in client's treatment plan. If the client is excluded, the mental health professional must document the reason for and the length of the time of the exclusion. The mental health professional must document the reasons why a member of the client's family is excluded.

**Subp. 7. Medication management.** The determination or evaluation of the effectiveness of a client's prescribed drug must be carried out by a physician or by an advanced practice registered nurse, as defined in *Minnesota Statutes*, sections 148.71 to 148.285, who is qualified in psychiatric nursing.

**Subp. 8. Adult day treatment.** Adult day treatment payment limitations include the following conditions.

**A.** Adult day treatment must consist of at least one hour of group psychotherapy, and must include group time focused on rehabilitative interventions, or other therapeutic services that are provided by a multidisciplinary staff. Adult day treatment is an intensive short-term psychotherapeutic treatment. The services must stabilize the client's mental health status, and develop and improve the client's independent living and socialization skills. The goal of adult day treatment is to reduce or relieve the effects of mental illness so that an individual is able to benefit from a lower level of care and to enable the client to live and function more independently in the community. Day treatment services are not a part of inpatient or residential treatment services.

**B.** To be eligible for medical assistance payment, a day treatment program must:

(1) be reviewed by and approved by the commissioner;

(2) be provided to a group of clients by a multidisciplinary staff under the clinical supervision of a mental health professional;

(3) be available to the client at least two days a week for at least three consecutive hours per day. The day treatment may be longer than three hours per day, but medical assistance must not reimburse a provider for more than 15 hours per week;

(4) include group psychotherapy done by a mental health professional, or mental health practitioner qualified according to part 9505.0371, subpart 5, item C, and rehabilitative interventions done by a mental health professional or mental health practitioner daily;

(5) be included in the client's individual treatment plan as necessary and appropriate. The individual treatment plan must include attainable, measurable goals as they relate to services and must be completed before the first day treatment session. The vendor must review the recipient's progress and update the treatment plan at least every 30 days until the client is discharged and include an available discharge plan for the client in the treatment plan; and

(6) document the interventions provided and the client's progress daily.

C. To be eligible for adult day treatment, a recipient must:

(1) be 18 years of age or older;

(2) not be residing in a nursing facility, hospital, institute of mental disease, or regional treatment center, unless the recipient has an active discharge plan that indicates a move to an independent living arrangement within 180 days;

(3) have a diagnosis of mental illness as determined by a diagnostic assessment;

(4) have the cognitive capacity to engage in the rehabilitative nature, the structured setting, and the therapeutic parts of psychotherapy and skills activities of a day treatment program and demonstrate measurable improvements in the recipient's functioning related to the recipient's mental illness that would result from participating in the day treatment program;

(5) have at least three areas of functional impairment as determined by a functional assessment with the domains prescribed by *Minnesota Statutes*, section 245.462, subdivision 11a;

(6) have a level of care determination that supports the need for the level of intensity and duration of a day treatment program;  
and

(7) be determined to need day treatment by a mental health professional who must deem the day treatment services medically necessary.

D. The following services are not covered by medical assistance if they are provided by a day treatment program:

(1) a service that is primarily recreation-oriented or that is provided in a setting that is not medically supervised. This includes: sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours;

(2) a social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the client's mental illness;

(3) consultation with other providers or service agency staff about the care or progress of a client;

(4) prevention or education programs provided to the community;

(5) day treatment for recipients with primary diagnoses of alcohol or other drug abuse;

(6) day treatment provided in the client's home;

(7) psychotherapy for more than two hours daily; and

(8) participation in meal preparation and eating that is not part of a clinical treatment plan to address the client's eating disorder.

**Subp. 9. Partial hospitalization.** Partial hospitalization is a covered service when it is an appropriate alternative to inpatient hospitalization for a client who is experiencing an acute episode of mental illness that meets the criteria for an inpatient hospital admission as specified in part 9505.0520, subpart 1, and who has the family and community resources necessary and appropriate to support the client's residence in the community. Partial hospitalization consists of multiple intensive short-term therapeutic services provided by a multidisciplinary staff to treat the client's mental illness.

**Subp. 10. Dialectical behavior therapy (DBT).** Dialectical behavior therapy (DBT) treatment services must meet the following criteria:

A. DBT must be provided according to this subpart and *Minnesota Statutes*, section 256B.0625, subdivision 5I;

B. DBT is an outpatient service that is determined to be medically necessary by either: (1) a mental health professional qualified according to part 9505.0371, subpart 5, or (2) a mental health practitioner working as a clinical trainee according to part 9505.0371, subpart

# Proposed Rules

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5, item C, who is under the clinical supervision of a mental health professional according to part 9505.0371, subpart 5, item D, with specialized skill in dialectical behavior therapy. The treatment recommendation must be based upon a comprehensive evaluation that includes a diagnostic assessment and functional assessment of the recipient, and review of the recipient's prior treatment history. Treatment services must be provided pursuant to the recipient's individual treatment plan and provided to a recipient who satisfies the criteria in item C.

C. To be eligible for DBT, a recipient must:

(1) be 18 years of age or older;

(2) have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community-based services;

(3) meet one of the following criteria:

(a) have a diagnosis of borderline personality disorder; or

(b) have multiple mental health diagnoses and exhibit behaviors characterized by impulsivity, intentional self-harm behavior, and be at significant risk of death, morbidity, disability, or severe dysfunction across multiple life areas;

(4) understand and be cognitively capable of participating in DBT as an intensive therapy program and be able and willing to follow program policies and rules assuring safety of self and others; and

(5) be at significant risk of one or more of the following if DBT is not provided:

(a) mental health crisis;

(b) requiring a more restrictive setting such as hospitalization;

(c) decompensation; or

(d) engaging in intentional self-harm behavior.

D. The treatment components of DBT are individual therapy and group skills as follows:

(1) Individual DBT combines individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional behaviors and reinforce the use of adaptive skillful behaviors. The therapist must:

(a) identify, prioritize, and sequence behavioral targets;

(b) treat behavioral targets;

(c) generalize DBT skills to the client's natural environment through telephone coaching outside of the treatment session;

(d) measure the client's progress toward DBT targets;

(e) help the client manage crisis and life-threatening behaviors; and

(f) help the client learn and apply effective behaviors when working with other treatment providers.

(2) Individual DBT therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

(3) Group DBT skills training combines individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce the client's suicidal and other dysfunctional coping behaviors and restore function by teaching the client adaptive skills in the following areas:

(a) cognitive restructuring, anger management, and crisis-management skills necessary to tolerate distress and regulate emotion;

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# Proposed Rules

(b) communication, behavior management, engagement, leisure, and social skills necessary to function in the community; and

(c) assertiveness, interpersonal, and problem-solving skills necessary for interpersonal effectiveness.

(4) Group DBT skills training is provided by two mental health professionals, or by a mental health professional cofacilitating with a mental health practitioner.

E. A program must apply to the commissioner to be certified as a DBT provider. To qualify for certification, a provider must demonstrate the following:

(1) the program holds current accreditation as a DBT program from a nationally recognized certification body approved by the commissioner;

(2) is enrolled as a provider; and

(3) collects and reports client outcomes as specified by the commissioner.

F. The DBT treatment team must consist of persons who are trained in DBT treatment. The DBT treatment team may include persons from more than one agency. Professional and clinical affiliations with the DBT team must be delineated. The DBT multidisciplinary team must have at least one member who is certified as a DBT clinician by a nationally recognized certification body that is approved by the commissioner, and meets the following qualifications, training, and supervision standards:

(1) A DBT team leader must:

(a) be a mental health professional employed by, affiliated with, or contracted by a DBT program certified by the commissioner;

(b) have appropriate competencies and working knowledge of the DBT principles and practices; and

(c) have knowledge of and ability to apply the principles and DBT practices that are consistent with evidence-based practices.

(2) DBT team members who provide individual DBT or group skills training must:

(a) be a mental health professional or be a mental health practitioner, who is employed by, affiliated with, or contracted with a DBT program certified by the commissioner;

(b) have or obtain appropriate competencies and working knowledge of DBT principles and practices within the first six months of becoming a part of the DBT program;

(c) have or obtain knowledge of and ability to apply the principles and practices of DBT consistently with evidence-based practices within the first six months of working at the DBT program;

(d) participate in DBT consultation team meetings; and

(e) require mental health practitioners to have ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of DBT principles and practices.

Subp. 11. **Noncovered services.** The mental health services in items A to J are not eligible for medical assistance payment under this part:

A. a mental health service that is not medically necessary;

B. a neuropsychological assessment carried out by a person other than a neuropsychologist who is qualified according to part 9505.0372, subpart 2, item D;

C. a service ordered by a court that is solely for legal purposes and not related to the recipient's diagnosis or treatment for mental illness;

# Proposed Rules

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D. services dealing with external, social, or environmental factors that do not directly address the recipient's physical or mental health;

E. a service that is only for a vocational purpose or an educational purpose that is not mental health related;

F. staff training that is not related to a client's individual treatment plan or plan of care;

G. child and adult protection services;

H. fund-raising activities;

I. community planning; and

J. client transportation.

**RENUMBERING INSTRUCTION.** In each part of *Minnesota Rules* referred to in column A, the revisor of statutes shall delete the reference in column B and insert the reference in column C.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<u>9505.0260, subpart 1,item A</u>	<u>9505.0323, subpart 2</u>	<u>9505.0371, subpart 2</u>
<u>9505.0260, subpart 1,item B</u>	<u>9505.0323, subpart 1,item D</u>	<u>9505.0370, subpart 6</u>
<u>9505.0260, subpart 3</u>	<u>9505.0323</u>	<u>9505.0370 to 9505.0372</u>
<u>9505.0260, subpart 5</u>	<u>9505.0323, subpart 27</u>	<u>9505.0372, subpart 11</u>
<u>9505.0322, subpart 1</u>	<u>9505.0323, subpart 1</u>	<u>9505.0370</u>
<u>9505.0322, subpart 3</u>	<u>9505.0323, subpart 4</u>	<u>9505.0370 to 9505.0372</u>
<u>9505.0322, subpart 4,</u> <u>item B, subitem (2)</u>	<u>9505.0323, subpart 20</u>	<u>9505.0371, subpart 6</u>
<u>9505.0322, subpart 11</u>	<u>9505.0323, subpart 26</u>	
<u>9505.0386, subpart 2</u>	<u>9505.0323</u>	<u>9505.0370 to 9505.0372</u>
<u>9505.2175, subpart 2,item G</u>	<u>9505.0323, subpart 1</u>	<u>9505.0370, subpart 15</u>
<u>9520.0902, subpart 29</u>	<u>9505.0323, subpart 31</u>	<u>9505.0371, subpart 5.items B and C</u>
<u>9535.4056</u>	<u>9505.0323, subpart 26</u>	<u>Minnesota Statutes, section 256B.0943</u>

**REPEALER.** *Minnesota Rules*, parts 9505.0175, subparts 18 and 20; and 9505.0323, are repealed January 1, 2011.

**EFFECTIVE DATE.** *Minnesota Rules*, parts 9505.0370 to 9505.0372, are effective January 1, 2011.



# 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.

## Key Announcements

The Official Notices section gives you a “heads up” on important state meetings and announcements. The *State Register* reaches a huge audience of interested “eyes” every week. Remember to publish your notices here - it only costs \$13.60 per 1/10 of a page used in the *State Register* - it’s the least expensive legal advertising in the state.

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## Minnesota Department of Human Services (DHS)

### Adult Mental Health Division

#### Notice of Request for Information to Solicit Recommendations for the Development of Alternative Service Models in the Seven-county Metropolitan Region to Transform the Current Services Now Provided to Individuals Served at Anoka Metro Regional Treatment Center

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Human Services (DHS) is soliciting recommendations and proposed models from the Local Mental Health Authorities in the seven-county Twin City metropolitan region who are served by Anoka Metro Regional Treatment Center (AMRTC). The DHS is interested in gaining information from the seven counties served by AMRTC and its array of service providers regarding what formalized models are feasible to offer the full array of community-based mental health services from acute care to housing with supports using, in part, staff from AMRTC who will continue to be state employees. The target population to be served is approximately 100 adults who have multiple disabilities and multiple diagnoses with poorly managed chronic medical conditions and/or behavioral dysfunction and chronic functional deficits who have been treated by AMRTC or are at risk of being committed to the commissioner of human services for treatment at AMRTC. The DHS is especially interested in recommendations for regional models involving more than one or more counties and multiple providers that build upon current successful partnerships and could potentially serve as a foundation for the Accountable Care Organizations (ACO) proposed in the future under health care reform. Approximately \$3.5 million representing the cost of state funded professional, direct care and support staff is available.

Recommendations and proposed models will; be summarized, shared with and informed by the legislatively required Advisory Task Force for inclusion in a legislative report due on November 30, 2010.

For more information, or to obtain a copy of the Request for Information, contact :

Sharon Autio, Director  
Adult Mental Health Division  
Department of Human Services

# Official Notices

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444 Lafayette Road. N.  
St. Paul, MN 55155  
**Phone:** (612) 431-2228  
**E-mail:** *Sharon.autio@state.mn.us*

This is the only person designated to answer questions by potential responders regarding this RFI.

Responses submitted to this Request for Information must be received at the address above no later than **4:00 p.m., Central Time, November 17, 2010. 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 Adult Mental Health website at:  
*<http://www.dhs.state.mn.us/MHDivision>*

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.

## State Board of Investment Notice to Institutional Investment Management Firms for Consideration to Potentially Manage a Portion of the Pension Assets and Other Accounts

The Minnesota State Board of Investment (MSBI) retains institutional investment management firms to manage a portion of the pension assets and other accounts under its control. Periodically, the MSBI will conduct a search for institutional investment management firms on an as needed basis. For additional information on the domestic stock, international stock, or domestic bond portfolio programs for the MSBI, firms are asked to write to the following address for additional information:

External Manager Program  
Minnesota State Board of Investment  
60 Empire Drive, Suite 355  
St. Paul, MN 55103-3555  
**Telephone:** (651) 296-3328  
**Fax:** (651) 296-9572  
**E-mail:** *minn.sbi@state.mn.us*

Please refer to this notice in your written request.

## Department of Labor and Industry (DLI) Labor Standards Unit Notice of Prevailing Wage Determinations for Residential Projects

On October 11, 2010, the commissioner determined and certified prevailing wage rates for Residential construction projects subject to *Laws of Minnesota, 2009*, Chapter 138, Article 3, Section 8 in each of 87 Counties statewide.

Copies may be obtained by writing the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road North, St. Paul, Minnesota 55155-4306, or by calling (651)284-5091, or accessing our web site at *[www.dli.mn.gov](http://www.dli.mn.gov)*. Charges for the cost of copying and mailing at \$.25 per page for the first 100 pages, \$.65 per page after that. Make check or money order payable to the State of Minnesota.

Steve Sviggum, Commissioner

**Minnesota Pollution Control Agency (MPCA)  
Regional Division****Notice of Availability of Draft Lake Sarah Nutrient TMDL Report and Request  
for Comment****Public Notice Period Begins:****October 11, 2010****Public Notice Period Ends:****November 10, 2010**

The Minnesota Pollution Control Agency (MPCA) is requesting comments on the draft Report for the Lake Sarah Nutrient Total Maximum Daily Load (TMDL). The draft TMDL Report for Lake Sarah is available for review at

<http://www.pca.state.mn.us/index.php/water/water-types-and-programs/minnesotas-impaired-waters-and-tmdls/tmdl-projects/draft/public-noticed-tmdls.html>

Following the comments, the MPCA will revise the draft TMDL Report and submit it to the U.S. Environmental Protection Agency (EPA) for approval. Comments must be sent to the MPCA contact person listed below by November 10, 2010.

Required by the federal Clean Water Act, a TMDL is a scientific study that calculates the maximum amount of a pollutant that a waterbody can receive and still meet water quality standards for that pollutant. It is a process that identifies all the sources of the pollutant causing an impairment and allocates necessary reductions among them. This multi-year effort results in a pollution reduction plan and engages stakeholders and the general public. An approved TMDL is followed by implementation activities for achieving the necessary reductions.

Lake Sarah is a 552-acre lake located in west central Hennepin County in the Pioneer-Sarah Creek Watershed. The lake has a maximum depth of 60 feet, mean depth of 18.2 feet, and is used extensively for fishing, boating and aesthetic viewing. Lake Sarah receives runoff from a 4,608-acre predominantly agricultural watershed which contains portions of five municipalities - Greenfield, Independence, Corcoran, Loretto, and Medina. The State placed Lake Sarah on the 2006 impaired waters list for aquatic recreation because it exceeds the water quality standard for nutrients. Excess nutrients such as phosphorus create poor water quality conditions causing frequent summer algal blooms which limit recreational activities. Lake Sarah receives excess phosphorus loading from the watershed and also from internal lake recycling mechanisms. The watershed phosphorus load will need to be reduced by 53 percent and internal loading must be reduced by 100 percent (to attain background levels) for Lake Sarah to meet water quality standards. Implementation efforts will focus on reducing both the internal and external phosphorus loads.

**Agency Contact Person.** Written or oral comments, petitions, questions, or requests to receive a draft of the TMDL Report, and requests for more information should be directed to:

Barb Peichel

Minnesota Pollution Control Agency

520 Lafayette Road North

St. Paul, MN 55155-4194

**Phone:** (651) 757-2646**Minnesota Toll Free:** 1-800-657-3864**Fax:** (651) 297-8676**E-mail:** [Barbara.Peichel@state.mn.us](mailto:Barbara.Peichel@state.mn.us)**TTY** users may call the MPCA teletypewriter at (651) 282-5332 or 1-800-657-3864.

**Preliminary Determination on the draft TMDL Report:** The MPCA Commissioner has made a preliminary determination to submit this TMDL Report to the EPA for final approval. A draft TMDL Report and fact sheet are available for review at the MPCA office at the address listed above, and at the MPCA Web site:

<http://www.pca.state.mn.us/index.php/water/water-types-and-programs/minnesotas-impaired-waters-and-tmdls/tmdl-projects/draft/public-noticed-tmdls.html>

Suggested changes will be considered before the final TMDL Report is sent to the EPA for approval.

**Written Comments:** You may submit written comments on the conditions of the draft TMDL Report or on the Commissioner's preliminary determination.

# Official Notices

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Written comments must include the following:

1. A statement of your interest in the draft TMDL Report;
2. A statement of the action you wish the MPCA to take, including specific references to sections of the draft TMDL that you believe should be changed; and
3. The reasons supporting your position, stated with sufficient specificity as to allow the Commissioner to investigate the merits of your position.

**Petition for Public Informational Meeting:** You also may request that the MPCA Commissioner hold a public informational meeting. A public informational meeting is an informal meeting that the MPCA may hold to solicit public comment and statements on matters before the MPCA, and to help clarify and resolve issues.

A petition requesting a public informational meeting must include the following information:

1. A statement identifying the matter of concern;
2. The information required under items 1 through 3 of "Written Comments," identified above;
3. A statement of the reasons the MPCA should hold a public informational meeting; and
4. The issues that you would like the MPCA to address at the public informational meeting.

**Petition for Contested Case Hearing:** You also may submit a petition for a contested case hearing. A contested case hearing is a formal evidentiary hearing before an administrative law judge. In accordance with *Minnesota Rules* 7000.1900, the MPCA will grant a petition to hold a contested case hearing if it finds that: (1) there is a material issue of fact in dispute concerning the application or draft TMDL Report; (2) the MPCA has the jurisdiction to make a determination on the disputed material issue of fact; and (3) there is a reasonable basis underlying the disputed material issue of fact or facts such that the holding of the contested case hearing would allow the introduction of information that would aid the MPCA in resolving the disputed facts in making a final decision on the draft TMDL Report. A material issue of fact means a fact question, as distinguished from a policy question, whose resolution could have a direct bearing on a final MPCA decision.

A petition for a contested case hearing must include the following information:

1. A statement of reasons or proposed findings supporting the MPCA decision to hold a contested case hearing according to the criteria in *Minnesota Rules* 7000.1900, as discussed above; and
2. A statement of the issues proposed to be addressed by a contested case hearing and the specific relief requested or resolution of the matter.

In addition and to the extent known, a petition for a contested case hearing should also include the following information:

1. A proposed list of prospective witnesses to be called, including experts, with a brief description of proposed testimony or summary of evidence to be presented at a contested case hearing;
2. A proposed list of publications, references, or studies to be introduced and relied upon at a contested case hearing; and
3. An estimate of time required for you to present the matter at a contested case hearing.

**MPCA Decision:** You may submit a petition to the Commissioner requesting that the MPCA Citizens' Board (Board) consider the TMDL Report approval. To be considered timely, the petition must be received by the MPCA by 4:30 p.m. on the date the public comment period ends, identified on page 1 of this notice. Under the provisions of *Minnesota Statutes* § 116.02, subd 6(4), the decision whether to submit the TMDL Report and, if so, under what terms will be presented to the Board for decision if: (1) the Commissioner grants the petition requesting the matter be presented to the Board; (2) one or more Board members request to hear the matter before the time the Commissioner makes a final decision on the TMDL Report; or (3) a timely request for a contested case hearing is pending. You may participate in the activities of the MPCA Board as provided in *Minnesota Rules* 7000.0650.

The written comments, requests, and petitions submitted on or before the last day of the public comment period will be considered in the final decision on this TMDL Report. If the MPCA does not receive written comments, requests, or petitions during the public comment period, MPCA staff as authorized by the Board, will make the final decision on the draft TMDL Report.

**Department of Transportation (Mn/DOT)  
Engineering Services Division,  
Office of Construction and Innovative Contracting  
Notices of Suspension and Debarment****NOTICE OF SUSPENSION**

**NOTICE IS HEREBY GIVEN** that the Department of Transportation (Mn/DOT) has ordered that the following vendors be suspended effective December 28, 2009, until final disposition of the hearing or hearing appeal:

Riley Bros. Companies Inc. and its affiliates, Morris MN  
Riley Bros. Construction Inc. and its affiliates, Morris MN  
Riley Bros. Properties, LLC, and its affiliates, Morris MN  
Riley Bros. Utilities, Inc. dba/Chris Riley Utilities, Inc. and its affiliates, Morris MN

**NOTICE OF DEBARMENT**

**NOTICE IS HEREBY GIVEN** that the Department of Transportation (Mn/DOT) has ordered that the following vendors be debarred for a period of three (3) years effective February 24, 2010 until February 24, 2013:

Joseph Edward Riley, Morris, MN  
John Thomas Riley, Morris, MN

*Minnesota Statutes*, Section 161.315, prohibits the Commissioner, counties, towns or home rule or statutory cities from awarding or approving the award of a contract for goods or services to a person who is suspended or debarred; including

- 1) any contract under which a debarred or suspended person will serve as a subcontractor or material supplier,
- 2) any business or affiliate which the debarred or suspended person exercises substantial influence or control, and
- 3) any business or entity which is sold or transferred by a debarred person remains ineligible during the period of the seller's or transfer's debarment.

# 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.

## Community 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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- **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 Loretta J. Diaz, our subscriptions manager, at (651) 297-8777, or **Fax:** (651) 297-8260, or **E-mail:** [loretta.diaz@state.mn.us](mailto:loretta.diaz@state.mn.us)

## Department of Natural Resources (DNR)

### Forestry Division

### Community Forest Bonding Grants for Planting a Diverse Community Forest and for the Removal and Replacement of EAB-infested Public Ash Trees 2010 to 2012

#### GENERAL GUIDELINES and INFORMATION

#### Eligible Applicants and Activities:

**Planting for Diversity projects:** All Cities, Counties and Townships are eligible to apply, as well as Park and Recreation Boards in cities of the first class. All trees planted using bonding funds must be species native to Minnesota.

**EAB-Infested Ash Removal and Replanting projects:** All Cities, Counties and Townships, as well as Park and Recreation Boards in cities of the first class are eligible who have a known EAB infestation within their boundaries or have public lands within a one mile radius of state-designated "known EAB infested areas."

#### Dates

Applications available:	October 5, 2010
Application deadline:	Friday, November 19, 2010 by 4:30 pm
Project selection:	All applicants will be notified by December 17, 2010
Project implementation:	Grant agreements executed and work can begin in February, 2011
Project completion:	Funded projects must be completed by May 25, 2012

#### Application Procedures

Complete the online application form and postal mail to DNR Forestry as directed in the Grant Guidelines. Faxes and e-mails will NOT be accepted. Applications must be received by Friday, November 19, 2010.

## Selection Process

The DNR Community Forestry Technical Team will review and evaluate grant applications and prioritize proposals. The Community Forest Grants Steering Committee will determine which projects will be funded and grantees will be notified by December 17, 2010.

## Questions?

Please check the grant program web page before calling or e-mailing DNR Forestry staff. See

<http://www.dnr.state.mn.us/grants/forestmgmt/commforestbonding.html>

Answers to frequently asked questions (FAQs) will be posted and updated weekly. If you do not obtain an answer online, contact DNR Forestry at (651) 259-5300, and ask to be transferred to the first available Community Forestry Team member.

## 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](http://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 days

## Business Expansion Opportunities

The state spends about \$2 billion a year on 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.

Subscribers receive a list of **all current contracts and grants**, as well as LINKS to the *State Register*, Bookmarks, and a growing INDEX to each volume, including the current issue, and previous volumes. To view, open the *State Register* and click on BOOKMARKS in the left hand corner. Here's what you receive via e-mail:

- **Word Search Capability**
- **LINKS, LINKS, LINKS**
- **Easy Access to *State Register* Archives**
- **Updates to Index to Vol. 31**
- **"Contracts & Grants" Open for Bid**
- **Early delivery, on Friday**
- **E-mailed to you . . . its so easy**
- **Indexes to Vols. 31, 30, 29, 28 and 27**

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# State Contracts

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## Minnesota State Colleges and Universities (MnSCU) Bemidji State University Notice of Request for Proposals for Bookstore Management

NOTICE IS HEREBY GIVEN that Bemidji State University will receive sealed proposals for management of an on-campus bookstore. Specifications will be available October 11, 2010, at the following Bemidji State University website:

*[http://www.bemidjistate.edu/offices/procurement\\_logistics/rfps\\_bids/](http://www.bemidjistate.edu/offices/procurement_logistics/rfps_bids/)*

Sealed proposals must be received by Belinda Lindell, Director of Procurement & Logistics, Bemidji State University, Deputy 204, Box 8, 1500 Birchmont Drive NE, Bemidji, MN 56601, by 2:00 PM, November 16, 2010.

Bemidji State University reserves the right to reject any or all proposals and to waive any irregularities or informalities in proposals received. This Request for Proposal does not obligate the University to complete a proposed contract, and the University reserves the right to cancel the solicitation if it is considered to be in its best interest.

## Minnesota State Colleges and Universities (MnSCU) Office of the Chancellor - Facilities Design and Construction 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 two-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](http://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](http://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) 201-1780, or  
E-mail: *[Nancy.marandola@so.mnscu.edu](mailto: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 5, 2010 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-Brooklyn Park Advertisement for Bids for Remodeling of the Ford ASSET Building

**Sealed Bids for:** Ford ASSET Remodel at Brooklyn Park Campus  
Ford ASSET Building  
Hennepin Technical College-Brooklyn Park  
9000 Brooklyn Boulevard, Brooklyn Park, MN 55445

**will be received by:** Pauline Arnst, Purchasing  
Hennepin Technical College  
Brooklyn Park Campus  
9000 Brooklyn Boulevard,  
Brooklyn Park, MN 55445

Until **1:00 PM, local time, Tuesday, October 26, 2010** at which time the bids will be opened in room C103 at the Brooklyn Park campus and publicly read aloud.

**Project Scope:** The remodeling will affect approximately 1,800 square feet of the existing Ford ASSET building located on the main level of the Brooklyn Park Campus of Hennepin Technical College. Work will include but is not limited to: minor demolition, new masonry and drywall partitions, new toilet and lavatory, doors and hardware, new accessible ramp, flooring, suspended ceilings, specialties and finishes, mechanical modifications to HVAC systems, and electrical modifications to power and light fixtures.

**A Pre-Bid Meeting** will be held at **1:00 PM, Wednesday, October 20th, 2010** in Room C103, at the Brooklyn Park Campus of Hennepin Technical College. The Architect/Engineer and/or College/University Representatives will review the bidding procedures, Bidding Documents and other conditions with interested Bidders and answer questions.

Bidding Documents are as prepared by the Project Architect/Engineer; TSP Inc.

Interested parties may view the Bidding Documents at no cost on the website:

*<http://www.finance.mnscu.edu/facilities/design-construction/index.html>*

and click on "Announcements", then click on "Advertisement for Bids (E-Plan Room)". Bidding Documents can be downloaded for a non-refundable charge of \$10.00. Planholders are parties that have downloaded the plans and specifications. Planholders will be notified via email as addenda are issued. Parties that download the plans and specifications and need to have them printed elsewhere are solely responsible for those printing costs. The sales of paper copies for projects listed on this site are not available.

Contact QuestCDN.com at 952-233-1632 or [info@questcdn.com](mailto:info@questcdn.com) for assistance in viewing or downloading with this digital project information.

# State Contracts

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## Minnesota State Colleges and Universities (MnSCU) Minneapolis Community & Technical College, on behalf of ten (10) MnSCU Metro Area Schools NOTICE OF INTENT to Request Proposals for Banking Services

The ten (10) schools are: Anoka Technical College, Anoka-Ramsey Community College, Century College, Hennepin Technical College, Inver Hills Community College, Metropolitan State University, Minneapolis Community and Technical College, Normandale Community College, North Hennepin Community College and Saint Paul College.

**Description:** Ten MnSCU Metro Area schools are collectively seeking proposals for Banking Services.

**Pre-Bid Meeting:** A mandatory pre-bid meeting will be held Tuesday October 19, 2010 at Minneapolis Community and Technical College, 1501 Hennepin Ave., Minneapolis, MN 55403 at 9 a.m. in Room L3100.

**Due Date:** Proposals are due Friday November 12, 2010 at 11:00 a.m.

Contact for further information and to obtain copies of the Request for Proposal:

Michael Noble-Olson  
Minneapolis Community and Technical College  
1501 Hennepin Avenue So.  
Minneapolis, MN 55403  
**Telephone:** (612) 659-6866  
**E-mail:** [michael.noble-olson@minneapolis.edu](mailto:michael.noble-olson@minneapolis.edu)

## Department of Education Notice of Availability of Contract for Evaluation of Alternative Delivery of Specialized Instructional Services (ADSIS) Program

The Minnesota Department of Education (MDE) is soliciting proposals to conduct a formative and summative evaluation of the Alternative Delivery of Specialized Instructional Services (ADSIS) program, a targeted funding program to reduce referrals to special education or other related services. *Minnesota Statutes* § 125A.50 (<https://www.revisor.mn.gov/statutes/?id=125A.50>) details the specific requirements and funding authority for the Alternative Delivery of Specialized Instructional Services.

Numerous Minnesota school districts/charter schools provide ADSIS instruction and services to K-12 pupils needing additional academic and behavioral supports to succeed in the general education environment. Each participating district/charter school develops a unique ADSIS program that utilizes research-based interventions to address student needs of their population, facilitate student academic and behavioral success, and decrease the likelihood of participating students needing referral to special education or related services. Each year, school districts and charter schools in Minnesota have the opportunity to apply for ADSIS state aid. The number of schools participating in the ADSIS program may vary from year to year. For the 2010-2011 school year, seventy-three districts and charter schools have been approved to receive state aid to provide alternative delivery of specialized instructional services.

The term of the initial two year contract period is anticipated to run from November, 2010, to about October, 2012, with the option to extend an additional 3 years in one year extensions not to exceed a total of 5 years. The cost proposal and workplan should be based on a 5 year workplan.

The Department has estimated the cost of this project should not exceed \$70,000 per year. The initial contract period, anticipated to be two years, would be in the amount of \$140,000. **The contract is anticipated to be renewed contingent upon continued funding and necessity for an additional three years in one (1) year increments for a total project cost over the 5 year period not to exceed \$350,000.**

Question and Answer due dates are identified in the request for proposals.

A copy of the Request for Proposals will be available by **written request or email** from this office through **November 3, 2010, 4 pm, Central Standard Time**. Please identify the name of the RFP in your request. Direct your request to:

Pat Olsen  
Department of Education  
1500 Highway 36 West – West Wing  
Roseville, Minnesota 55113-4266  
**Phone:** (651) 582-8579  
**E-mail:** *Patricia.olsen@state.mn.us*

No requests for a copy of the solicitation may be submitted through fax or phone.

Proposals submitted in response to the Request for Proposals must be received by the Department – Attention: Faye Lovell at the address above, no later than **November 3, 2010, 4 pm, Central Standard Time**. Late proposals will **NOT** be considered. Refer to the solicitation document for further details.

This request does not obligate the State to complete the work contemplated in this notice or award a contract. The State reserves the right to cancel this solicitation/RFP if it is in the best interest of the state and funding is not available. All expenses incurred in responding to this notice are solely the responsibility of the responder.

## Department of Natural Resources (DNR) Notice of Availability of Contract for Software and Support Services for an Integrated State Water Quantity and Quality Storage and Analyses System

This availability of contract - for software and support services for an integrated state water quantity and quality storage and analyses system - is a single replacement for several existing systems with expanded capabilities.

The Minnesota Department of Natural Resources is requesting proposals for the purpose of providing a multi agency integrated data system specifically designed for surface and groundwater quantity and quality data storage and processing. The product will provide a linkage of independent systems of the same software and allow the transfer of data and associated parameters between agencies and local partners.

Work is proposed to start after January 1, 2011.

A Request for Proposals will be available by mail from this office through Thursday, October 28, 2010. **A written request (by direct mail or fax) is required to receive the Request for Proposal**. After Thursday, October 28, 2010, the Request for Proposal must be picked up in person.

The Request for Proposal can be obtained from:

Greg Kruse  
MN Department of Natural Resources  
Water Monitoring and Surveys Unit  
500 Lafayette, Road  
St. Paul, MN 55155  
E-mail: *greg.kruse@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 **2:30 p.m., Central Daylight Time, Wednesday, November 3, 2010**. **Late proposals will NOT be considered**. Fax or emailed proposals will **NOT** be considered.

# State Contracts

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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 Transportation (Mn/DOT) Engineering Services Division Notice of Potential Availability of Contracting Opportunities for a Variety of General Organizational Related Activities**

This document is available in alternative formats for persons with disabilities by calling Melissa McGinnis at (651) 366-4644; for persons who are hearing or speech impaired by calling the Minnesota Relay Service at 1-800-627-3529.

Mn/DOT, in conjunction with the Department of Administration, have developed a streamlined approach for fast-tracking select general organization service projects. These general organizational projects may include, but are not limited to, work in the following categories: 1) Develop, implement and summarize internal and external surveys; 2) Recommend best practices in an organizational structure; 3) Assist with organizational health structure; 4) Provide marketing support; 5) Develop, implement and provide support of ad hoc forums; 6) Establish and facilitate collaborative groups, including cross-organization and public-private teams; 7) Provide project management for non-technical initiatives; and 8) Facilitate non-technical activities and events.

This streamlined approach includes developing an email list of firms that are interested in receiving direct notification of general organizational projects. Firms will be added on an on-going basis. Fast-tracked projects will have a shorter advertising period and turn-around time. Firms will be asked to submit responses within 5 business days and will be required to work diligently with Mn/DOT toward establishing a contract upon selection. All projects will be advertised to the public. Your firm will be directly notified that there is a project posted on the Consultant Services Website ([www.dot.state.mn.us/consult](http://www.dot.state.mn.us/consult)) that requires general organizational skills. Please note that this notice is not a solicitation or request for proposals of any kind. Being placed on the list does not guarantee work nor does it obligate Mn/DOT to provide any contracting opportunities under this program

Interested firms should send the following information to the email address below: Firm name, firm contact person, phone number, and email address.

## **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:

Kelly Arneson  
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](http://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.

## Department of Transportation (Mn/DOT) Metro District Notice of Request for Proposals for Property Management Services

The Minnesota Department of Transportation (Mn/DOT) requests proposals for Property Management services for 130,090 square foot office building (Waters Edge building) and 54,000 square foot office building (Regional Traffic Management Center) (RTMC) located at 1500 West County Road B2 in Roseville.

Work is proposed to start after January 31, 2011.

The request for proposal (RFP) may be requested by e-mail from the Contract Administrator at [julie.fiereck@state.mn.us](mailto:julie.fiereck@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 1:00 p.m. Central Daylight Time on **Tuesday, November 2, 2010**. **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 **Wednesday October 27, 2010 at 2:00 p.m.** Central Daylight 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.

## State Contracts

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### Minnesota Zoo

#### Notice of Request for Proposals for the Design, Fabrication, and Installation of Interpretive Materials Related to Our Heart of the Zoo (Phase I)

Requests for proposals for the design, fabrication, and installation of interpretive materials related to our current improvement project known as Heart of the Zoo (Phase I). In particular, this RFP relates to a new indoor penguin exhibit and a children's discovery area known as the Kids' Den. This is a rebid to the previously posted project due to some slight changes in scope.

Details are included in the complete Request for Proposals which is available by e-mailing Angie Guggisberg, Minnesota Zoo Project Manager at [angie.guggisberg@state.mn.us](mailto:angie.guggisberg@state.mn.us). The deadline for submitting a proposal is 11:00AM., CST, October 26, 2010.

This Request for Proposals does not obligate the State of Minnesota or the Minnesota Zoo to complete the work contemplated in this notice and the State reserves the right to cancel this solicitation. All expenses incurred in response to this notice are solely the responsibility of the responder.

### Minnesota Zoo

#### Notice of Requests Proposals for the Hardware and Software Design, Integration, Acquisition, for a Custom Video Projection that Reacts to Visitors

Requests proposals for the hardware and software design, integration, acquisition, for a custom video projection that reacts to visitors. The subject of this projection is African black-footed penguins underwater.

This is a rebid to the previously posted project due to some slight changes in scope.

Details are included in the complete Request for Proposals which is available by e-mailing Angie Guggisberg, Minnesota Zoo Project Manager at [angie.guggisberg@state.mn.us](mailto:angie.guggisberg@state.mn.us). The deadline for submitting a proposal is 11:00AM., CST, October 26, 2010.

This Request for Proposals does not obligate the State of Minnesota or the Minnesota Zoo to complete the work contemplated in this notice and the State reserves the right to cancel this solicitation. All expenses incurred in response to this notice are solely the responsibility of 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.

## Local Business Opportunities

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](mailto: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."

## Transit for Livable Communities

### Request for Proposals for Community Workshop Facilitator for Greenways

Transit for Livable Communities is issuing a Request for Proposals (RFP) for a Community Workshop Facilitator for Greenways for its Bike Walk Twin Cities program. Bike Walk Twin Cities is a program of the federally funded Non-motorized Transportation Pilot Program. The scope of service calls for a series of community based workshops in Minneapolis focused on greenways. The activities in the scope of service include developing workshop materials, conducting workshops, and preparing a final report on the workshop outcomes. The estimated dollar amount for this project is \$25,000. This Request for Proposals does not obligate Transit for Livable Communities to spend the estimated amount.

The RFP can be downloaded from the Transit for Livable Communities Bike Walk web site at [www.bikewalktwincities.org](http://www.bikewalktwincities.org) and is also available by e-mail or mail free of charge by contacting:

Joan Pasiuk  
Program Director  
Transit for Livable Communities  
626 Selby Ave, Second Floor  
St. Paul, MN 55104  
**Phone:** (651) 767-0298 x 109  
**E-mail:** [joanp@tlcminnesota.org](mailto:joanp@tlcminnesota.org)

Proposals must be received no later than noon Central Daylight Time (CDT), November 10, 2010. Transit for Livable Communities reserves the right to reject late responses.

Complete details regarding submission requirements are included within the RFP.

# Non-State Bids, Contracts & Grants

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## University of Minnesota (U of M)

### U of M Oak Street Ramp – Bike Center and Radio Frequency Identification System (RFID)

**MnDOT Project No. SP-097-091-002**

**MINN. Project No. NMTP 8810 (156)**

**U of M Project No. 01-141-09-1662**

University Bike Center will be housed in existing space which was once a bus station in the U of M Oak Street Parking Ramp and will feature:

- ♦ Retail, bike storage, bike maintenance, and meeting space
- ♦ Upgraded electrical, mechanical systems
- ♦ 1,800 finished sq. ft. with adjacent 2,800 sq. ft. secure bike storage
- ♦ 252 sheltered secure bike parking
- ♦ Lockers, restroom, changing facilities and 3 showers
- ♦ Gate and doors secured by electronic card access (to grant 24 hour access to members)
- ♦ Retail bike parts and accessories
- ♦ Bike maintenance shop
- ♦ Meeting space and information for cyclists including safety, how-to classes, printed literature, maps, electronic information kiosk
- ♦ “Nice Ride” bike rentals and loaners

Radio Frequency Identification (RFID) is electronic commuter verification system

- ♦ Bike commuters RFID tag are attached to bicycles which transmit information
- ♦ Sensors are placed throughout campus which read the RFID tag and log the number of trips taken; this information is stored in a database
- ♦ This system verifies bike commuters trips on campus and logs requirements for University/federal benefits, such as Wellness Rewards and commuter tax benefits

The Work shall be completed within 90 calendar days after Notice to Proceed for Bike Center and 120 calendar days for the RFID system.

Prime contract bidding will close 2 p.m., local time, Thursday, November 4, 2010.

Sealed bids will be received by the Regents of the University of Minnesota at Facilities Management Purchasing Services, B15 Donhowe Building, 319 - 15th Avenue SE, Minneapolis, Minnesota 55455, until the stated times, when they will be publicly opened and read aloud.

Bidding Documents may be examined at:

Builder’s Exchanges in Minneapolis and St. Paul, Minnesota.

Reed Construction Data Virtual Plan Room  
Document Processing Center  
30 Technology Drive, Suite 500  
Norcross, GA 30092-2912  
Fax Addenda to: (800) 303-8629

McGraw Hill Construction Plan Room  
(Formerly, F. W. Dodge)  
1401 Glenwood Avenue North  
Minneapolis, MN 55405-1226  
Fax: (612) 381-2295 / Phone: (612) 381-2290

And on-line at: [http://www.uservices.umn.edu/purchasing/construction\\_services.html](http://www.uservices.umn.edu/purchasing/construction_services.html)

U of M Oak Street Ramp – Bike Center and Radio Frequency Identification System (RFID)

MnDOT Project No. SP-097-091-002

MINN. Project No. NMTP 8810 (156)

U of M Project No. 01-141-09-1662



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# Non-State Bids, Contracts & Grants

Obtaining copies of the Bidding Documents shall be the responsibility of the bidding contractor.

Direct all communications regarding this project to Chip Foster, with U of M Purchasing at e-mail: *Foste048@umn.edu*, address: B15 Donhowe Building, 319 - 15th Avenue SE, Minneapolis, Minnesota 55455 phone number: 612 626-6080.

Each prime and subcontract bid shall be accompanied by a bid security of 5% of the maximum amount of the bid in the form of a Surety Bond, certified check, cashier's check.

Minimum wage rates to be paid by the Contractors have been predetermined and are subject to the Work Hours Act of 1962, P.L. 87-581 and implementing regulations.

## **READ CAREFULLY THE WAGE SCALES AND DIVISION A OF THE SPECIAL PROVISIONS AS THEY AFFECT THIS/THESE PROJECT/PROJECTS**

The Minnesota Department of Transportation hereby notifies all bidders:

in accordance with Title VI of the Civil Rights Act of 1964 (Act), as amended and Title 49, *Code of Federal Regulations*, Subtitle A Part 21, Non-discrimination in Federally-assisted programs of the Department of Transportation, it will affirmatively assure that in any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded maximum opportunity to participate and/or to submit bids in response to this invitation, and will not be discriminated against on the grounds of race, color, disability, age, religion, sex or national origin in consideration for an award;

in accordance with Title VI of the Civil Rights Act of 1964 as amended, and Title 23, *Code of Federal Regulations*, Part 230 Subpart A-Equal Employment Opportunity on Federal and Federal-Aid Construction Contracts (including supportive services), it will affirmatively assure increased participation of minority groups and disadvantaged persons and women in all phases of the highway construction industry, and that on any project constructed pursuant to this advertisement equal employment opportunity will be provided to all persons without regard to their race, color, disability, age, religion, sex or national origin;

in accordance with the Minnesota Human Rights Act, *Minnesota Statute* 363A.08 Unfair discriminatory Practices, it will affirmatively assure that on any project constructed pursuant to this advertisement equal employment opportunity will be offered to all persons without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age;

in accordance with the Minnesota Human Rights Act, *Minnesota Statute* 363A.36 Certificates of Compliance for Public Contracts, and 363A.37 Rules for Certificates of Compliance, it will assure that appropriate parties to any contract entered into pursuant to this advertisement possess valid Certificates of Compliance.

If you are not a current holder of a compliance certificate issued by the Minnesota Department of Human Rights and intend to bid on any job in this advertisement you must contact the Department of Human Rights immediately for assistance in obtaining a certificate.

U of M Oak Street Ramp – Bike Center and Radio Frequency Identification System (RFID)  
MnDOT Project No. SP-097-091-002  
MINN. Project No. NMTP 8810 (156)  
U of M Project No. 01-141-09-1662

The following notice from the Minnesota Department of Human Rights applies to all contractors:

“It is hereby agreed between the parties that Minnesota Statute, section 363A.36 and Minnesota Rules, parts 5000.3400 to 5000.3600 are incorporated into any contract between these parties based on this specification or any modification of it. A copy of Minnesota Statute 363A.36 and Minnesota Rules, parts 5000.3400 to 5000.3600 is available upon request from the contracting agency.”

“It is hereby agreed between the parties that this agency will require affirmative action requirements be met by contractors in relation to Minnesota Statute 363A.36 and Minnesota Rules 5000.3600. Failure by a contractor to implement an affirmative action plan or make a good faith effort shall result in revocation of its certificate or revocation of the contract (Minnesota Statute 363A.36, Subd. 2 and 3).”

A minimum goal of 10% Good Faith Effort to be subcontracted to Disadvantaged Business Enterprises.

# Non-State Bids, Contracts & Grants

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The successful prime contract bidder shall furnish Performance and Payment Bonds as describe in attachment **S-1 Requirement of Contract Bond**.

The University reserves the right to reject any and all bids, accept any bid, waive informalities in bids submitted, and waive minor discrepancies in bidding procedures, as it deems to be in its best interest.

This project has been partially funded by a grant for the United States Department of Transportation and shall comply with all the Equal Employment Opportunity and Affirmative Action Policies as set forth by this department. U of M Targeted Business and Urban Community Economic Development Program does not apply reference attachment **RFB -2 DBE Description of Work and Field Monitoring Report**.

Bid result information may be obtained via e-mail request to Mr. Denis Larson at [d-lars@umn.edu](mailto:d-lars@umn.edu)

Prebid access to the work site is limited to specific times and dates. **A pre-bid site tour is scheduled for Tuesday, October 26, 2010 at 9:00 AM. Meet in the 1<sup>st</sup> floor elevator lobby of the U of M Oak Street Parking Ramp, 401 Oak Street SE, Minneapolis, MN 55455.**

REGENTS OF THE UNIVERSITY OF MINNESOTA  
Mr. Denis Larson  
CPPM & Facilities Management Purchasing Manager  
**E-mail:** [d-lars@umn.edu](mailto:d-lars@umn.edu)

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