

93, October 4

P182

4

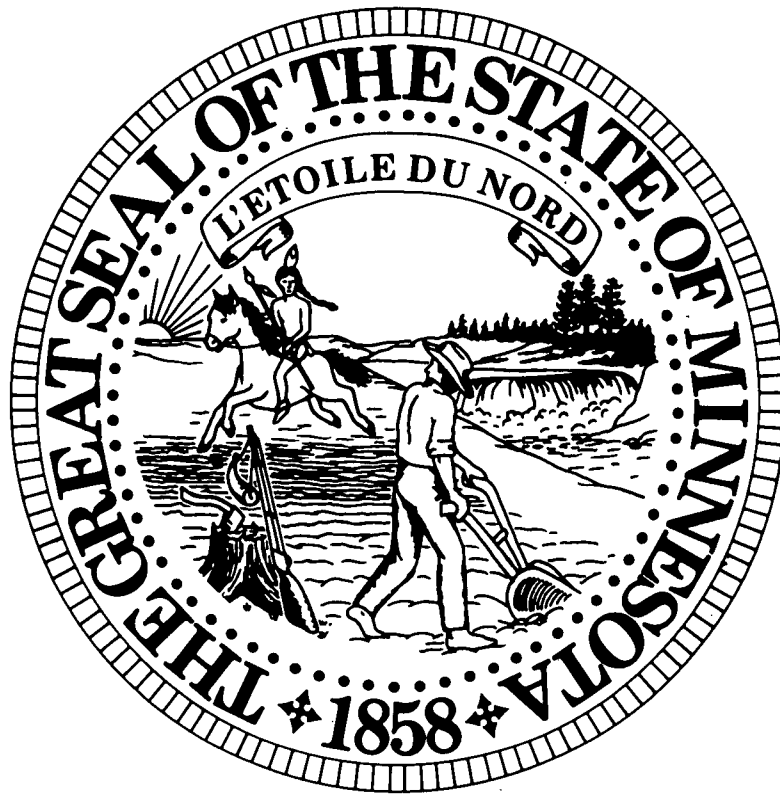
The Minnesota State Register

RECEIVED

SEP 04 1993

LEGISLATIVE REFERENCE LIBRARY
STATE OFFICE BUILDING
ST. PAUL, MINN 55155

Department of Administration—Print Communications Division



Rules edition
Published every Monday
(Tuesday if Monday is a holiday)

Monday 4 October 1993
Volume 18, Number 14
Pages 937-1016

State Register

Judicial Notice Shall Be Taken of Material Published in the *State Register*

The *State Register* is the official publication of the State of Minnesota, containing executive and commissioners' orders, proposed and adopted rules, official and revenue notices, professional, technical and consulting contracts, non-state bids and public contracts, and grants.

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

Printing Schedule and Submission Deadlines

Vol. 18 Issue Number	PUBLISH DATE	Submission deadline for Adopted and Proposed Rules	*Submission deadline for: Emergency Rules, Executive Orders, Commissioner's Orders, Revenue Notices, Official Notices, State Grants, Professional, Technical and Consulting Contracts, Non-State Bids and Public Contracts
14	Monday 4 October	Monday 20 September	Monday 27 September
15	Monday 11 October	Monday 27 September	Monday 4 October
16	Monday 18 October	Monday 4 October	Monday 11 October
17	Monday 25 October	Monday 11 October	Monday 18 October

The *State Register* is published by the State of Minnesota, Department of Administration, Print Communications Division, 117 University Avenue, St. Paul, MN 55155, pursuant to *Minnesota Statutes* § 14.46.

State Register SUBMISSIONS:

Deadline extensions may be possible at the editor's discretion. Requests for deadline extensions should only be made in valid emergency situations. Please call 297-7963 and leave your fax number—you will be faxed a one-page information sheet regarding submissions and a submission calendar.

State Register and *Contracts Supplement* SUBSCRIPTIONS:

- A one year subscription to the *State Register* (published every Monday, except holidays) \$150.00
 - A one year subscription to the *Contracts Supplement* (published every Tuesday, Wednesday, Friday):
 - \$125.00 via first class mail
 - \$140.00 via fax or through our On-Line Service via your computer modem
 - For a free sample demo of the On-Line Service call via your modem: 612/821-4096
 - Item S: *State Register* Modem parameters 8-N-1 1200/2400
 - A 13-week trial subscription which includes both the *State Register* and *Contracts Supplement*. \$60.00
 - Single issues are available for a limited time: *State Register* \$3.50, *Contracts Supplement* .50
- Order by phone: Metro area: 297-3000 Toll free 800-657-3706
Telecommunication Device for the Deaf Metro area: 282-5077 Toll free 800-657-3706

For additional information call 612/297-7963.

No refunds. By purchasing the On-Line access you are agreeing to not redistribute without authorization.

Both editions are delivered postpaid to points in the United States, second class postage paid for the *State Register* at St. Paul, MN, first class for the *Contracts Supplement*. Publication Number 326630 (ISSN 0146-7751). Subscribers who do not receive a copy of an issue should notify the *State Register* circulation manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

Arne H. Carlson, Governor
Debra Rae Anderson, Commissioner
Department of Administration

Kathi Lynch, Director
Print Communications Division
Debbie George, Circulation Manager

Jane E. Schmidley, Acting Editor
612/297-7963

FOR LEGISLATIVE NEWS

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

SENATE

Briefly-Preview—Senate news and committee calendar; published weekly during legislative sessions.

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

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

HOUSE

Session Weekly—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

This Week—weekly interim bulletin of the House.

Session Summary—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

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

Contents

Minnesota Rules: Amendments & Additions

Issue #14 inclusive (Issues #1-13 appeared in #13) 940

Proposed Rules

Natural Resources Department

Administration of Mississippi River Management Plan . . . 941

Adopted Rules

Public Safety Department

Security standards of firearms dealers 944

Emergency Rules

Health Department

Data reporting and collections; aggregate data, commercial insurance companies; others 945

Data reporting and collections; aggregate data, health care providers 949

Data reporting; encounter level 954

Data reporting and collections; aggregate data; hospitals . . 958

Executive Orders

Executive Department

Emergency Executive Order #93-24: Declaring a state of emergency in the State of Minnesota 963

Revenue Notices

Revenue Department

Revenue Notice #93-18: MinnesotaCare—government payments 964

Revenue Notice #93-19: Income tax—unrelated business income taxpayers—net operating loss 964

Revenue Notice #93-21: Sales and use tax—automotive repair, paint and body shops—labor, parts, and supplies 965

Revenue Notice #93-22: Sales and use tax—concession and gaming prizes 966

Revenue Notice #93-23: Sale and use tax—local taxes—credit for taxes paid to another city 967

Official Notices

Finance Department

Maximum interest rate for October 967

Government Innovation and Cooperation Board

Operation procedures 967

Availability of waivers 970

Health Department

Proposed plan for use of administrative penalty and cease and desist order authority 971

License application from the City of St. Paul Fire Department 972

Human Services

Advisory committee meeting 973

Opinions sought regarding proposed amendments governing eligibility to receive payment as a provider, or services as a recipient, in the medical assistance program 973

Current prior authorization list 974

Labor and Industry Department

Prevailing wage certifications for commercial construction projects 997

Correction to prevailing wage rates 998

Public Service Department

Public meetings on alternative vehicle state plan 998

Secretary of State

Notice of vacancies in multi-member agencies 998

Trade and Economic Development Department

Performance evaluation report available to the public on the 1993 Small Cities Development Program 1004

State Grants

Government Innovation and Cooperation Board

Funds available to local units of government and affiliated organizations 1004

Housing Finance Agency

Community rehabilitation fund 1005

Professional, Technical and Consulting Contracts

Administration Department

Proposals sought to expand the state recycling center collection system 1007

Administrative Hearings Office

Proposals sought for administrative law judge services . . 1007

Proposals sought for court reporting and transcription services 1007

Correctional Facility—Red Wing

Religious services sought 1007

Public Safety Department

Proposals sought for Operation Buckle Down 1008

State Designer Selection Board

Proposals sought for project at the University of Minnesota 1008

Transportation Department

Proposals sought for consulting services 1010

Non-State Bids and Public Contracts

Minnesota Historical Society

Proposals sought for pre-press and printing of *Member News* 1012

Awards of State Contracts & Advertised Bids

Commodities and requisitions are advertised in the *State Register Contracts Supplement* published every Tuesday, Wednesday and Friday. For subscription information call 612/297-7963.

Commodity award results are available through the **Materials Management Helpline** 612/296-6963.

Minnesota Rules: Amendments and Additions

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers. Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-657-3757.

Issue #14 (issues #1-13 appeared in #13)

Natural Resources Department

6105.0870 (proposed) 941

Public Safety Department

7504.0100; .0200; .0300; .0400; .0500; .0600 (adopted) 944

River Stories That Warm Your Heart

A Stretch on the River. 1950 novel about the son of a wealthy family who goes to work on a Mississippi River towboat to avoid being drafted. With power, gusto and humor, author Richard Bissel creates an energetic, rowdy, and delightful account of a typical trip up the river, accurately re-creating a colorful era of towboating on America's major waterway. Stock #17-6-SR, \$8.95 plus tax.



Old Times on the Mississippi River. George Merrick's lively, loving, and humorous reminiscences of his steamboat life from the bottom up, as a pantry boy, apprentice engineer, second clerk, and "cub" pilot. First published in 1909, he describes steamboat operations—from machinery and personnel to the economics of the business—with vivid examples and rich detail. 323 pp. includes appendices and index. Stock #17-45-SR. \$8.95 plus tax.

Canoeing with the Cree. Minnesota's distinguished newsman, Eric Sevareid, wrote his book in 1935 about a canoe journey he and a classmate made to Hudson Bay. The classic recounts their trip on the Mississippi, Minnesota and Red River of the North Rivers into Lake Winnipeg, and then God's River to Hudson Bay. 209 pp. includes index, maps and photos. Stock #17-14-SR. \$6.95 plus tax.

TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication, either as is, reduced, or redesigned to suit your format.

Proposed Rules

Pursuant to Minn. Stat. §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Natural Resources

Proposed Permanent Rules Relating to Administration of Mississippi River Management Plan

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

Introduction. The Department of Natural Resources intends to adopt a permanent rule without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rule within 30 days or by November 3, 1993, a public hearing will be held on November 30, 1993. If fewer than 25 persons request a hearing, the commissioner may still proceed with the scheduled public hearing process. To find out whether the rule will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after November 3, 1993 and before November 30, 1993.

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

Sandy Fecht
Department of Natural Resources
Division of Waters
500 Lafayette Road
St. Paul, Minnesota 55155-4032
Telephone (612) 297-2401
Fax (612) 296-0445

Subject of Rule and Statutory Authority: The proposed rule is about the wild and scenic river management plan for parts of the Mississippi River. The statutory authority to adopt the rule is *Minnesota Statutes*, section 103F.321, subdivision 2(a). A copy of the proposed rule is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m. on November 3, 1993 to submit written comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rule. Your request for a public hearing must be in writing and must be received by the agency contact person by 4:30 p.m. on November 3, 1993. Your written request for a public hearing must include your name, address, and telephone number. You are encouraged to identify the portion of the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing. If fewer than 25 persons request a hearing, the commissioner may still proceed with the scheduled public hearing process.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

Modifications. The proposed rule may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must not result in a substantial change in the proposed rule as attached and printed in the *State Register* and must be supported by data and views submitted to the agency or presented at the hearing. If the proposed rule affects you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for November 30, 1993 will be cancelled if the agency does not receive requests from 25 or more persons that a hearing will be held on the rule. If fewer than 25 persons request a hearing, the commissioner may still proceed with the scheduled public hearing process. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call Sandy Fecht at 297-2401 after November 3, 1993 to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit written requests for a public hearing on the rule, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.14 to 14.20. If fewer than 25 persons request a hearing, the commissioner may still proceed with the scheduled public hearing process. The hearing will be held on November 30, 1993 in the Otsego City Hall, 8899 Nashua Avenue, Otsego, Minnesota beginning at 10:00 a.m. and will continue until all interested persons have been heard. The hearing will continue, if necessary, at additional times and places as determined during the hearing by the administrative law judge. The administrative law judge assigned to conduct the hearing is Allen E. Giles. Judge Giles can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138.

Hearing Procedure. If a hearing is held, you and all interested or affected persons including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should relate to the proposed rule. You may also mail written material to the administrative law judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the administrative law judge at the hearing. Comments received during this period will be available for review at the Office of Administrative Hearings. You and the agency may respond in writing within five business days after the submission period ends to any new information submitted. All written materials and responses submitted to the administrative law judge must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. No additional evidence may be submitted during the latter five-day period. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.0200 to 1400.1200 and *Minnesota Statutes*, sections 14.14 to 14.20. Questions about procedure may be directed to the administrative law judge.

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement describes the need for and reasonableness of each provision of the proposed rule. It also includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing, if one is held. The statement may also be reviewed and copies obtained at the cost of reproduction from the Office of Administration Hearings.

Small Business Considerations. This proposed rule has no requirements dealing with the reporting of business activities or specific schedules and deadlines for compliance or reporting requirements of small businesses. Requirements for zoning compliance were consolidated or simplified whenever possible. The department has incorporated where feasible and prudent methods to reduce impacts to small businesses and still fulfill the intent of the Wild and Scenic River Act.

Expenditure of Public Money by Local Public Bodies. The implementation of this rule will not have a total cost of over \$100,000 to local public bodies in either of the two years immediately following the adoption of the rule.

Impact on Agricultural Lands. This rule will not pose any direct adverse impacts on agricultural land as specified in *Minnesota Statutes*, section 17.80 to 17.84.

Lobbyist Registration. *Minnesota Statutes*, chapter 10A requires each lobbyist to register with the Ethical Practices Board. Questions regarding this requirement may be directed to the Ethical Practices Board at First Floor Centennial Office Building, 658 Cedar Street, St. Paul, Minnesota 55155, (612) 296-5148.

Adoption Procedure if No Hearing. If no hearing is required, after the end of the comment period the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. If fewer than 25 persons request a hearing, the commissioner may still proceed with the schedule public hearing process. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's decision on the rule. If you want to be so notified, or wish to receive a copy of the adopted rule, submit your request to Sandy Fecht listed above.

Adoption Procedure After the Hearing. If a hearing is held, after the close of the hearing record, the administrative law judge will issue a report on the proposed rule. You may request to be notified of the date on which the administrative law judge's report will be available, after which date the agency may not take any final action on the rule for a period of five working days. If you want to be notified about the report, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the administrative law judge. You may also request notification of the date on which the rule is adopted and filed with the Secretary of State. The agency's notice of adoption must be mailed on the same day that the rule is filed. If you want to be notified of

the adoption, you may so indicate at the hearing or send a request in writing to the agency contact person at any time prior to the filing of the rule with the Secretary of State.

Dated: 13 September 1993

Rodney W. Sando
Commissioner

Rules as Proposed

6105.0870 ADMINISTRATION OF MANAGEMENT PLAN.

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

Subp. 11. Otsego. The municipality of Otsego shall enact or amend such ordinances and maps as necessary to:

A. establish a recreational river land use district, as identified on the land management maps, plates 1 to 9 in part 6105.0950, and the land use district property descriptions;

B. for the recreational river land use district within Sections 10, 11, 13, 14, and 15, Township 121 North, Range 24 West and Sections 7 and 18, Township 121 North, Range 23 West, conform to the provisions of parts 6105.0010 to 6105.0250, except that minimum lot size shall be 2-1/2 acres; and

C. for the recreational river land use district west of State Highway 101 within Sections 14, 23, 26 and Government Lot 1 and the East 1/2 of the East 1/2 of the Southeast 1/4 of Section 15, Township 121 North, Range 23 West and for the recreational river land use district west of CSAH 36 in Section 26, Township 121 North, Range 23 West, conform to the provisions and administrative procedures of parts 6105.0010 to 6105.0090; 6105.0100, subparts 1 and 2; Urban river class standards in parts 6120.3100, 6120.3200, and 6120.3300, subpart 2b; 6120.3300, subparts 7 to 12; 6120.3800; and 6105.0110 to 6105.0250 with the following exceptions to the provisions of these parts:

(1) minimum lot size:

(a) for lots without public sewer, 40,000 square feet;

(b) for riparian lots with public sewer, 20,000 square feet; or

(c) for nonriparian lots with public sewer, 15,000 square feet; and

(2) minimum lot width at the water line and building line:

(a) for lots without public sewer, 150 feet; or

(b) for lots with public sewer, 75 feet; and

(3) minimum structure setback from the ordinary high water level:

(a) for lots without public sewer, 100 feet; or

(b) for lots with public sewer, 75 feet; and

(4) minimum structure setback from the bluffline, 30 feet; and

(5) impervious surface coverage requirements in part 6120.3300, subpart 11, item B, may be varied without a variance if all of the following criteria and standards are met:

(a) all structures and impervious surfaces are located on slopes less than 13 percent. The physical alteration of slopes shall not be permitted for the purpose of overcoming this limitation;

(b) the site development is designed, implemented, and maintained using the most applicable combination of comprehensive practices that prevent flooding, pollution, erosion, and sedimentation problems consistent with "Protecting Water Quality in Urban Areas, Best Management Practices for Minnesota," Minnesota Pollution Control Agency, October 1989, which is incorporated by reference, is available at the State Law Library, and is not subject to frequent change;

(c) a site development, maintenance, and inspection plan incorporating the comprehensive practices in unit (b) is approved by the local government and implemented; and

(d) a permit is granted by the local government which minimally includes these conditions; and

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

D. for the recreational river land use district within Sections 10, 14, 15, 16, 17, 23, 25, 26, and 36, Township 121 North, Range 23 West that is not listed in item C, conform to the provisions and administrative procedures listed in item C, except minimum lot size shall be 2-1/2 acres and maximum total lot area covered by impervious surface shall be 25 percent and not subject to variability.

Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. §14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. §14.33 and upon the approval of the Revisor of Statutes as specified in §14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under §14.18.

Department of Public Safety

Driver and Vehicle Services

Adopted Permanent Rules Relating to Security Standards of Firearms Dealers

The rules proposed and published at *State Register*, Volume 18, Number 1, pages 24-28, July 6, 1993 (18 SR 24), are adopted as proposed.



Social workers', counselors' and therapists' guides and directories

Chemical Dependency Programs Directory 1993-94. Features comprehensive listings for programs ranging from prevention/intervention services to a wide range of treatment services. Each type of program includes a listing of facilities and description of programs. Stock No. 1-12-SR, \$17.00 + tax.

Process parenting—Breaking the Addictive Cycle. This training manual provides parent education and treatment techniques for professionals working with recovering chemically dependent parents or dysfunctional families. Stock No. 5-4-SR, \$15.00 + tax.

TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

Publication editors: As a public service please reprint this ad in your publications. Thank you.

Emergency Rules

Proposed Emergency Rules

According to Minn. Stat. of 1984, §§14.29-14.30, state agencies may propose adoption of emergency rules if: 1) expressly required; 2) authorized by statute; or 3) if the manner permitted by a directive (given by statute, federal law or court order) does not allow for compliance with sections 14.14-14.28. The agency must, however, publish a notice of intent to adopt emergency rules, along with the rules themselves, in the *State Register*. The notice must advise the public:

- 1) that a free copy of the proposed emergency rule is available upon request from the agency;
- 2) that notice of the date that the rule is submitted to the attorney general will be mailed to persons requesting notification;
- 3) that the public has at least 25 days after publication of the proposed emergency rule to submit data and views in writing; and
- 4) that the emergency rule may be modified if the data and views submitted support such modification.

Adopted Emergency Rules

Emergency rules take effect five working days after approval by the attorney general, and after compliance with Minn. Stat. §§14.29-14.365. As soon as possible, emergency rules are published in the *State Register* in the manner provided for in section 14.18.

Emergency rules are effective for the period stated in the notice of intent to adopt emergency rules. This may not exceed 180 days.

Continued/Extended Emergency Rules

Adopted emergency rules may be continued in effect (extended) for an additional 180 days. To do this, the agency must give notice by: 1) publishing notice in the *State Register*; and 2) mailing the same notice to all persons who requested notification on rulemaking. No emergency rule may remain in effect 361 days after its original effective date. At that point, permanent rules adopted according to Minn. Stat. 14.14-14.28 supercede emergency rules.

Department of Health

Health Systems Development Division

Proposed Emergency Rules Relating to Data Reporting and Collections; Aggregate Data; Commercial Insurance Companies; Others

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the Department of Health intends to adopt the above entitled rule as an emergency rule, pursuant *Minnesota Statutes*, sections 14.29 to 14.36. The statutory authority to adopt the rule is contained in *Laws of Minnesota 1993*, Chapter 345, Article 3, section 8, subd. 2.

Background

Pursuant to *Laws of Minnesota 1993*, Chapter 345, Article 2, section 4 subd. 3, and Article 3 section 10, the Minnesota Department of Health is required to document and monitor all health care expenditures by group purchasers in the state. This data collection effort requires that group purchasers in Minnesota submit aggregate financial and utilization information to the Department, in the forms and at the times prescribed by the Commissioner of Health. Among group purchasers, the information required from commercial health insurance companies, non-profit health plan corporations, and employee health plans offered by self-insured employers under this new legislation will be collected using a new financial and statistical report. The following rules prescribe the data elements to be reported and establish the methodology and guidelines for filing this information with the Department.

Comments

All persons have 25 days or until 4:30 p.m. on October 29, 1993 to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to:

Ven Manda
Health Care Delivery Systems
Minnesota Department of Health
717 S.E. Delaware Street, Box 9441
Minneapolis, Minnesota 55440-9441

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Emergency Rules

Modifications, Adoption, and Review of Emergency Rules

A copy of the proposed emergency rule is attached to this notice. A free copy is available by contacting Ven Manda at the address above or at (612) 623-5596.

The proposed emergency rules may be modified as a result of public comment. The modifications must be supported by data and opinions submitted to the agency and may not result in a substantial change in the proposed emergency rule as published in the *State Register*. After the end of the comment period, the agency may adopt the emergency rule in accordance with *Minnesota Statutes*, sections 14.29-14.365.

Upon adoption of the rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit a written request to Ven Manda at the address above.

Effective Period of Emergency Rules

Unless modified by further emergency rules before then, the emergency rule will take effect five working days after approval from the Attorney General, and will be in effect for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation, in accordance with *Minnesota Statutes*, section 14.35.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following the adoption under the requirements of *Minnesota Statutes*, section 14.11.

Dated: 27 September 1993

Mary Jo O'Brien
Commissioner

Rules as Proposed (all new material)

4652.0100 [Emergency] DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4652.0100 to 4652.0170 [Emergency], the terms in this part have the meanings given them.

Subp. 2. **Billing and data processing expenses.** "Billing and data processing expenses" means all direct costs incurred in the processing of charges to patients' accounts, preparing and submitting claim forms, cashiering, credit and collection functions, and maintaining and operating the data processing system of the organization. Direct costs include wages and benefits, professional fees, supplies, purchased services, and any other resource used in accomplishing these activities. Also included are all wages and benefits and other direct costs incurred in the administration of the coordination of benefits procedures that exist for group contracts or other health plan contracts. Coordination of benefits refers to the set of provisions establishing the general order in which benefits are determined when a person is covered by more than one plan.

Subp. 3. **Chemical dependency services.** "Chemical dependency services" has the meaning given in *Minnesota Statutes*, section 254B.01, subdivision 3.

Subp. 4. **Commissioner.** "Commissioner" means the commissioner of the Department of Health.

Subp. 5. **Dental services.** "Dental services" means a diagnostic, preventive, therapeutic, or corrective procedure furnished by a dentist or under the supervision of a dentist, as defined in rule by the Board of Dentistry. It includes services characterized as experimental, cosmetic, or voluntary.

Subp. 6. **Dentist.** "Dentist" means a person who is licensed to provide health services under *Minnesota Statutes*, section 150A.06, subdivision 1.

Subp. 7. **Department.** "Department" means the Minnesota Department of Health.

Subp. 8. **Durable medical goods.** "Durable medical goods" means a device or equipment that can withstand repeated use, is provided to correct or accommodate a physiological disorder or physical condition, and is suitable for use in the recipient's residence, including a nursing facility, if that is the patient's place of residence. Durable medical goods includes vision products, such as eyeglasses.

Subp. 9. **Education program expenses.** "Education program expenses" has the meaning given in part 4650.0102, subpart 13.

Subp. 10. **Emergency services.** "Emergency services" has the meaning given in part 4650.0102, subpart 14.

Subp. 11. **Fees expenses.** "Fees expenses" means all costs associated with the organization's new or renewal certification with state or federal regulatory agencies and examination costs related to regulation, including any fines levied against the organization.

Subp. 12. **General administration expenses.** "General administrations expenses" means all costs associated with the overall management and administration of the organization, such as costs of governing boards, executive wages and benefits, including stock

options, legal staff functions that primarily concern the overall management and operation of the organization and excluding legal staff already allocated to other functions, auxiliary and other volunteer groups, public relations not included in selling and promotion or government relations, purchasing, communications, printing and duplicating, receiving and storing, and personnel management. It also includes all costs related to fiscal services, such as general accounting, budgeting and costs, payroll accounting, accounts payable, plant and equipment, and inventory accounting.

Subp. 13. **Government relations expenses.** "Government relations expenses" means all wages and benefits, donations, and financial and other support, for the purpose of lobbying and influencing policymakers and legislators, including membership in trade organizations, and all expenses associated with public policy development, such as response to rulemaking and interaction with government agency personnel. Membership in trade association projects that are directly related to research and education are excluded.

Subp. 14. **Group purchaser.** "Group purchaser" has the meaning given in *Minnesota Statutes*, section 62J.03, subdivision 6.

Subp. 15. **Health carrier.** "Health carrier" has the meaning given in *Minnesota Statutes*, section 62A.011, subdivision 2.

Subp. 16. **Health plan.** "Health plan" has the meaning given in *Minnesota Statutes*, section 62A.011, subdivision 3.

Subp. 17. **Inpatient hospital services.** "Inpatient hospital services" has the meaning given in part 4650.0102, subpart 21.

Subp. 18. **Insurance company.** "Insurance company" means an organization licensed under *Minnesota Statutes*, chapter 60A, to offer, sell, or issue a policy of accident and sickness insurance as defined in *Minnesota Statutes*, section 62A.01.

Subp. 19. **Insurer.** "Insurer" has the meaning given in *Minnesota Statutes*, section 72A.491, subdivision 14.

Subp. 20. **Medical assistance.** "Medical assistance" means the program established under title XIX of the Social Security Act, *United States Code*, title 42, section 1396, and *Minnesota Statutes*, chapter 256B. Medical assistance includes general assistance medical care or GAMC, as defined in part 9505.0500, subpart 12, unless otherwise specified.

Subp. 21. **Medicare.** "Medicare" means the health insurance program for the aged and disabled under title XVIII of the Social Security Act, *United States Code*, title 42, section 1395.

Subp. 22. **Member.** "Member" means a person who has been enrolled as a subscriber or an eligible dependent of a subscriber and for whom the insurer has accepted the responsibility for the provision of basic health services as may be contracted for.

Subp. 23. **Member month.** "Member month" means the equivalent to one member for whom the insurer has recognized premium revenue on a prepaid basis for one month.

Subp. 24. **Mental health services.** "Mental health services" has the meaning given in *Minnesota Statutes*, section 245.462, subdivision 19.

Subp. 25. **Minnesota comprehensive health association.** "Minnesota comprehensive health association" means the association created by *Minnesota Statutes*, section 62E.10.

Subp. 26. **MinnesotaCare.** "MinnesotaCare" means the program established in *Minnesota Statutes*, section 256.9352, subdivision 1.

Subp. 27. **Nondurable medical goods.** "Nondurable medical goods" means a nonreusable supply or piece of equipment that is used to treat a health condition, including drugs.

Subp. 28. **Outpatient services.** "Outpatient services" has the meaning given in part 4650.0102, subpart 29.

Subp. 29. **Other health professional services.** "Other health professional services" means a medically necessary health service provided by health professionals other than physicians and dentists, for services other than mental health and chemical dependency.

Subp. 30. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the person's profession under *Minnesota Statutes*, chapter 147.

Subp. 31. **Physician services.** "Physician services" means a medically necessary health service provided by or under the supervision of a physician.

Subp. 32. **Premium.** "Premium" has the meaning given in part 2765.0100, subpart 16.

Subp. 33. **Quality assurance expenses.** "Quality assurance expenses" means all direct costs associated with any activity or program established for the purpose of quality of care evaluation and utilization management. Direct costs include wages and benefits for personnel time devoted to, or in direct support of, such activities as quality assurance, development of practice protocols, utilization review, peer review, provider credentialing, and all other medical care evaluation activities, including the communication of information regarding these activities. Direct costs also include all professional fees, supplies, purchased services, and any other resource used in accomplishing these activities, and the implementation of programs of wellness education, patient education or health promotion, including the cost of professional staff and materials, participant's notification of services, and mail costs.

Subp. 34. **Regulatory and compliance reporting expenses.** "Regulatory and compliance reporting expenses" means all direct costs associated with, or directly incurred in, the preparation and filing of financial, statistical, or other utilization, satisfaction, or

Emergency Rules

quality reports, or summary plan descriptions that are required by federal, state, and local agencies or other third parties. Direct costs include wages and benefits for personnel time, professional fees, supplies, purchased services, and the cost of any other resource used to fulfill these requirements.

Subp. 35. **Research program expenses.** "Research program expenses" has the meaning given in part 4650.0102, subpart 35.

Subp. 36. **Selling and promotion expenses.** "Selling and promotion expenses" means all direct costs related to marketing activities such as advertising, printing, marketing representative wages and fringe benefits, commissions, broker fees, travel, occupancy, and other expenses allocated to the marketing activity. All costs associated with health promotion, wellness education, and patient education programs are excluded. Costs associated with health promotion and education should be distinguished from costs incurred while educating enrollees and patients about the services available from the organization.

Subp. 37. **Service plan corporations.** "Service plan corporations" has the meaning given in *Minnesota Statutes*, section 62C.02, subdivision 6.

Subp. 38. **Taxes and assessments expenses.** "Taxes and assessments expenses" means the direct payments made to government agencies including the MinnesotaCare tax under *Minnesota Statutes*, section 295.52, the medical assistance provider surcharge under *Minnesota Statutes*, section 256.9657, assessments by the health coverage reinsurance association, assessments by the Minnesota life and health insurance guaranty association, and any new assessments imposed by federal or state law. This category does not include fees or fines paid to government agencies.

4652.0110 [Emergency] SCOPE.

The following group purchasers, as defined under part 4652.0100 [Emergency], subpart 14, are subject to the reporting requirements established by part 4652.0120 [Emergency]: all insurance companies, as defined in part 4652.0100 [Emergency], subpart 18, that reported \$10,000 or more in total health premiums to the Department of Commerce in 1991; and all health service plan corporations as defined in part 4652.0100 [Emergency], subpart 37. Employee health plans offered by self-insured employers will be encouraged to comply with these reporting requirements.

4652.0120 [Emergency] REPORTING REQUIREMENTS.

Subpart 1. **Basic contents.** A group purchaser must file with the commissioner a financial and statistical report by the dates specified in part 4652.0140 [Emergency], subpart 1. The report must include statistical and financial information for the reporting period specified in part 4652.0140 [Emergency].

Subp. 2. **Financial information.** Financial information for the financial and statistical report must include the following items for health and medical related claims, excluding any disability and accidental death and dismember claims, short-term disability claims, long-term disability claims, long-term care, or personal accident claims:

- A. a statement of total premium revenues for the group purchaser, by type of policy, including group policies and individual policies;
- B. a detailed statement of other revenues for the group purchaser, including investment and reserve revenues;
- C. a statement of total direct losses for the group purchaser, by type of policy, including group policies and individual policies;
- D. a statement of direct losses paid by the group purchaser by service category, including physician services, other health professional services, hospital inpatient services, hospital outpatient services, emergency services, drugs and other medical nondurable goods, vision and other medical durable goods, chemical dependency services, mental health services, and dental services;
- E. a statement of total subscriber liability or copayment, or its actuarial estimate, for all members covered by the group purchaser; and
- F. a statement of total administrative expenses for the group purchaser and for each of the following functions, as defined in part 4652.0100 [Emergency]: billing and data processing; quality assurance; regulatory and compliance reporting; selling and promotion; general administration; government relations; and research program expenses and education program expenses; fees; and taxes and assessments.

Subp. 3. **Statistical information.** Statistical information for the financial and statistical report must include the total number of members, as defined in part 4652.0100 [Emergency], subpart 21, for the health carrier, and by type of policy, including group policies and individual policies.

Subp. 4. **Additional information.** The report must include certification by the governing authority of the group purchaser organization or its designee that the contents of the report are accurate and valid.

4652.0130 [Emergency] PROVISIONS FOR FILING REPORTS.

Subpart 1. **Forms to be specified.** Group purchasers must file the information required by part 4652.0120 [Emergency] using the forms, instructions, and definitions designed and issued by the commissioner.

Subp. 2. **Filing.** Documents may be filed personally or delivered to the commissioner at the department's official offices during normal business hours.

Subp. 3. **Record complete.** No report required by this chapter is considered to be filed until the commissioner has determined that the report is complete according to part 4652.0170 [Emergency], subpart 1.

4652.0140 [Emergency] FILING OF FINANCIAL AND STATISTICAL REPORT.

Subpart 1. **Filing report.** A group purchaser must file with the commissioner a financial and statistical report, as required by part 4652.0120 [Emergency], by February 15, 1994, for the period July 1, 1993 to December 31, 1993, and by April 1 of each successive year, for the preceding calendar year.

Subp. 2. **Failure to file.** A group purchaser that fails to file a financial and statistical report and has not requested an extension of time under part 4652.0160 [Emergency] to file that report, is in violation of parts 4652.0120 to 4652.0170 [Emergency].

4652.0150 [Emergency] FILING OF REPORTS IN MULTIFACILITY CORPORATIONS AND OTHER ORGANIZATIONS OPERATING MORE THAN ONE ORGANIZATION.

Each individual group purchaser organization must file a report, as required by part 4652.0120 [Emergency]. A multifacility corporation or organization operating more than one group purchaser organization may act as the organization that reports for the facility to the commissioner. The corporation must provide all information separately for each organization it operates.

4652.0160 [Emergency] FILING OF REPORTS; EXTENSIONS.

A group purchaser that shows reasonable cause may obtain from the commissioner an extension to file the financial and statistical report. The group purchaser must provide the commissioner with a written request for an extension to file, specifying the reason or reasons for the requested extension, and the proposed date for filing the report. "Reasonable cause" means that the facility can demonstrate that compliance with the reporting requirements imposes an unreasonable cost to the facility, or that technical or unforeseen difficulties prevent compliance.

4652.0170 [Emergency] REVIEW OF REPORTS.

Subpart 1. **Completeness.** The commissioner shall review each report required by part 4652.0120 [Emergency] in order to ascertain that the report is complete. A report is filed when the commissioner has ascertained that the report is complete. "Complete" means that the report contains adequate and appropriate data for the commissioner to begin the review and is in a form determined to be acceptable by the commissioner according to parts 4652.0120 to 4652.0140 [Emergency].

Subp. 2. **Incomplete report.** A report determined by the commissioner to be incomplete must be returned to the group purchaser with a statement describing the report's deficiencies. The group purchaser must resubmit an amended report to the commissioner. If the resubmitted report is determined to be complete by the commissioner, then it shall be deemed to be filed on the date the resubmitted report is received by the commissioner.

Subp. 3. **Amending reports.** If a group purchaser discovers any error in its statements or calculations in any of its submitted reports ascertained by the commissioner to be complete, it must inform the commissioner of the error and submit an amendment to a report.

Subp. 4. **Error in reports.** If the commissioner discovers a significant error in the statements or calculations in a report, the group purchaser may be required to amend and resubmit the report by a date determined by the commissioner.

Subp. 5. **Timely.** "Timely" means that the report has been submitted within the time prescribed by part 4652.0140 [Emergency]; that an extension of this reporting time, as permitted by part 4652.0160 [Emergency] has not been necessary; and that the report has been determined to be complete under subpart 1.

4652.0180 [Emergency] OFFICIAL OFFICES.

For purposes of parts 4652.0100 to 4652.0170 [Emergency], the official office of the commissioner of health is: Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

Department of Health

Health Systems Development Division

Proposed Emergency Rules Relating to Data Reporting and Collections; Aggregate Data, Health Care Providers

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the Department of Health intends to adopt the above entitled rule as an emergency rule,

Emergency Rules

pursuant *Minnesota Statutes*, sections 14.29 to 14.36. The statutory authority to adopt the rule is contained in *Laws of Minnesota 1993*, Chapter 345, Article 3, section 8, subd. 2.

Background

Pursuant to *Laws of Minnesota 1993*, Chapter 345, Article 2, section 5 subd. 4, and Article 3 section 12, the Minnesota Department of Health is required to document and monitor all health care expenditures by health care providers in the state. This data collection effort requires that health care providers in Minnesota submit aggregate financial and utilization information to the Department, in the forms and at the times prescribed by the Commissioner of Health.

The information required from health care providers under this new legislation, and that are not currently reporting under *Minnesota Statutes*, section 144.695-703, will be collected using a new financial and statistical report. The following rules prescribe the data elements to be reported and establish the methodology and guidelines for filing this information with the Department of Health.

Comments

All persons have 25 days or until 4:30 p.m. on October 29, 1993 to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to:

Jerry Dalnes
Health Care Delivery Systems
Minnesota Department of Health
717 S.E. Delaware Street, Box 9441
Minneapolis, Minnesota 55440-9441

Modifications, Adoption, and Review of Emergency Rules

A copy of the proposed emergency rule is attached to this notice. A free copy is available by contacting Jerry Dalnes at the address above or at (612) 623-5597.

The proposed emergency rules may be modified as a result of public comment. The modifications must be supported by data and opinions submitted to the agency and may not result in a substantial change in the proposed emergency rule as published in the *State Register*. After the end of the comment period, the agency may adopt the emergency rule in accordance with *Minnesota Statutes*, sections 14.29-14.365.

Upon adoption of the rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit a written request to Jerry Dalnes at the address above.

Effective Period of Emergency Rules

Unless modified by further emergency rules before then, the emergency rule will take effect five working days after approval from the Attorney General, and will be in effect for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation, in accordance with *Minnesota Statutes*, section 14.35.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following the adoption under the requirements of *Minnesota Statutes*, section 14.11.

Dated: 27 September 1993

Mary Jo O'Brien
Commissioner

Rules as Proposed (all new material)

4651.0100 [Emergency] DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4651.0100 to 4651.0180 [Emergency], the following terms have the meanings given to them.

Subp. 2. **Accrual method.** "Accrual method" has the meaning given in part 8130.1800, subpart 3.

Subp. 3. **Admitting expenses.** "Admitting expenses" means all direct costs incurred in the filling of admission forms, both for scheduled and nonscheduled admissions, scheduling of admission times, receiving and transferring of patients to final destination, and arrangement of all other admission details. Direct costs include wages and benefits, supplies, purchased services, and any other resource used in accomplishing these activities.

Subp. 4. **Average fee.** "Average fee" is determined by adding the provider's price for each service in the provider's fee schedule across the number of months that the price was in effect in a 12-month period, divided by 12.

Subp. 5. **Bad debt.** "Bad debt" has the meaning given in part 4650.0102, subpart 6.

Subp. 6. **Billing and data processing expenses.** "Billing and data processing expenses" means all direct costs incurred in the processing of charges to patients' accounts, preparing and submitting claim forms, cashiering, credit and collection functions, and maintaining and operating the data processing system of the organization. Direct costs include wages and benefits, professional fees, supplies, purchased services, and any other resource used in accomplishing these activities. Also included are all wages and benefits and other direct costs incurred in the administration of the coordination of benefits procedures that exist for group contracts or other health plan contracts. Coordination of benefits refers to the set of provisions establishing the general order in which benefits are determined when a person is covered by more than one plan.

Subp. 7. **Cash method.** "Cash method" has the meaning given in part 8130.1800, subpart 2.

Subp. 8. **Charity allowances.** "Charity allowances" has the meaning given in part 4650.0102, subpart 9.

Subp. 9. **Clinic.** "Clinic" means an entity enrolled in the medical assistance program to provide rural health clinic services, public health clinic services, community health clinic services, or any other entity that provides the health services of two or more physicians or dentists.

Subp. 10. **Commissioner.** "Commissioner" means the commissioner of the Department of Health.

Subp. 11. **Department.** "Department" means the Minnesota Department of Health.

Subp. 12. **Discount or price differentials.** "Discount or price differentials" has the meaning given in part 4650.0102, subpart 12.

Subp. 13. **Donations.** "Donations" means the value of goods or services, including in-kind donations, given to a health care provider by an individual or organization not in fulfillment of a legal obligation, with or without specific purpose, and that will offset overall costs incurred by the health care provider in its operation.

Subp. 14. **Educational program expenses.** "Educational program expenses" has the meaning given in part 4650.0102, subpart 13.

Subp. 15. **Encounter.** "Encounter" means any visit or procedure provided as a service to a patient and for which the provider can bill the patient or third party payer, including any procedure code in the Current Procedure Terminology (revision 4), or any other billing code system.

Subp. 16. **Fees expenses.** "Fees expenses" means all costs associated with the organization's new or renewal certification with state or federal regulatory agencies, and examination costs related to regulation including any fines levied against the organization.

Subp. 17. **Fee schedule.** "Fee schedule" means a health care provider's list of prices charged to a patient or third party payer for each health care service provided, including all visits and services for which a price has been established.

Subp. 18. **Full-time equivalent.** "Full-time equivalent" means an employee or any combination of employees that are reimbursed by the health care provider for 2,080 hours of employment per year.

Subp. 19. **General administration expenses.** "General administration expenses" means all costs associated with the overall management and administration of the organization, such as costs of governing boards, executive wages and benefits including stock options, legal staff functions that primarily concern the overall management and operation of the organization and excluding legal staff already allocated to other functions, auxiliary and other volunteer groups, public relations not included in selling and promotion or government relations, purchasing, communications, printing and duplicating, receiving and storing, and personnel management. It also includes all costs related to fiscal services, such as general accounting, budgeting and costs, payroll accounting, accounts payable, plant and equipment, and inventory accounting.

Subp. 20. **Government contractual allowances.** "Government contractual allowances" has the meaning given in part 4650.0102, subpart 20.

Subp. 21. **Government relations expenses.** "Government relations expenses" means all wages and benefits, donations, and financial and other support for the purpose of lobbying and influencing policymakers and legislators, including membership in trade organizations and all expenses associated with public policy development, such as response to rulemaking and interaction with government agency personnel. Membership in trade association projects that are directly related to research and education are excluded.

Subp. 22. **Government subsidies.** "Government subsidies" means an appropriation or allocation of money made by government to a health care provider to offset the costs incurred by the health care provider for the provision of direct patient care or other operations in which the governmental entity desires to participate, or that is considered a proper subject for government aid because the purpose is likely to be of benefit to the public.

Subp. 23. **Grants.** "Grants" means an award of money pursuant to a written agreement signed by the eligible applicant and by the official representative of the organization awarding the grant, setting forth the amount of funds, the time period within which the funds are to be expended, the purpose for which the funds may be used, and other contractual conditions.

Emergency Rules

Subp. 24. **Health care provider.** "Health care provider" has the meaning given in *Minnesota Statutes*, section 62J.03, subdivision 8.

Subp. 25. **Health maintenance organization.** "Health maintenance organization" has the meaning given in *Minnesota Statutes*, section 62D.02, subdivision 4.

Subp. 26. **Insurance company.** "Insurance company" means an organization licensed under *Minnesota Statutes*, chapter 60A, to offer, sell, or issue a policy of accident and sickness insurance as defined in *Minnesota Statutes*, section 62A.01.

Subp. 27. **Medical assistance.** "Medical assistance" means the program established under title XIX of the Social Security Act, *United States Code*, title 42, section 1396, and *Minnesota Statutes*, chapter 256B. Medical assistance includes general assistance medical care or GAMC, as defined in part 9505.0500, subpart 12, unless otherwise specified.

Subp. 28. **Medicare.** "Medicare" means the health insurance program for the aged and disabled under title XVIII of the Social Security Act, *United States Code*, title 42, section 1395.

Subp. 29. **MinnesotaCare.** "MinnesotaCare" means the program established under *Minnesota Statutes*, section 256.9352, subdivision 1.

Subp. 30. **Minnesota resident.** "Minnesota resident" means a person who resides within the borders of the state at the time of contact with the health provider. In the case of minors, residency shall be determined as that of the parent or legal guardian.

Subp. 31. **Net patient receipts.** "Net patient receipts" means total charges for patient care services less discounts and allowances. If using a cash-base accounting system, it only includes actual receipts for the reporting period.

Subp. 32. **Out-of-pocket expenses.** "Out-of-pocket expenses" means the charges made to a patient by the health care provider for the provision of health services that are not paid or payable if claim were made under any plan of health coverage, Medicare, or other government program, but are the personal liability of the patient.

Subp. 33. **Patient.** "Patient" has the meaning given in *Minnesota Statutes*, section 144.335, subdivision 1.

Subp. 34. **Quality assurance expenses.** "Quality assurance expenses" means all direct costs associated with any activity or program established for the purpose of quality of care evaluation and utilization management. Direct costs include wages and benefits for personnel time devoted to, or in direct support of such activities as quality assurance, development of practice protocols, utilization review, peer review, provider credentialing, and all other medical care evaluation activities, including the communication of information regarding these activities. Direct costs also include all professional fees, supplies, purchased services, and any other resource used in accomplishing these activities, and the implementation of programs of wellness education, patient education, or health promotion, including the cost of professional staff and materials, participant's notification of services, and mail costs.

Subp. 35. **Regulatory and compliance reporting expenses.** "Regulatory and compliance reporting expenses" means all direct costs associated with, or directly incurred in the preparation and filing of financial, statistical, or other utilization, satisfaction, or quality reports, or summary plan descriptions that are required by federal, state, and local agencies or other third parties. Direct costs include wages and benefits for personnel time, professional fees, supplies, purchased services, and the cost of any other resource used to fulfill these requirements.

Subp. 36. **Research program expenses.** "Research program expenses" has the meaning given in part 4650.0102, subpart 35.

Subp. 37. **Revenue or income.** "Revenue" or "income" has the meaning given in part 4650.0102, subpart 36.

Subp. 38. **Revenue per encounter.** "Revenue per encounter" means the ratio of net patient receipts less allowable deductions to the total number of encounters.

Subp. 39. **Revenue per patient per year.** "Revenue per patient per year" means the ratio of net patient receipts less allowable deductions to the total number of patients serviced by the provider during a given year.

Subp. 40. **Selling and promotion expenses.** "Selling and promotion expenses" means all direct costs related to marketing activities such as advertising, printing, marketing representative wages and fringe benefits, commissions, broker fees, travel, occupancy, and other expenses allocated to the marketing activity. All costs associated with health promotion, wellness education, and patient education programs are excluded. Costs associated with health promotion and education should be distinguished from costs incurred while educating enrollees and patients about the services available from the organization.

Subp. 41. **Service plan corporation.** "Service plan corporation" has the meaning given in *Minnesota Statutes*, section 62C.02, subdivision 6.

Subp. 42. **Taxes and assessments expenses.** "Taxes and assessments expenses" means the direct payments made to government agencies including the MinnesotaCare provider tax under *Minnesota Statutes*, section 295.52, the provider surcharge under *Minnesota Statutes*, section 256.9657, assessments by the health coverage reinsurance association, assessments by the Minnesota life and health insurance guaranty association, and any new assessments imposed by federal or state law. This category does not include fees or fines paid to government agencies.

4651.0110 [Emergency] SCOPE.

All health care providers as defined under part 4651.0100 [Emergency], subpart 24, that were registered with the Department of Human Services as physician clinics as of May 12, 1993, as defined in part 4651.0100 [Emergency], subpart 9, and that are not subject to the reporting requirements under *Minnesota Statutes*, sections 144.695 to 144.703, are subject to the reporting requirements established by part 4651.0120 [Emergency].

4651.0120 [Emergency] REPORTING REQUIREMENTS.

Subpart 1. **Basic contents.** A health care provider must file with the commissioner at least annually a financial and statistical report by the dates specified in part 4651.0140 [Emergency], subpart 1. The report must include statistical and financial information for the reporting period specified in part 4651.0140 [Emergency].

Subp. 2. **Financial information.** Financial information for the financial and statistical report must include:

A. A statement of total net patient receipts for the health care provider, and by type of payer including Medicare, medical assistance and general assistance medical care, MinnesotaCare, children's health plan, other public payers, commercial insurers, nonprofit health plans, health maintenance organization, and consumer out-of-pocket expenses.

B. A statement of other operating revenue for the health care provider, including revenue for and from research and education, donations, grants, subsidies, and contractual agreements.

C. A statement of discounts and allowances including bad debt and charity care.

D. A statement of direct patient care expenses for the health care provider, including salaries and wages, employee benefits, purchased services and other health care costs, and malpractice insurance.

E. A statement of total administrative expenses for the health care provider, and for each of the following functions as defined in part 4651.0100 [Emergency]: admitting; billing and data processing; quality assurance; regulatory and compliance reporting; selling and promotion; general administration; government relations; research program expenses and education program expenses; fees; and taxes and assessments.

Subp. 3. **Statistical information.** Statistical information for the financial and statistical report must include:

A. The number of patients for the health care provider, by Minnesota residency, and by type of payer, including Medicare, medical assistance and general assistance medical care, MinnesotaCare, children's health plan, other public payers, commercial insurers, nonprofit health plans, health maintenance organizations, and consumer out-of-pocket expenses.

B. The total number of full-time equivalent employees for the health care provider and by type of employee, including physicians, physician assistants, nurse practitioners, nurse-midwife, other nurses, other allied health providers, and administrative staff.

C. The type of ownership of the health care provider.

D. The name and specialty field of providers furnishing services at the health care provider's facility.

Subp. 4. **Additional information.** The report must include the following additional information:

A. the type of accounting method used by the health care provider; and

B. certification by the governing authority of the health care provider's facility or its designee that the contents of the report are true.

4651.0130 [Emergency] PROVISIONS FOR FILING REPORTS.

Subpart 1. **Forms to be specified.** Health care providers must file the information required by part 4651.0120 [Emergency] using the forms, instructions, and definitions designed and issued by the commissioner.

Subp. 2. **Filed personally.** Documents may be filed personally or delivered to the commissioner at the department's official offices during normal business hours.

Subp. 3. **Record complete.** No report required by this chapter is considered to be filed until the commissioner has determined that the report is complete according to part 4651.0180 [Emergency], subpart 1.

4651.0140 [Emergency] FILING OF FINANCIAL AND STATISTICAL REPORT.

Subpart 1. **Filing report.** A health care provider must file with the commissioner a financial and statistical report, as required by part 4651.0120 [Emergency], by February 15, 1994, for the period July 1, 1993 to December 31, 1993, and by April 1 of each successive year, for the preceding calendar year.

Subp. 2. **Failure to file.** A health care provider that fails to file a financial and statistical report, and that has not requested an extension of time under part 4651.0170 [Emergency] to file that report, is in violation of parts 4651.0120 to 4651.0180 [Emergency].

A. The health care provider may be charged with a fine, as authorized by *Minnesota Statutes*, section 62J.35, subdivision 2.

Emergency Rules

The fine shall be the lesser of \$100 or 0.01 of its net receipts.

B. The health care provider shall not amend or modify its rates until after it files a report with the commissioner, and the report is considered to be complete as specified in part 4651.0180 [Emergency], subpart 1.

C. The health care provider shall be liable for the cost of a full audit by an independent public accountant, as necessary for the completion of the report.

D. The health care provider shall be subject to other disciplinary or regulatory actions until the report is complete, including revocation of license. The commissioner may obtain a court order requiring the provider to produce documents and allowing the commissioner to inspect the records of the provider for purposes of obtaining the data required.

4651.0150 [Emergency] FILING OF REPORT BY A CLINIC.

Health care providers organized as a clinic, as defined by part 4651.0100 [Emergency], subpart 9, must file the report required under part 4651.0120 [Emergency] for the clinic or facility.

4651.0160 [Emergency] FILING OF REPORT IN MULTIFACILITY CORPORATIONS AND OTHER ORGANIZATIONS OPERATING MORE THAN ONE CLINIC.

Each individual clinic must file a report as required by part 4651.0120 [Emergency]. A multifacility corporation or organization operating more than one facility may act as the organization that reports for the facility to the commissioner. This organization must provide all information separately for each clinic it operates.

4651.0170 [Emergency] FILING OF REPORTS; EXTENSIONS.

A health care provider that shows reasonable cause may obtain from the commissioner an extension to file the financial and statistical report. The health care provider must provide the commissioner with a written request for an extension to file, specifying the reason or reasons for the requested extension, and the proposed date for filing the report. "Reasonable cause" means that the facility can demonstrate that compliance with the reporting requirements imposes an unreasonable cost to the facility, or that technical or unforeseen difficulties prevent compliance.

4651.0180 [Emergency] REVIEW OF REPORTS.

Subpart 1. **Completeness.** The commissioner shall review each report required by part 4651.0120 [Emergency] in order to ascertain that the report is complete. A report is filed when the commissioner has ascertained that the report is complete. "Complete" means that the report contains adequate data for the commissioner to begin the review and is in a form determined to be acceptable by the commissioner according to parts 4651.0120 to 4651.0140 [Emergency].

Subp. 2. **Incomplete report.** A report determined by the commissioner to be incomplete must be returned to the health care provider with a statement describing the report's deficiencies. The health care provider must resubmit an amended report to the commissioner. If the resubmitted report is determined to be complete by the commissioner, then it shall be deemed to be filed on the date the resubmitted report is received by the commissioner.

Subp. 3. **Amending reports.** If a health care provider discovers any error in its statements or calculations in any of its submitted reports ascertained by the commissioner to be complete, it must inform the commissioner of the error and submit an amendment to the report.

Subp. 4. **Error in reports.** If the commissioner discovers a significant error in the statements or calculations in a report, the health care provider may be required to amend and resubmit the report by a date determined by the commissioner.

Subp. 5. **Timely.** "Timely" means that the report has been submitted within the time prescribed by part 4651.0140 [Emergency]; that an extension of this reporting time, as permitted by part 4651.0170 [Emergency], has not been necessary; and that the report has been determined to be complete under subpart 1.

4651.0190 [Emergency] OFFICIAL OFFICES.

For purposes of parts 4651.0100 to 4651.0180 [Emergency], the official office of the commissioner of health is: Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

Department of Health

Proposed Emergency Rules Relating to Data Reporting; Encounter Level

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the Department of Health intends to adopt the above entitled rule as an emergency rule, pursuant *Minnesota Statutes*, sections 14.29 to 14.36. The statutory authority to adopt the rule is contained in *Laws of Minnesota 1993*, Chapter 345, Article 3, section 8, subd. 2.

Background

Pursuant to *Laws of Minnesota 1993*, Chapter 345, Article 3, section 7, Article 3, section 10, Article 3, section 13, Article 3, section 15, subd. 5, and Article 12, section 2, and *Minnesota Statutes*, section 62J.30, subd. 2, the Minnesota Department of Health is required to document and monitor access to care and quality of care provided in the state, and to conduct data and research initiatives in order to improve the efficiency and effectiveness of health care in Minnesota.

This data collection effort requires that group purchasers in Minnesota submit encounter level data as defined by *Laws of Minnesota*, Chapter 345, Article 3, section 15, subd. 2, to the Department of Health, in the forms and at the times prescribed by the Commissioner of Health. Among group purchasers, the information required from health maintenance organizations, commercial health insurance companies, non-profit health plan corporations, and employee health plans offered by self-insured employers under this new legislation will be collected using a standard reporting format and procedure. The following rules prescribe the data elements to be reported and establish the methodology and guidelines for filing this information with the Department.

Comments

All persons have 25 days or until 4:30 p.m. on October 29, 1993 to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to:

Walter Suarez
Health Care Delivery Systems
Minnesota Department of Health
717 S.E. Delaware Street, Box 9441
Minneapolis, Minnesota 55440-9441

Modifications, Adoption, and Review of Emergency Rules

A copy of the proposed emergency rule is attached to this notice. A free copy is available by contacting Walter Suarez at the address above or at (612) 623-5666.

The proposed emergency rules may be modified as a result of public comment. The modifications must be supported by data and opinions submitted to the agency and may not result in a substantial change in the proposed emergency rule as published in the *State Register*. After the end of the comment period, the agency may adopt the emergency rule in accordance with *Minnesota Statutes*, sections 14.29-14.365.

Upon adoption of the rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit a written request to Walter Suarez at the address above.

Effective Period of Emergency Rules

Unless modified by further emergency rules before then, the emergency rule will take effect five working days after approval from the Attorney General, and will be in effect for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation, in accordance with *Minnesota Statutes*, section 14.35.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following the adoption under the requirements of *Minnesota Statutes*, section 14.11.

Dated: 27 September 1993

Mary Jo O'Brien
Commissioner

Rules as Proposed (all new material)**4653.0100 [Emergency] DEFINITIONS.**

Subpart 1. **Scope.** For the purposes of parts 4653.0100 to 4653.0160 [Emergency], the terms in this part have the meanings given them.

Subp. 2. **Claim.** "Claim" has the meaning given in part 4685.0910, subpart 3.

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Health.

Subp. 4. **Department.** "Department" means the Minnesota Department of Health.

Subp. 5. **Discharge.** "Discharge" has the meaning given in part 9500.1100, subpart 21.

Subp. 6. **Encounter level data.** "Encounter level data" has the meaning given in *Minnesota Statutes*, section 62J.45, subdivision 2, paragraph (b).

Emergency Rules

- Subp. 7. **Group purchaser.** "Group purchaser" has the meaning given in *Minnesota Statutes*, section 62J.03, subdivision 6.
- Subp. 8. **Health carrier.** "Health carrier" has the meaning given in *Minnesota Statutes*, section 62A.011, subdivision 2.
- Subp. 9. **Health maintenance organization.** "Health maintenance organization" has the meaning given in *Minnesota Statutes*, section 62D.02, subdivision 4.
- Subp. 10. **Hospital.** "Hospital" means a facility licensed according to *Minnesota Statutes*, sections 144.50 to 144.58.
- Subp. 11. **Inpatient hospital services.** "Inpatient hospital services" has the meaning given in part 4650.0102, subpart 21.
- Subp. 12. **Insurance company.** "Insurance company" means an organization licensed under *Minnesota Statutes*, chapter 60A, to offer, sell, or issue a policy of accident and sickness insurance as defined in *Minnesota Statutes*, section 62A.01.
- Subp. 13. **Insurer.** "Insurer" has the meaning given in *Minnesota Statutes*, section 72A.491, subdivision 14.
- Subp. 14. **Medical assistance.** "Medical assistance" means the program established under title XIX of the Social Security Act, *United States Code*, title 42, section 1396, and *Minnesota Statutes*, chapter 256B. Medical assistance includes general assistance medical care or GAMC as defined under part 9505.0500, subpart 12, unless otherwise specified.
- Subp. 15. **Medicare.** "Medicare" means the health insurance program for the aged and disabled under title XVIII of the Social Security Act, *United States Code*, title 42, section 1395.
- Subp. 16. **Member.** "Member" means a person who has been enrolled as a subscriber or an eligible dependent of a subscriber and for whom the insurer has accepted the responsibility for the provision of contracted for basic health services.
- Subp. 17. **Minnesota comprehensive health association.** "Minnesota comprehensive health association" means the association created by *Minnesota Statutes*, section 62E.10.
- Subp. 18. **MinnesotaCare.** "MinnesotaCare" means the program established under *Minnesota Statutes*, section 256.9352, subdivision 1.
- Subp. 19. **Outpatient services.** "Outpatient services" has the meaning given in part 4650.0102, subpart 29.
- Subp. 20. **Quarter.** "Quarter" means the time of the year corresponding to a three-month period for which the state regularly gathers information for the conduct of its business. The quarters are defined by the following time periods:
- A. first quarter means the months of January, February, and March;
 - B. second quarter means the months of April, May, and June;
 - C. third quarter means the months of July, August, and September;
 - D. fourth quarter means the months of October, November, and December.
- Subp. 21. **Service plan corporations.** "Service plan corporations" has the meaning given in *Minnesota Statutes*, section 62C.02, subdivision 6.
- Subp. 22. **Uniform billing form.** "Uniform billing form" means the HCFA 1450 Uniform Institutional Provider Bill form used by a hospital to bill for its services that is defined and prescribed by the Health Care Financing Administration under *Code of Federal Regulations*, title 42, parts 424, subpart C. This form is commonly referred to as the uniform billing form UB-82/92.

4653.0110 [Emergency] SCOPE.

The following group purchasers, as defined under part 4653.0100 [Emergency], subpart 7, are subject to the reporting requirements established by part 4653.0120 [Emergency]: all health maintenance organizations, as defined in part 4653.0100 [Emergency], subpart 9; all insurance companies, as defined in part 4653.0100 [Emergency], subpart 12, that reported \$10,000 or more in total health premiums to the Department of Commerce in 1991; all service plan corporations as defined in part 4653.0100 [Emergency], subpart 21. Employee health plans offered by self-insured employers will be encouraged to comply with these reporting requirements.

4653.0120 [Emergency] ENCOUNTER LEVEL DATA TO BE SUBMITTED.

Subpart 1. **Data elements.** All group purchasers under part 4653.0110 [Emergency] are required to provide the data elements specified under this part, compiled from the uniform billing form submitted by a hospital, upon payment or final adjudication of a hospital claim on a per-discharge basis.

Subp. 2. **Demographic data elements.** The following demographic data elements are required for each hospital discharge:

- A. patient's identification number;
- B. patient's age;
- C. patient's sex;
- D. patient's zip code; and

E. out-of-state residence.

Subp. 3. Clinical data elements. The following clinical data elements are required for each hospital discharge:

- A. source of admission;
- B. type of admission;
- C. date of admission;
- D. code for principal diagnosis and codes for other diagnoses;
- E. code for principal procedure and date;
- F. codes for other procedures and dates;
- G. date of discharge; and
- H. discharge status.

Subp. 4. Charge, payment, and coverage data elements. The following charge, payment, and coverage data elements are required for each hospital discharge:

- A. total charges and components of those charges;
- B. total payments and components of those payments; and
- C. type of coverage.

Subp. 5. Other data elements. The following other data elements are required for each hospital discharge:

- A. attending physician identification number; and
- B. hospital identification number.

4653.0130 [Emergency] GENERAL PROVISIONS FOR FILING DATA.

Subpart 1. Schedule for data submission. Effective January 1, 1994, each group purchaser must submit the data elements required under part 4653.0120 [Emergency] on a quarterly basis, 45 days after the end of the calendar quarter. The data must be reported for all hospital discharges occurring during the preceding quarter period for which the group purchaser paid or made a final adjudication.

Subp. 2. Specifications. Group purchasers must file the information required by part 4653.0120 [Emergency] using the physical specifications for data submittal media, specific transfer format for data submission, data record specifications, data edit specifications, data quality standards, data element descriptions and definitions, and code tables prescribed by the commissioner that will be available upon request from the commissioner's office no later than December 1, 1993.

Subp. 3. Data record per discharge. If a patient has multiple discharges during a reporting period, the group purchaser must submit a single data record per hospital discharge. If multiple billings from a single hospital discharge occur, the group purchaser shall compile the data required to be submitted and submit a single record per patient discharge.

Subp. 4. Filed personally. Documents and media containing the data required by part 4653.0120 [Emergency] must be filed personally or delivered to the commissioner at the department's official offices during normal business hours, following the specifications established by the commissioner under part 4653.0130 [Emergency], subpart 2.

4653.0140 [Emergency] REVIEW OF DATA.

Subpart 1. Data edit specifications. The data provided under part 4653.0120 [Emergency] will be subject to a rigorous data review and editing to determine the accuracy, completeness, and reliability of the data set. The guidelines for data edit specifications will be provided by the commissioner under part 4653.0130 [Emergency], subpart 2.

Subp. 2. Data quality standards. The commissioner under part 4653.0130 [Emergency], subpart 2, will establish the standards to be employed for purposes of evaluating and accepting or rejecting data submissions from group purchasers.

4653.0150 [Emergency] DATA REPORTING; EXTENSIONS.

A group purchaser that shows reasonable cause may obtain from the commissioner an extension to file the data elements required by part 4653.0120 [Emergency]. The group purchaser must provide the commissioner with a written request for an extension to file, specifying the reason or reasons for the requested extension and the proposed date for filing the report. "Reasonable cause" means that the facility can demonstrate that compliance with the reporting requirements imposes an unreasonable cost to the facility, or that technical or unforeseen difficulties prevent compliance.

4653.0160 [Emergency] FAILURE TO FILE.

A group purchaser that fails to file the data elements established by part 4653.0120 [Emergency], and has not requested an extension of time under part 4653.0150 [Emergency] to file the data, is in violation of parts 4653.0120 to 4653.0170 [Emergency].

Emergency Rules

4653.0170 [Emergency] OFFICIAL OFFICE.

For purposes of parts 4653.0100 to 4653.0170 [Emergency], the official office of the commissioner of health is: Minnesota Department of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440.

Department of Health

Proposed Emergency Amendments to Permanent Rules Relating to Data Reporting and Collection; Aggregate Data; Hospitals

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the Department of Health intends to adopt the above entitled rule as an emergency rule, pursuant to *Minnesota Statutes*, sections 14.29 to 14.36. The statutory authority to adopt the rule is contained in *Laws of Minnesota 1993*, Chapter 345, Article 3, section 8, subd. 2.

Background

Pursuant to *Laws of Minnesota 1993*, Chapter 345, Article 2, section 5, subd. 4, and Article 3, section 12, the Minnesota Department of Health is required to document and monitor all health care expenditures by health care providers in the state. This data collection effort requires that health providers in Minnesota submit aggregate financial and utilization information to the Department, in the forms and at the times prescribed by the Commissioner of Health.

The information required from hospitals under this new legislation will be collected by the Health Care Cost Information System. The new data elements, as prescribed in the following rules, will be incorporated into the hospital Revenue and Expense Report, filed annually with the system.

Comments

All persons have 25 days or until 4:30 p.m. on October 29, 1993 to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to:

Walter Suarez
Health Care Delivery Systems
Minnesota Department of Health
717 S.E. Delaware Street, Box 9441
Minneapolis, Minnesota 55440-9441

Modifications, Adoption, and Review of Emergency Rules

A copy of the proposed emergency rule is attached to this notice. A free copy is available by contacting Walter Suarez at the address above or at (612) 623-5666.

The proposed emergency rules may be modified as a result of public comment. The modifications must be supported by data and opinions submitted to the agency and may not result in a substantial change in the proposed emergency rule as published in the *State Register*. After the end of the comment period, the agency may adopt the emergency rule in accordance with *Minnesota Statutes*, sections 14.29-14.365.

Upon adoption of the rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit a written request to Walter Suarez at the address above.

Effective Period of Emergency Rules

Unless modified by further emergency rules before then, the emergency rule will take effect five working days after approval from the Attorney General, and will be in effect for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation, in accordance with *Minnesota Statutes*, section 14.35.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following the adoption under the requirements of *Minnesota Statutes*, section 14.11.

Dated: 27 September 1993

Mary Jo O'Brien
Commissioner

Rules as Proposed**4650.0102 DEFINITIONS.**

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

Subp. 3. **Admissions or adjusted admissions.** "Admissions" means the number of patients accepted for inpatient services in beds licensed for inpatient hospital care exclusive of newborn admissions. "Adjusted admissions" are determined by adding to the number of admissions the number of outpatient visits times the ratio of (outpatient revenue per outpatient visit ÷ inpatient revenue per admission).

Subp. 3a. **Admitting expenses.** "Admitting expenses" means all direct costs incurred in the filing of admission forms, both for scheduled and nonscheduled admissions, scheduling of admission times, receiving and transferring of patients to final destination, and arrangement of all other admission details. Direct costs include wages and benefits, supplies, purchased services, and any other resource used in accomplishing these activities.

Subp. 3b. **Ambulatory surgical procedures.** "Ambulatory surgical procedures" means all elective surgical services provided to patients on either a hospital outpatient setting or an outpatient surgical center licensed by the Department of Health pursuant to Minnesota Statutes, sections 144.50 to 144.58.

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

Subp. 5a. **Average daily census.** "Average daily census" means the average number of patients receiving care each day during the reporting period.

Subp. 5b. **Average length of stay.** "Average length of stay" means the total number of patient days accumulated at the time of discharge, counting the date of admission but not the date of discharge, during a reporting period, divided by the number of patients discharged.

[For text of subp 6, see M.R.]

Subp. 7. [See repealer.]

Subp. 7a. **Billing and data processing expenses.** "Billing and data processing expenses" means all direct costs incurred in the processing of charges to patients' accounts, preparing and submitting claim forms, cashing, credit and collection functions, and maintaining and operating the data processing system of the organization. Direct costs include wages and benefits, professional fees, supplies, purchased services, and any other resource used in accomplishing these activities. Also included are all wages and benefits and other direct costs incurred in the administration of the coordination of benefits procedures that exist for group contracts or other health plan contracts. Coordination of benefits refers to the set of provisions establishing the general order in which benefits are determined when a person is covered by more than one plan.

[For text of subp 8, see M.R.]

Subp. 9. **Charity allowances care services provided.** "Charity allowances care services provided" means the provision of care at no charge to patients determined to be qualified for care according to *Code of Federal Regulations*, title 42, section 53.111(f) and (g); in hospitals required to provide free care, under the Hill-Burton Act, United States Code, title 49, section 291, et. seq. The annual amount of charity care must not exceed the amount of the Hill-Burton grant or Hill-Burton guaranteed loan amortized in equal installments over the life of the facility's Hill-Burton free care obligation dollar amount of health care services provided to patients for which the provider did not charge or charged at a level below the reasonable cost of the service, because it determined that the patient was unable to pay part or any of its reasonable costs. This includes care provided to indigent patients, patients with inadequate or no insurance, or patients receiving costly treatment.

[For text of subs 10 to 12, see M.R.]

Subp. 12a. **Donations.** "Donations" means the value of goods and services, including in-kind donations, given to a facility by an individual or organization not in fulfillment of a legal obligation, with or without specific purpose, and that will offset overall costs incurred by the facility in its operation.

Subp. 13. **Educational program expenses.** "Educational program expenses" means the net cost to the facility of providing educational activities which:

A. are approved educational activities directly contributing to the care of patients who are in facilities during the time the cost is incurred; or

B. contribute to the preventive health education of the population of areas of patient origin which the facility serves.

"Approved educational activities" means formally organized or planned programs of study usually engaged in by facilities in order to enhance the quality of patient care in a facility. These activities shall be licensed where required by state law. Where licensing is not required, the facility shall be able to demonstrate that it has received approval for its activity from a recognized national professional

Emergency Rules

organization for the particular activity. Approved educational activities include those programs defined as approved by *Code of Federal Regulations*, title 20 42, section 405.116(f) and *Code of Federal Regulations*, title 20, section 405.421(e) section 413.

"Net cost" means the cost of approved educational activities, including stipends of trainees, compensation of teachers, and other costs, less any reimbursement from grants, tuition, and specific donations. "Orientation" and "on-the-job training" costs are operating costs of facilities for employees of the facility. "Administrative expenses of education programs" means all costs associated with the administration of approved educational programs and continuing education programs.

[For text of subps 14 and 15, see M.R.]

Subp. 16. Expanded facility. "Expanded facility" means any expansion or alteration in the scope of service of an institution which is subject to the Minnesota Certificate of Need Law, Minnesota Statutes, sections 145.832 to 145.845 section 144.551, or section 1122 of the Social Security Amendments of 1972, Public Law Number 92-603.

[For text of subps 17 and 18, see M.R.]

Subp. 18a. Fees expenses. "Fees expenses" means all costs associated with the organization's new or renewal certification with state or federal regulatory agencies, and examination costs related to regulation including any fines levied against the organization.

[For text of subp 19, see M.R.]

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

Subp. 19b. General administration expenses. "General administration expenses" means all costs associated with the overall management and administration of the organization, such as costs of governing boards, executive wages and benefits, including stock options, legal staff functions that primarily concern the overall management and operation of the organization and excluding legal staff already allocated to other functions, auxiliary and other volunteer groups, public relations not included in selling and promotion or government relations, engineering, purchasing, communications, printing and duplicating, receiving and storing, personnel management and costs related to fiscal services, such as general accounting, budgeting and costs, payroll accounting, accounts payable, plant and equipment, and inventory accounting.

Subp. 19c. Government relations expenses. "Government relations expenses" means all wages and benefits, donations, and financial and other support, for the purpose of lobbying and influencing policymakers and legislators, including membership in trade organizations, and all expenses associated with public policy development, such as response to rulemaking and interaction with government agency personnel. Membership in trade association projects that are directly related to research and education are excluded.

Subp. 19d. Government subsidies. "Government subsidies" means an appropriation or allocation of money made by government to a facility to offset the costs incurred by the facility for the provision of direct patient care or other operations in which the governmental entity desires to participate, or which is considered a proper subject for government aid, because the purpose is likely to be of benefit to the public.

[For text of subp 20, see M.R.]

Subp. 20a. Grants. "Grants" means an award of money pursuant to a written agreement signed by the eligible applicant and by the official representative of the organization awarding the grant, setting forth the amount of funds, the time period within which the funds are to be expended, the purpose for which the funds may be used, and other contractual conditions.

Subp. 20b. Health maintenance organization. "Health maintenance organization" has the meaning given in Minnesota Statutes, section 62D.02, subdivision 4.

[For text of subp 21, see M.R.]

Subp. 21a. Insurance company. "Insurance company" means an organization licensed under Minnesota Statutes, chapter 60A, to offer, sell, or issue a policy of accident and sickness insurance as defined in Minnesota Statutes, section 62A.01.

[For text of subps 22 and 23, see M.R.]

Subp. 23a. Licensed beds or staffed beds. "Licensed beds" means the number of acute care beds licensed by the Department of Health, pursuant to Minnesota Statutes, sections 144.50 to 144.58. "Staffed beds" means the average number of licensed beds setup and staffed for use during the reporting period. It is determined by adding the total number of beds setup and staffed for inpatient utilization each day of the hospital's reporting period and dividing this figure by the total number of days in the reporting period.

[For text of subp 24, see M.R.]

Subp. 24a. Medicare. "Medicare" means the health insurance program for the aged and disabled under title XVIII of the Social Security Act, United States Code, title 42, section 1395.

Subp. 24b. Medical assistance. "Medical assistance" means the program established under title XIX of the Social Security Act, United States Code, title 42, section 1396, and Minnesota Statutes, chapter 256B. Medical assistance includes general assistance

medical care or GAMC, as defined in part 9505.0500, subpart 12, unless otherwise specified.

Subp. 24c. Minnesota resident. “Minnesota resident” means a person who resides within the borders of the state at the time of contact with the health provider. In the case of minors, residency shall be determined as that of the parent or legal guardian.

Subp. 24d. MinnesotaCare. “MinnesotaCare” means the program established under Minnesota Statutes, section 256.9352, subdivision 1.

[For text of subs 25 and 26, see M.R.]

Subp. 26a. Occupancy rate. “Occupancy rate” is the ratio of average daily census, maintained during the reporting period to the number of licensed beds.

[For text of subs 27 and 28, see M.R.]

Subp. 28a. Out-of-pocket expenses. “Out-of-pocket expenses” means the charges made to a patient by the facility for the provision of health services that are not paid or payable if claim were made under any plan of health coverage, Medicare, or other government program, but are the personal liability of the patient.

[For text of subp 29, see M.R.]

Subp. 30. Outpatient visit. “Outpatient visit” means an acceptance of a patient by a hospital for the purpose of providing outpatient services. Each acceptance of a patient by a hospital for purposes of providing outpatient services counts as one outpatient visit regardless of the number of procedures performed during that visit. Outpatient visits include all visits to hospital outpatient and ancillary departments, emergency visits, and outpatient surgeries.

Subp. 30a. Patient. “Patient” has the meaning given in Minnesota Statutes, section 144.335, subdivision 1.

Subp. 30b. Patient days. “Patient days” means the total number of days of care for which patients received inpatient hospital services during the reporting period, excluding newborn days of care. “Days of care” refers to the total number of patient days accumulated by patients at the time of discharge. “Adjusted patient days” are determined by adding to the number of patient days the number of outpatient visits times the ratio of (outpatient revenue per outpatient visit ÷ inpatient revenue per patient day).

[For text of subs 31 and 32, see M.R.]

Subp. 32a. Quality assurance expenses. “Quality assurance expenses” means all direct costs associated with any activity or program established for the purpose of quality of care evaluation and utilization management. Direct costs include wages and benefits for personnel time devoted to, or in direct support of, such activities as quality assurance, development of practice protocols, utilization review, peer review, provider credentialing, and all other medical care evaluation activities, including the communication of information regarding these activities. Direct costs also include all professional fees, supplies, purchased services, and any other resource used in accomplishing these activities, and the implementation of programs of wellness education, patient education or health promotion, including the cost of professional staff and materials, participant’s notification of services, and mail costs.

[For text of subp 33, see M.R.]

Subp. 34. Rate or aggregate rate. “Rate” means “gross charges” as defined in subpart 8. “Aggregate rate” means the average gross revenue per adjusted admission for a full accounting period determined by dividing total gross revenue by the number of adjusted admissions:

Total Gross Revenue

Number of Adjusted Inpatient Admissions

Adjusted admissions are determined by:

<u>Outpatient & Emergency Visits</u>	×	<u>Total Outpatient & Emergency Gross Revenue</u>	
		<u>Number of Outpatients & Emergency Visits</u>	
×	+		
<u>Inpatient Gross Revenue Per Admission</u>	PLUS	<u>The Number of Inpatient Admissions</u>	

The aggregate rate for the budget year must always be based upon annually projected admissions as stated in the rate revenue and expense report.

Subp. 34a. Regulatory and compliance reporting expenses. “Regulatory and compliance reporting expenses” means all direct costs associated with, or directly incurred in the preparation and filing of financial, statistical, or other utilization, satisfaction, or quality reports, or summary plan descriptions that are required by federal, state, and local agencies or other third parties. Direct costs include wages and benefits for personnel time, professional fees, supplies, purchased services, and the cost of any other resource

Emergency Rules

used to fulfill these requirements.

Subp. 35. **Research program expenses.** "Research program expenses" means costs incurred by a facility due to research programs which directly relate to daily patient care. "Administrative expense of research programs" means all costs associated with the administration of planned research or critical investigation aimed at the discovery of new knowledge that will be useful in developing a new product or process, or in bringing about significant improvement in an existing product or process. Research may be conducted with or without the involvement of a patient or patients. This category includes all indirect costs that are associated with the administration of a research project.

Subp. 36. **Revenue or income.** "Revenue" or "income" means the value of a facility's established charges for all facility services rendered to patients less expected or incurred bad debts, contracted allowances, and discounts granted to patients or insurers, prepayment plans, and self-insured groups. "Gross revenue" or "gross income" means "revenue" or "income" regardless of the amounts actually paid to or received by the facility. "Net inpatient revenue" means revenue or income for all facility inpatient services. "Net outpatient revenue" means revenue or income for all facility outpatient services.

[For text of subp 37, see M.R.]

Subp. 37a. **Selling and promotion expenses.** "Selling and promotion expenses" means all direct costs related to marketing activities such as advertising, printing, marketing representative wages and fringe benefits, commissions, broker fees, travel, occupancy, and other expenses allocated to the marketing activity. All costs associated with health promotion, wellness education, and patient education programs are excluded. Costs associated with health promotion and education should be distinguished from costs incurred while educating enrollees and patients about the services available from the organization.

[For text of subp 38, see M.R.]

Subp. 38a. **Service plan corporations.** "Service plan corporations" has the meaning given in Minnesota Statutes, section 62C.02, subdivision 6.

[For text of subp 39, see M.R.]

Subp. 39a. **Taxes and assessments expenses.** "Taxes and assessments expenses" means the direct payments made to government agencies including the MinnesotaCare provider tax under Minnesota Statutes, section 295.52, the provider surcharge under Minnesota Statutes, section 256.9657, assessments by the health coverage reinsurance association, assessments by the Minnesota life and health insurance guaranty association, and any new assessments imposed by federal or state law. This category does not include fees or fines paid to government agencies.

[For text of subp 40, see M.R.]

4650.0112 RATE REVENUE AND EXPENSE REPORT.

Subpart 1. **Statistical and financial information.** A facility shall submit a report of rate revenue and expense to the system on an annual basis. This report must include statistical and financial information for:

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

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

C. The facility's next full accounting period following the accounting period during which the report is filed with the system. This period must be known as the budget year. Information for the budget year must be projected.

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

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

A. ~~An interim financial statement of the facility which must include an interim balance sheet and an interim income and expense statement for the current year only. The balance sheet and income and expense statement must conform to part 4650.0110, items A and B. This financial statement must contain a minimum of six months of actual information for the current year.~~

~~B. A statement of expenses for the facility and for each of its service centers and a statement according to natural classifications of expenses as provided by part 4650.0110, item B, subitem (6)- F, and the amount paid by the facility under hospital surcharge pursuant to Minnesota Statutes, section 256.9657, subdivision 2, and the MinnesotaCare tax pursuant to Minnesota Statutes, section 295.52.~~

~~B. A statement of administrative expenses for the facility, and for each of the following functions, as defined in part 4650.0102: admitting; billing and data processing; quality assurance; regulatory and compliance reporting; selling and promotion; general administration; government relations; research program expenses and education program expenses; taxes and assessments; and fees.~~

~~C. A statement detailing the accounting method used to allocate expenses from among the nonrevenue centers to revenue~~

centers of patient charges for the facility by type of payer, including Medicare, medical assistance, MinnesotaCare, health maintenance organizations, nonprofit health service plans, commercial insurers, and self-pay, and a statement of patient charges for the facility for each of its service centers.

D. A statement of other operating revenue including revenue from research, education, donations, grants, and government subsidies.

E. A statement of total direct and indirect costs for the facility and for each of its service centers before and after the allocation of expenses.

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

E. G. A statement of the accounts receivable by type of purchaser of services and a statement of the average aggregate number of days' charges outstanding at the end of each period.

F. H. A statement of the capital budget of the facility.

I. Information on services provided at no charge or for a reduced fee to patients unable to pay, and information on other benefits provided to the community including unpaid public programs, nonbilled services, and other community services.

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

REPEALER. Minnesota Rules, part 4650.0102, subpart 7, is repealed.

EFFECT OF EMERGENCY AMENDMENTS. After the emergency amendments to chapter 4650 expire, the permanent rules as they read prior to those amendments again take effect, except as they may be amended by permanent rule.

Executive Orders

Executive Department

Emergency Executive Order 93-24: Declaring a State of Emergency in the State of Minnesota

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

WHEREAS, heavy and continuous rains, flooding, and storms have occurred from late April through August, 1993; and

WHEREAS, the heavy rainfall has resulted in widespread road and bridge closings and damage, crop destruction, building damage, potential dam and levee failures, and other threats to public safety; and

WHEREAS, the resources of local government and private relief agencies are being fully utilized to respond to the crisis; and

WHEREAS, local government and private relief agency resources are being exhausted; and

WHEREAS, in addition to the counties already declared in Executive Orders 93-7, 93-12, 93-15, 93-16, 93-18, 93-19, and 93-23, there is a threat to public safety in Pope county; and

WHEREAS, severe storms continue to cause damage, and additional counties may be requesting assistance as flood waters recede;

NOW, THEREFORE, I hereby order that:


A State of Emergency exists in the State of Minnesota and do direct the Division of Emergency Management, in conjunction with the Federal Emergency Management Agency and other state and federal agencies, to determine the need for supplementary disaster aid and to coordinate the provision of any such assistance as necessary under existing state and federal authority.

Pursuant to *Minnesota Statutes* 1992, Section 4.035, subd. 2, this Order is effective immediately and shall

Executive Orders

remain in effect until rescinded by proper authority or it expires in accordance with *Minnesota Statutes* 1992, Section 4.035, subd. 3.

IN TESTIMONY WHEREOF, I have set my hand this twenty-fourth day of September 1993.


Arne H. Carlson
Governor

Revenue Notices

The Department of Revenue began issuing revenue notices in July of 1991. Revenue notices are statements of policy made by the department that provide interpretation, detail, or supplementary information concerning a particular statute, rule, or departmental practice. The authority to issue revenue notices is found in *Minnesota Statutes* § 270.0604.

Department of Revenue

Revenue Notice #93-18: MinnesotaCare—Government Payments

Minnesota Statutes, section 295.53, subdivision 1(13) provides that payments received from any governmental agency for services benefiting the public, not including payments made by the government in its capacity as an employer or insurer, are excluded from the hospital, surgical center, or health care provider taxes under sections 295.50 to 295.57.

To qualify for this exemption, government payments have to be wholly generated by general public revenues and not by payments made by the covered individuals to the government as payment in part or in whole for benefits for the covered individuals. The fact that individuals benefited by the government payment make a copayment directly to the provider, does not disqualify the government payment from this exemption. The copayments to the provider are taxable.

EXAMPLES

1. Exempt Receipts

- a. Payments health care providers receive from the State of Minnesota or the federal government for patient services provided to inmates.
- b. A grant received by a hospital from a county to provide patient services to indigents.
- c. Payments received from the government under the migrant health service project.

2. Non-Exempt Receipts

- a. Payments a hospital receives from the federal government under the Champus program; these are payments for patient services provided to military personnel and are thus payments the government makes in its capacity as an employer.
- b. Payments received by a provider from the State of Minnesota for patient services provided to state employees are payments made by the government in its capacity as an employer.
- c. Payments received from the social security administration for evaluations given to determine whether an individual is eligible for social security disability are payments made by the government in its capacity as an insurer.

Dated: 4 October 1993

Revenue Notice #93-19: Income Tax—Unrelated Business Income Taxpayers—Net Operating Loss

Unrelated business income is defined under *Minnesota Statutes* § 290.05, subd. 3(a)(iii) by a cross-reference to sections 511 to 515 of the Internal Revenue Code.

Section 512(b)(6) of the Internal Revenue Code permits a net operating loss to be deducted as provided in section 172 of the Internal Revenue Code.

For purposes of the Minnesota income tax law, the deductibility of all net operating losses is governed by *Minnesota Statutes* § 290.095. For tax years beginning after 1986, Minnesota does not allow the federal net operating loss deduction. See, *Minnesota Statutes* § 290.01, subd. 19c(5).

Carryback of net operating loss is permitted only for tax years beginning before January 1, 1987. Net operating loss may be carried forward for tax years beginning after December 31, 1986, subject to the provisions of *Minnesota Statutes* § 290.095, subd. 3.

These Minnesota net operating loss restrictions do apply to unrelated business income taxpayers.

Dated: 4 October 1993

Revenue Notice #93-21: Sales and Use Tax—Automotive Repair, Paint, and Body Shops— Labor, Parts, and Supplies

Labor Charges

Minnesota Statutes § 297A.01, subd. 3, defines taxable "sale" which includes the transfer of tangible personal property and the furnishing of specific services but does not include repair labor.

Minnesota Statutes § 297A.01, subd. 8 defines "sales price" and provides for a deduction for installation labor if the consideration for such charges is separately stated.

Labor to install personal property that permanently modifies a vehicle is considered to be fabrication labor and taxable. See Revenue Notice #91-20.

Repair and installation labor performed by service stations, body shops, garages, paint shops, and automotive dealers is not taxable if separately stated on the bill or invoice. Failure to separately state exempt labor and taxable parts would cause the entire amount to be taxable.

The recapping or retreading of a tire carcass supplied by a customer is a repair. If the materials and labor are separately stated, only the materials portion is taxable.

Repair and Replacement Parts

The retail sale of repair or replacement parts and materials is subject to the sales tax. Automotive repairers may purchase these parts and materials exempt from sales tax for the purpose of resale since they are generally transferred to the customer during the course of the repair in a form or quantity capable of a fixed or definite value and generally itemized separately on the bill or invoice.

The following are examples of items that would generally be subject to sales tax when sold by the auto repairer:

Batteries	Oil and Air Filters
Bulbs	Shock Absorbers
Chassis Parts	Spark Plugs
Engine Parts	Tires
Headlamps	Windshields

Some automotive repairs can be made when the value of the parts or materials is insignificant compared to the total charge for the labor or service. If the retail value (the repairer's normal retail selling price) of the parts or materials furnished in connection with the repair work is insignificant, the materials or parts are not taxable unless they are separately stated on the billing. If the parts or materials are not separately stated, the total labor or service charge is not taxable but the repairer must pay the supplier tax on the materials, or pay use tax on the cost of the materials or parts.

The following are examples of repair services where the repairer could elect to not charge sales tax on parts and materials:

Lube Jobs
Wheel Packs
Packing U Joints
Wheel Balancing

Repair and Body Shop Supplies and Paint

When supplies are used or consumed in rendering repair services, the repairer cannot purchase the supplies exempt for resale. The supplies are subject to tax at the time of the purchase by the repairer. Generally, the supplies are not physically transferred to the customer and a retail sale has not occurred. Some supplies may become a component part of the repaired items but they are transferred in irregular quantities and not in a form or quantity capable of a fixed or definite price value, and therefore the repairer is deemed to be the consumer of the supplies.

Revenue Notices

For insurance purposes, body shops are reimbursed for supplies on a formula basis and the Department takes the position that formula reimbursement does not constitute a sufficient itemization of the quantity and form of the supplies used to enable the supplies to be purchased exempt for resale. Body shops which separately itemize on their invoices the amounts for labor, parts and for shop supplies, should collect sales tax on the parts but not on the labor or shop supplies. A charge for shop supplies is considered an extension of the charge for repair labor and is not regarded as a sale of tangible personal property; consequently, no tax is due on the charge.

The following are examples of items generally included in the category of shop supplies:

Abrasives	Grease	Sanding Discs
Battery Water	Grinding Discs	Scuff Pads
Body Filler or Putty	Hydraulic Jack Oil	Sealer
Bondo	Lubricants	Solder
Bolts and Nuts	Masking Tape	Solvents
Brake Fluid	Oxygen & Acetylene	Striping Tape
Buffing Pads	Paint	Tack Cloth
Chamois	Polishes	Thinner
Cleaning compounds	Primer	Waxes
Degreasing Compounds	Rags	Welding Rods
Floor Dry	Razor Blades	
Glaze	Sand Paper	

Tools and Equipment

All purchases of tools and equipment for use by automotive repairers are subject to the sales tax. The repairer is deemed the consumer of these items since they are not transferred to the customer and therefore the repairer should pay tax to the vendor at the time of purchase. Suppliers of these items may not accept exemption certificates in good faith from automotive repairers unless the repairers holds themselves out to the public as a retailer of such items.

The following are examples of items which are considered to be tools and equipment:

Air Compressors and Parts	Paint Brushes
Buffers	Paint Sprayers
Floor Jacks	Power Tools
Frame Straightening Equipment	Sanders
Hand Tools	Welding Equipment

Waste Disposal Fees

Amounts billed to customers relating to charges for disposing of hazardous waste (chemicals used in parts washers, battery fees, or special charges for disposing of tires) are not taxable to the customer when separately stated on the billing.

Implementation

This Revenue Notice is a clarification of the Department's position on the sales tax treatment of automotive repair, paint and body shops. Since there has been some confusion and misunderstanding concerning how sales tax applies to shop supplies and because of the policy change regarding the purchase of certain supplies, the Department of Revenue will begin to enforce this Revenue Notice on January 1, 1994. This Revenue Notice does not reflect a change in the Department's position as to how shop supplies should have been taxed prior to January 1, 1994, therefore no refunds will be issued for sales taxes collected and remitted on the sale of shop supplies prior to January 1, 1994. Automotive repair, paint and body shops will owe use tax on all shop supplies used after January 1, 1994, if sales tax was not paid to the vendor when the shop supplies were purchased.

Dated: 4 October 1993

Revenue Notice #93-22: Sales and Use Tax—Concession and Gaming Prizes

Operators of games of chance who award tangible personal property as prizes are the ultimate consumers of such property. The purchase of tangible personal property to be used as prizes in games of chance are not purchases for resale and, unless otherwise exempt, are subject to the sales tax. The term "games of chance" includes games played at carnivals, fairs and similar events, lawful gambling under *Minnesota Statutes*, Chapter 349, and the state lottery under *Minnesota Statutes*, Chapter 349A. This Revenue Notice represents a change in the Department's position and enforcement of this Revenue Notice will begin on January 1, 1994.

Dated: 4 October 1993

Revenue Notice #93-23: Sales and Use Tax—Local Taxes—Credit For Taxes Paid To Another City

If an item of tangible personal property has already been subjected to a tax by a city in Minnesota as a result of its sale, storage, use or consumption; a purchaser liable for use tax, with respect to the same property, in another city in Minnesota, shall be entitled to full credit for the amount of legally imposed sales or use tax paid to the first city.

Dated: 4 October 1993

Official Notices

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Department of Finance**Maximum Interest Rate**

Pursuant to *Minnesota Statutes*, Section 475.55, Subdivision 4, Commissioner of Finance, John Gunyou, announced today that the maximum interest rate for municipal obligations in the month of October, 1993 would be seven (7) percent per annum.

Obligations which are payable wholly or in part from the proceeds of special assessments or which are not secured by General Obligations of the municipality may bear an interest rate of up to eight (8) percent per annum.

For Further Information:

Peter Sausen
Assistant Commissioner
Cash & Debt Management
State of Minnesota
Department of Finance
(612) 296-8372

Board of Government Innovation and Cooperation**Operating Procedures****1. PROCEDURES OF OPERATION**

1.1 [Mason's Manual.] Except as otherwise provided by *Minnesota Statute*, these procedures, or established custom and usage, the rules of parliamentary procedure contained in "Mason's Manual of Legislative Procedure" govern the Board.

1.2 [Suspension of procedures.] The concurrence of three voting members of the Board is required to suspend, alter, or amend these procedures.

2. MEMBERSHIP

2.1 [Appointments.] The Board consists of three members of the senate appointed by the subcommittee on committees of the senate committee on rules and administration, three members of the house of representatives appointed by the speaker of the house, two administrative law judges appointed by the chief administrative law judge, the commissioner of finance, the commissioner of administration, and the state auditor. The commissioners of finance and administration and the state auditor may each designate one staff member to serve in the commissioner's or auditor's place. Designations by the commissioners of finance and administration must be made in accordance with *Minnesota Statutes*, chapter 15.06, subd. 6. A designation by the state auditor must be filed with the Secretary of State.

If the commissioner of finance, the commissioner of administration or the state auditor has jurisdiction over a rule or law for which a waiver or an exemption is sought, the chief administrative law judge shall appoint a third administrative law judge to serve as a member of the Board in the place of that official for purposes of determining whether to grant the waiver or exemption. The members

Official Notices

of the senate and the house of representatives serve as nonvoting members. A member of the senate or the house of representatives may designate a staff person to represent him or her at a Board meeting of which the member is unable to attend.

2.2 [Terms of Office for Board Members.] The terms of the commissioners of finance and administration and the state auditor on the Board shall be coterminous with their tenure in office. The appointing authorities for the senate and house members and the administrative law judges shall determine the term of office for their appointees. If no term of office is specified by the appointing authority, the member shall continue to serve until the appointing authority appoints a replacement.

2.3 [Resignation.] A member of the Board who is not directly designated by statute to serve on the Board may resign by providing notice to the chair. Upon receiving notice of the resignation, the chair shall promptly inform the appointing authority who appointed the member, and request the appointment of a replacement.

3. OFFICERS

3.1 [Election and Term.] The Board shall elect a chair and a vice chair by majority vote of the members present. The chair and the vice chair need not be voting members of the Board. A designee of a member of the Board shall not serve as chair of the Board; if the chair is unable to preside over a meeting of the Board, the vice chair shall preside over that meeting. The chair and vice chair shall serve for a term of one year from the date of election unless their terms as Board members expire at an earlier date.

3.2 [Administrative Responsibilities of Officers.] The chair shall be responsible for overseeing the day-to-day operations of the Board. The chair, or her or his designee, shall directly supervise all staff and consultants hired by the Board. All correspondence to the Board, including requests for rule waivers and temporary exemptions from enforcement of procedural laws, and grant applications, shall be addressed to the executive director at the executive director's state office. The state office of the chair shall be responsible for the administrative functions of the Board, including the payment of expenses and the dispersal of all grant funds.

3.3 [Committees of the Board.] The Board may conduct business through committees which may be established by a majority vote of the Board. The chair of the Board shall appoint members of any committees established by the Board; to the extent practical, any Board member wishing to serve on a Committee of the Board shall be offered the opportunity to do so. At least one legislative member and one executive branch member shall serve on each Committee of the Board. The chair of the Board, or his or her designee, shall be an ex officio member of all Committees.

4. MEETINGS

4.1 [Call.] The Board shall meet at the call of the chair or upon a call signed by two members of the Board. The chair, or the individual members calling for a meeting, shall prepare an agenda for the meeting. The chair shall grant the request of any member to have an item placed on the agenda for a Board meeting, provided the request is made at least one week prior to the Board meeting.

4.2 [Open to the Public.] All meetings of the Board, and any of its Committees, are open to the public, as provided in *Minnesota Statutes*, chapter 471.705.

4.3 [Notice of Meetings.] Regular meetings of the Board are held as provided for in the notice of meeting schedule issued by the chair of the Board and on file at the state office of the chair. If a meeting of the Board is to be held at a time or place different from the time or place stated in its schedule of regular meetings, it shall do so as provided by *Minnesota Statutes*, section 471.705, subdivision 1c.

4.4 [Quorum.] A majority of the voting members of the Board (or their authorized designees) constitute a quorum of the Board. The Board may take testimony without a quorum present, but no question may be decided and no action may be taken in the absence of a quorum.

4.5 [Roll Call Vote.] Any member may demand a roll call vote on any motion before the Board or a Committee of the Board. Pursuant to *Minnesota Statutes*, chapter 471.705, subdivision 1, a roll call vote shall be taken on all matters regarding the appropriation of money.

4.6 [Reconsideration.] The Board may reconsider any action taken. A Board member need not have voted with the prevailing side in order to move reconsideration. A vote to grant a rule waiver or a temporary exemption from enforcement of a procedural law, or a vote to approve a grant application, may not be reconsidered after the contract with the local government has been fully authorized; however, the Board may rescind a contract and recapture grant funds if the contractee has failed to abide by the terms of the contract.

4.7 [Minutes.] The chair of the Board and any committee shall cause minutes to be kept. The minutes must include:

- (a) The time and location of each meeting;
- (b) A list of Board members present;
- (c) The name of each person appearing before the Board, together with the name of the person, state agency, local unit of government, or other organization represented;
- (d) The language of each motion, the name of the member(s) making the motion, and the result of any vote upon the motion, including the ayes and nays when a roll call is demanded or required to be recorded; and

(e) Other important matters related to the work of the Board or Committee.

To the extent practicable, minutes shall be reviewed and approved at the next regular meeting of the Board or Committee.

5. REPORTS

5.1 [Acceptance or Rejection.] The substantive provisions or recommendations of any report to the Board from a Committee shall be accepted or rejected, in whole or in part, by a majority of Board members present.

5.2 [Minority Report.] Any minority report shall be made separately from the majority report. A minority report to the Board from a Committee shall be considered before the majority report. If the minority report is adopted, the majority report shall not be considered. If the minority report is not adopted, the majority report shall then be considered.

6. REQUESTS FOR WAIVERS AND EXEMPTIONS

6.1 [Availability of Waivers and Exemptions.] The Board shall annually publish notice in the *State Register* that local governments may request waivers of administrative rules or temporary, limited exemptions from enforcement of state procedural laws governing delivery of services by the local government unit, as well as notice on the availability of those documents for public review. The executive director shall maintain a docket of applications received for such waivers and make it available for public review. Local governments seeking a waiver or exemption must supply all information required by *Minnesota Statutes*, chapter 465.797, subd. 2. The governing body of the local unit(s) of government must certify that it has approved the request for a waiver or exemption. If applicable, the local unit(s) of government requesting the waiver or exemption must also certify that it has provided a copy of the application to the exclusive representative of its employees as certified under *Minnesota Statutes*, section 179A.12.

6.2 [Review and Approval Process.] The executive director shall distribute copies of all complete applications, which comply with statutory requirements, for rule waivers and temporary exemptions from enforcement of procedural laws to all Board members. The Board shall abide by the process for reviewing the request and determining the final disposition of the request as outlined in *Minnesota Statutes*, section 465.797, subd. 3 through subd. 7. Final approval of a request for a waiver or a request for a temporary exemption from enforcement of a procedural law shall require a majority vote of the voting-eligible Board members, or their authorized designees, present at a meeting of the Board.

7. APPLICATIONS FOR GRANTS

7.1 [Availability of Grants.] The Board shall publish notice in the *State Register* that local governments, an association of local governments, the metropolitan council, or an organization acting in conjunction with a local unit of government may apply for state grants authorized under *Minnesota Statutes*, chapters 465.798, 465.799, and 465.780. The Board shall require the applicant to provide all information that the Board deems necessary for a thorough evaluation of the merits of the application. The application must certify that the governing body of the applicant has approved the application for a grant. The Board shall specify the total amount of grant funds available for all grants and a timeline for submission of grant applications to the Board. The Board may also designate a timeline for resubmissions and modifications of grant applications. The Board shall not fund any grant applications until the deadlines for applications, and resubmissions and modifications of applications, have passed. The Board shall allocate up to 50 percent of the total amount of grant funds available for Service Sharing Grants pursuant to *Minnesota Statutes*, chapter 465.80. If the Board does not receive sufficient applications for Service Sharing grants to utilize all funds made available for that purpose, the Board may reallocate the remaining funds for the other grant programs of the Board. Final approval of a grant application shall require a majority vote of the voting-eligible Board members, or their authorized designees, present at a meeting of the Board.

7.2 [Criteria For Grant Programs] For Service Budget Management Model Grants and Cooperation Planning Grants, the Board will use the following general criteria in its evaluation of the relative merits of each proposal:

- the uniqueness of the proposal;
- the number of local governments/organizations directly participating in the proposal, and/or the potential of the proposal to be of benefit to other local units of government interested in replicating the project;
- the amount of resources dedicated to the proposal by the applicants (including in-kind contributions of resources), with due consideration for the relative ability of each applicant to utilize its own resources.
- the demonstrated level of commitment of the applicant to ensuring the success of the proposal;
- the degree of risk the applicant is willing to assume in moving forward with the proposal; and
- an overall cost/benefit analysis of the proposal.
- the level of involvement of the clients of the services in the planning process.

7.3 [Service Sharing Grants Point Scoring System.] Pursuant to *Minnesota Statutes*, 465.80, subd. 5, the Board will use the following point scoring system to award the Service Sharing Grants authorized under *Minnesota Statutes*, § 465.80. This point scoring system shall only be used if the amount of money made available by the Board for Service Sharing Grants is insufficient to fund all grants to eligible local governments with approved plans.

Official Notices

The Point scoring system shall be based on a maximum total of 100 points, with a maximum total of 50 points based on the relative needs for the grants, and a maximum of 50 points based on a costs/benefits analysis of each proposal.

Needs Based Scoring

- The Board shall award five points for each local unit of government that will be participating in the service sharing agreement, with a maximum score of 30 points.
- The Board shall award up to 20 points based on the relative merits of the applicant's plan in response to the required "evidence of the need for financial assistance to meet start-up costs that would be entailed in providing the combined service or function. Explain why existing resources, or projected program savings, can not be used for the start-up costs."

Costs/Benefits Based Scoring

- The Board shall award a maximum of 20 points based on the relative ratios of grant requests to projected annual cost savings. For each application that the Board determines is complete, a cost/benefit ratio will be established by placing the total amount of the grant requested over the projected annual cost savings. The application with the highest ratio of benefits to costs (the shortest amount of time that would be necessary to fully recover the state-funded start-up costs) shall be awarded 20 points. The remaining applications shall be awarded a pro rata share of 20 points based on their cost/benefit ratio compared to the application with the best cost/benefit ratio.
- The Board shall award 5 points if the amount of the state grant accounts for more than 25 percent of all necessary one-time only start-up costs, but less than 50 percent of all necessary start-up costs.
- The Board shall award 10 points if the amount of the state grant accounts for 25 percent or less of all necessary one-time only start-up costs.
- The Board shall award up to 10 points based on the relative merits of the applicant's response to the following question:
List the desired outcomes from the proposed shared services agreement? How will they be measured?
- The Board shall award up to 5 points based on the relative merits of the applicant's response to the following question:
What is the specific service(s) or program(s) which are to be provided under a shared services agreement between the participating local units of government? How will this shared services agreement be different from existing shared services arrangements already in place in other local government jurisdictions? Explain how other, non-participating local governments may benefit from this project.
- The Board shall award up to 5 points based on the minimum length of time each applicant is willing to commit to the implementation of the plan. The applicant(s) with the longest minimum length of commitment shall be awarded the full 5 points.

7.4 [Contracts Required.] The Board shall require all organizations that are to receive grants to enter into a contract with the Board which shall specify the terms of the grant agreement and the objectives to be achieved by the organization. No grant funds shall be released until the contract has been fully authorized. All contracts shall contain a recapture provision that will require the grantee to repay the grant if it fails to fulfill the terms of the contract.

8. COOPERATION AND COMBINATION

8.1 [Written Requests.] Two or more local units of government that intend to seek Board approval for a Cooperation and Combination plan pursuant to *Minnesota Statutes*, section 465.81 through 465.87 shall present a written statement of intent to the Board. The governing body resolutions and plan required under *Minnesota Statute*, section 465.82, subdivision 1, shall be attached to their written statement of intent.

8.2 [Board Approval.] The Board shall use the process contained in *Minnesota Statutes*, chapters 465.82 through 465.84 to approve the plan for cooperation and consolidation. Final approval of a plan for cooperation and combination shall require a majority of voting-eligible Board members, or their authorized designees, present at a meeting of the Board.

Board of Government Innovation and Cooperation Announcement

The Availability of Waivers from One or More Administrative Rules and the Availability of Temporary, Limited Exemptions from Enforcement of State Procedural Laws

The State Board of Government Innovation and Cooperation announces the availability of waivers from one or more administrative rules and the availability of temporary, limited exemptions from enforcement of state procedural laws. As a result of legislation approved by the 1993 Minnesota Legislature, local units of government, including counties, cities, school districts, towns and special taxing districts may apply to the newly-created Board of Government Innovation and Cooperation for a two to four year waiver of state administrative rules or a two to four year temporary, limited exemption from the enforcement of state procedural laws.

The Board of Government Innovation and Cooperation was created to help local governments overcome barriers to the effective and efficient provision of local government services.

Local governments interested in applying for a waiver or temporary exemption from the Board may submit an application at any time to the Board. Additional information, including a copy of the law and the application form, may be obtained by calling the Office of the State Auditor, at 297-7104.

Department of Health

Division of Environmental Health

Proposed Plan for Use of Administrative Penalty and Cease and Desist Order Authority

Notice of Intent to Finalize Plan

The Minnesota Department of Health, division of environmental health, is finalizing a plan for the use of administrative penalty orders and cease and desist orders. A proposed plan for the use of these enforcement tools has been developed and is now available for public comment.

Authority. Authority was granted by the 1993 legislature in the "Health Enforcement Consolidation Act of 1993," *Minnesota Statutes*, sections 144.989 to 144.993, to use administrative penalty orders and cease and desist orders for all regulatory programs administered by the division. *Minnesota Statutes*, section 144.99, subdivision 7 authorizes the commissioner of health to prepare a plan for using administrative penalty orders and cease and desist orders and to provide a 30-day period for public comment on the plan.

Comment and agency contact. Interested parties are invited to submit written comment on the proposed plan. Comment on the plan should be submitted to:

Jane A. Nelson
Environmental Health Division
Minnesota Department of Health
925 Southeast Delaware Street
P.O. Box 59040
Minneapolis, Minnesota 55459-0040
(612) 627-5038, FAX (612) 627-5479

Comment should be received by the department no later than 4:30 p.m., November 3, 1993. Questions concerning the content of the proposed plan may be addressed to Ms. Nelson.

Copies of the plan. If you wish to receive a copy of the proposed plan, one may be obtained by calling Rick Kipp at (612) 627-5046. A copy of the plan can be mailed or facsimiled to you. A copy of the plan is also available for review at the Barr Reference Library, Minnesota Department of Health, 717 S.E. Delaware Avenue.

Plan contents. The purpose of the administrative penalty order authority is to give the environmental health division a new remedy to seek compliance with regulatory programs administered by the environmental health division.

Regulatory programs include wells and borings; food, beverage and lodging establishments; water treatment operators; water haulers; sanitation in camping areas; public pools; clean indoor air; sources of ionizing radiation; x-ray machines and facilities using radium; public water supply systems; lead abatement, asbestos abatement; plumbing; water conditioning; asbestos abatement; and manufactured home parks.

In the case of a violation that is neither serious nor a repeated violation, a forgivable administrative penalty order may be issued. A forgivable penalty will be forgiven if the violation is timely corrected. In the case of a serious or a repeated violation, a nonforgivable penalty will not be forgiven, even if the violation is timely corrected. The statute provides criteria to be considered in determining the amount of any penalty, the maximum which may be \$10,000 for all violations identified in an inspection or review of compliance.

The purpose of the cease and desist order authority is to stop an activity covered by *Minnesota Statutes*, section 144.99, subdivision 1, if the continuation of the activity would result in an immediate risk to public health. The cease and desist order is valid for a period of up to 72 hours.

Procedures and criteria which the plan addresses include programs to which the law and plan apply; the range of enforcement tools available to the agency; the need for reporting, monitoring and documentation; procedures used to develop the plan for the use of the administrative penalty order and cease and desist order; procedures for the use of forgivable and nonforgivable administrative penalty orders; combination and cross program violations; referrals for collection of the penalty; requests for an expedited hearing and procedures to ensure the independence of persons issuing the order and those advising the commissioner; procedures for the use of

Official Notices

cease and desist order authority; and subsequent revision of the final plan. Criteria and elements for serious violations for all division programs are described and program specific examples for both serious and cease and desist violations are listed.

Finalization and modification of plan. The proposed plan must be finalized by the department by December 1, 1993. The plan may be modified as a result of public comment received. You are encouraged to submit comment on the proposed plan. If you wish to receive a copy of the final plan you may submit your request to Rick Kipp at the agency address above.

Dated: 27 September 1993

Patricia A. Bloomgren, Director
Division of Environmental Health

Department of Health

Notice of Completed Application and Notice of and Order for Hearing in the Matter of the Ambulance License Application from the City of West St. Paul Fire Department, West St. Paul, Minnesota

PLEASE TAKE NOTICE that the Commissioner of Health (hereinafter "Commissioner") has received a completed application from the City of West St. Paul (Fire Department), West St. Paul, Minnesota, for a Basic Ambulance license to serve the City of West St. Paul.

IT IS HEREBY ORDERED AND NOTICE IS HEREBY GIVEN that, pursuant to *Minnesota Statutes* §§ 14.57-14.69 and *Minnesota Statutes* § 144.802, a public hearing will be held on November 12, 1993, at West St. Paul Municipal Center, Conference Room, 1616 Humboldt Avenue, West St. Paul, Minnesota, commencing at 10:00 a.m. If you have an interest in this matter you are hereby urged to attend the public hearing. Failure to do so may prejudice your rights in this and any subsequent proceedings in this matter.

1. The purpose of the hearing is to determine whether the application from this ambulance service should be granted based upon the criteria set forth in *Minnesota Statutes* § 144.802, subd. 3(g).

2. This proceeding has been initiated pursuant to and will be controlled in all aspects by *Minnesota Statutes* §§ 144.801-144.8093, *Minnesota Statutes* §§ 14.57-14.69, and Rules for Contested Cases of the Office of Administrative Hearings, *Minnesota Rules* 1400.5100-1400.8402. Copies of the rules and statutes may be obtained for a fee from the Department of Administration, Public Documents Division, 117 University Avenue, St. Paul, Minnesota 55155, telephone: (612) 297-3000.

3. Jon. L. Lunde, Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, telephone: (612) 341-7645, will preside as administrative law judge at the hearing and will make a written recommendation on this application. After the hearing, the record and the administrative law judge's recommendation will be forwarded to the Commissioner to make the final determination in the matter.

4. Any person wishing to intervene as a party must submit a petition to do so under *Minnesota Rules* 1400.6200 on or before October 25, 1993. This petition must be submitted to the administrative law judge and shall be served upon all existing parties and the Commissioner. The petition must show how the contested case affects the petitioner's legal rights, duties or privileges and shall state the grounds and purposes for which intervention is sought and indicate petitioner's statutory right to intervene if one exists.

5. In addition to or in place of participating at the hearing, any person may also submit written recommendations for the disposition of the application. These recommendations must be mailed to the administrative law judge on or before November 4, 1993.

6. Any subpoena needed to compel the attendance of witnesses or the production of documents may be obtained pursuant to *Minnesota Rules* 1400.7000.

7. At the hearing, the applicant will present its evidence showing that a license should be granted and that all persons will be given an opportunity to cross-examine witnesses, to be heard orally, to present witnesses, and to submit written data or statements. All persons are encouraged to participate in the hearing and are requested to bring to the hearing all documents, records, and witnesses needed to support their position. It is not necessary to intervene as a party in order to participate in the hearing.

8. Please be advised that if nonpublic data is admitted into evidence, it may become public data unless an objection is made and relief is requested under *Minnesota Statutes* § 14.60, subd. 2.

9. You are hereby informed that you may choose to be represented by an attorney in these proceedings, may represent yourself, or be represented by a person of your choice if not otherwise prohibited as the unauthorized practice of law.

10. A Notice of Appearance must be filed with the administrative law judge identified above within 20 days following receipt of the Notice by any person intending to appear at the hearing as a party.

11. In accordance with the provisions of *Minnesota Statutes* § 14.61, the final decision of the Commissioner in this proceeding will not be made until the Report of the Administrative Law Judge has been made available to the parties in this proceeding for at least 10 days. Any party adversely affected by the Report of the Administrative Law Judge has the right to file exceptions and present arguments to the Commissioner. Any exceptions or arguments must be submitted in writing and filed with the Commissioner of Health, 717 Delaware Street Southeast, Minneapolis, Minnesota 55440, within 10 days of the receipt of the Administrative Law Judge's Report.

Dated: 23 September 1993

Mary Jo O'Brien
Commissioner of Health

Department of Human Services

Advisory Committee Meeting

The Advisory Committee on Organ and Tissue Transplants will meet on Wednesday, October 13, 1993, from 3:00 to 5:00 p.m., in Room 4A of the Department of Human Services office building at 444 Lafayette Road, St. Paul, Minnesota 55155. The purpose of the meeting is to develop recommendations on coverage of transplant procedures for a report to be submitted to the Legislature and Department of Human Services.

Department of Human Services

Health Care Administrative Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Amendments to *Minnesota Rules* Governing Eligibility to Receive Payment as a Provider, or Services as a Recipient, in the Medical Assistance Program

NOTICE IS HEREBY GIVEN that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose the adoption of amendments to the rules governing eligibility to receive payment as a provider, or services as a recipient, in the medical assistance program. The adoption of the rule amendments is authorized by *Minnesota Statutes*, section 256B.04, subdivision 2, which permits the agency to adopt rules concerning the medical assistance program. The proposed amendments affect parts: 9505.0170, applicability; 9505.0175, definitions; 9505.0185, professional services advisory committee; 9505.0190, recipient choice of provider; 9505.0195, provider participation; 9505.0200, competitive bidding; 9505.0205, provider records; 9505.0210, covered services; general requirements; 9505.0220, health services not covered by medical assistance; 9505.0221, payment limitation; parties affiliated with a provider; 9505.0225, request to recipient to pay; 9505.0270, dental services; 9505.0310, medical supplies and equipment; 9505.0365, prosthetic and orthotic devices; 9505.0405, vision care services; 9505.0430, health care insurance premiums; 9505.0040, medicare billing required; 9505.0445, payment rates; 9505.0450, billing procedures; general; 9505.0460, consequences of a false claim; 9505.0465, recovery of payment of provider; 9505.0470, provider responsibility for billing procedure; 9505.0475, suspension of provider convicted of crime related to medicare or medicaid.

The State Department of Human Services requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Barbara Ditmanson
Appeals and Regulations Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Oral statements will be received during regular business hours over the telephone at (612) 296-0626 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register*. Any written material received by the State Department of Human Services shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

Dated: 27 September 1993

Barbara Ditmanson
Rulewriter

Department of Human Services

The Following is the Current Prior Authorization List Which Replaces Any Other List Published in the *State Register*. The Newly Added and Changed Codes Will Require Prior Authorization on or After November 1, 1993

PRIOR AUTHORIZATION LIST

As authorized by *Minnesota Statutes*, section 256B.0625, subdivision 25, the following list includes all health services that require prior authorization as a condition of MA/GAMC reimbursement. The list is presented in sections: Dental Services, Vision Care Services, Medical Supplies and Equipment, Prosthetics and Orthotics, Hearing Aids, Drugs, Rehabilitative Services, Home Care Services, and All Other Services. The criteria used to develop this list are as follows:

- A. The health service could be considered, under some circumstances, to be of questionable medical necessity.
- B. Use of the health service needs monitoring to control the expenditure of program funds.
- C. Less costly, appropriate alternatives to the health service are generally available.
- D. The health service is investigative.
- E. The health service is newly developed or modified.
- F. The health service is of a continuing nature and requires monitoring to prevent its continuation when it ceases to be beneficial.
- G. The health service is comparable to a service provided in a skilled nursing facility or hospital but is provided in a recipient's home.
- H. The health service could be considered cosmetic.

I. DENTAL SERVICES

In addition to the specific services and procedures listed in this section, the following dental services always require prior authorization:

1. Hospitalization for dental treatment (see Dental Services chapter).
2. Surgical services, except emergencies and alveolectomies. For emergencies follow the After-the-Fact procedures in this section.
3. All removable prosthesis.

It is essential that requests submitted for prior authorization consideration be accompanied by adequate case information and appropriate diagnostic materials (i.e., x-rays, prosthesis information, teeth to be replaced).

RADIOGRAPHS

<u>Service Code</u>	<u>Service Description</u>
---------------------	----------------------------

(Prior authorization required only if provided more than once in a three-year period or to person under age 8)

D0210	Intraoral series I (including bitewings)
D0330	Panoramic film
D0335	Panorex, includes bitewings and additional peripheral films

(Prior authorization required only if six in a 12-month period is exceeded)

D0230	Intraoral, periapical, each additional film
D0240	Intraoral, occlusal film
D0250	Extraoral, first film
D0260	Extraoral, each additional film

(Prior authorization required only if any combination of up to four in a 12 month period is exceeded)

D0270	Bitewing, single film
D0272	Bitewings, two films
D0274	Bitewings, four films

TESTS AND LABORATORY EXAMINATIONS

<u>Service Code</u>	<u>Service Description</u>
D0999	Unspecified diagnostic procedure, by report(When no medical procedure is being done in addition to the dental procedure)

DENTAL PROPHYLAXIS (Prior authorization required only if provided more than once in a 180 day period)

D1110	Prophylaxis adults
D1120	Prophylaxis, children

DENTAL EXAMINATIONS (Prior Authorization required only if provided more than once in a 180 days period)

D0110	Initial oral examination
D0120	Periodic oral examination

FLUORIDE

D1204	Topical application of fluoride (excluding prophylaxis), adult
D1205	Topical application of fluoride (including prophylaxis), adult

CROWNS—SINGLE RESTORATIONS ONLY

D2710	Crown—resin (laboratory)
D2720	Crown—resin with high noble metal
D2721	Crown—resin with predominantly/base metal
D2722	Crown—resin with noble metal
D2740	Crown—porcelain/ceramic substrate
D2750	Crown—porcelain fused to high noble metal
D2751	Crown—porcelain fused to predominantly/base metal
D2752	Crown—porcelain fused to noble metal
D2790	Crown—full cast high noble metal
D2791	Crown—full cast predominantly base metal
D2792	Crown—full cast noble metal
D2810	Crown— $\frac{3}{4}$ cast metallic

OTHER RESTORATIVE SERVICES

D2952	Cast post and core in addition to crown
D2960	Labial veneer (lamine)
D2961	Labial veneer (resin laminate)-laboratory
D2962	Labial veneer (porcelain laminate)-laboratory
D2999	Unspecified restorative procedure, by report

ROOT CANAL THERAPY (includes treatment plan, clinical procedures, and follow-up care)

Prior authorization is required for root canal therapy involving more than one molar when done the same day.

OTHER ENDODONTIC PROCEDURES

D3460	Endodontic endosseous implant
D3960	Bleaching of discolored tooth
D3999	Unspecified endodontic procedure

SURGICAL SERVICES (including usual post-operative services)

D4210	Gingivectomy or gingivoplasty—per quadrant
D4211	Gingivectomy or gingivoplasty—per tooth

Official Notices

PERIODONTICS

<u>Service Code</u>	<u>Service Description</u>
D4220	Gingival curettage, surgical, per quadrant, by report
D4240	Gingival flap procedures, including root planning—per quadrant
D4249	Crown lengthening—hard and soft tissue, by report
D4250	Mucogingival surgery—per quadrant
D4260	Osseous surgery, including flap entry and closure per quadrant
D4261	Bone replacement graft—single site (including flap entry and closure)
D4262	Bone replacement graft—multiple sites (including flap entry and closure)
D4268	Guided tissue regeneration (includes the surgery and re-entry)
D4270	Pedicle soft tissue grafts
D4271	Free soft tissue grafts including donor site

ADJUNCTIVE PERIODONTAL SERVICES

D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341	Periodontal scaling, and root planning—per quadrant
D4345	Periodontal scaling performed in the presence of gingival inflammation

OTHER PERIODONTIC SERVICES

D4910	Periodontal maintenance procedures (following active therapy)
D4999	Unspecified periodontal service (by report)

PROSTHODONTICS, REMOVABLE COMPLETE DENTURES

D5110	Complete upper
D5120	Complete lower
D5130	Immediate upper
D5140	Immediate lower

PARTIAL DENTURES (including six months post-delivery care)

D5211	Upper partial—resin base (including any conventional clasps, rests and teeth)
D5212	Lower partial—resin base (including any conventional clasps, rests and teeth)
D5213	Upper partial—cast metal base with resin saddles (including any conventional clasps, rests and teeth)
D5214	Lower partial—cast metal base with resin saddles (including any conventional clasps, rests and teeth)

OTHER PROSTHETIC SERVICES

D5810	Interim complete denture (upper)
D5811	Interim complete denture (lower)
D5820	Interim partial denture (upper)
D5821	Interim partial denture (lower)
D5860	Overdenture complete, by report
D5861	Overdenture partial, by report
D5862	Precision attachment, by report
D5899	Unspecified removable prosthodontic procedure, by report

MAXILLOFACIAL PROSTHETICS

<u>Service Code</u>	<u>Service Description</u>
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentation implant prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5936	Obturator/prosthesis, interim
D5937	Trismus appliance
D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint
D5999	Unspecified maxillofacial prosthesis, by report

Official Notices

IMPLANTS

<u>Service Code</u>	<u>Service Description</u>
D6030	Endosseous implant (in the bone)
D6040	Subperiosteal implant
D6050	Transosseous implant
D6055	Implant connecting bar
D6080	Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis
D6090	Repair implant, by report
D6100	Implant removal, by report
D6199	Unspecified implant procedure, by report

PROSTHODONTICS, FIXED BRIDGE PONTICS (Only covered in situations where documented medical condition prohibits use of removable prostheses)

D6210	Pontic—cast high noble metal
D6211	Pontic—cast predominantly base metal
D6212	Pontic—cast noble metal
D6240	Pontic—porcelain fused to high noble metal
D6241	Pontic—porcelain fused to predominantly base metal
D6242	Pontic—porcelain fused to noble metal
D6250	Pontic—resin with high noble metal
D6251	Pontic—resin with predominantly base metal
D6252	Pontic—resin with noble metal

RETAINERS

D6545	Retainer—cast metal for acid etched fixed prosthesis
-------	--

CROWNS (Only covered in situations where documented medical condition prohibits use of removable prostheses)

D6720	Crown—resin with high noble metal
D6721	Crown—resin with predominantly base metal
D6722	Crown—resin with noble metal
D6750	Crown—porcelain fused to high noble metal
D6751	Crown—porcelain fused to predominantly base metal
D6752	Crown—porcelain fused to noble metal
D6780	Crown— $\frac{3}{4}$ cast high noble metal
D6790	Crown—full cast high noble metal
D6791	Crown—full cast predominantly base metal
D6792	Crown—full cast noble metal

OTHER FIXED PROSTHETIC SERVICES

D6940	Stress breaker
D6950	Precision attachment

ORAL SURGERY EXTRACTION

D7210	Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth
X7216	Removal and/or excision supernumerary tooth, impacted

<u>Service Code</u>	<u>Service Description</u>
D7220	Removal of impacted tooth—soft bone
D7230	Removal of impacted tooth—partially bone
D7240	Removal of impacted tooth—completely bone
D7241	Removal of impacted tooth—completely bone, with unusual surgical complications

OTHER SURGICAL PROCEDURES

D7271	Tooth implantation
D7272	Tooth transplantation
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy

VESTIBULOPLASTY

D7340	Vestibuloplasty—ridge extension (secondary epithelialization)
D7350	Vestibuloplasty—ridge extension (including soft tissue grafts, muscle re-attachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)

EXCISION OF BONE TISSUE

D7470	Removal of exostosis—mandible or maxilla
D7480	Partial ostectomy guttering or saucerization
D7490	Radical resection of mandible with bone graft

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR, JOINT DYSFUNCTIONS

D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy; with or without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy—diagnosis, with or without biopsy
D7873	Arthroscopy—surgical: lavage and lysis of adhesions
D7874	Arthroscopy—surgical: disc repositioning and stabilization
D7875	Arthroscopy—surgical: synovectomy
D7876	Arthroscopy—surgical: discectomy
D7877	Arthroscopy—surgical: debridement
D7880	Occlusal orthotic appliance
D7899	Unspecified TMD therapy, by report

OTHER ORAL SURGERY REPAIR OF TRAUMATIC WOUNDS

D7920	Skin grafts wounds, identify defect covered, location and type of graft
-------	---

Official Notices

OTHER REPAIR PROCEDURES

<u>Service Code</u>	<u>Service Description</u>
D7940	Osteoplasty for orthognathic deformities
D7941	Osteotomy, ramus, closed
D7942	Osteotomy, ramus, open
D7943	Osteotomy, ramus, open with bone graft
D7944	Osteotomy segmented or subapical per sextant or quadrant
D7945	Osteotomy, body of mandible
D7946	Maxilla, total (Le Fort I)
D7947	Maxilla, segmented (Le Fort I)
D7948	Osteoplasty facial bones for midface hypoplasia or retrusion (Le Fort II or III) without bone graft
D7949	Le Fort II or III with bone graft
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible—autogenous or nonautogenous
D7955	Repair of maxillofacial soft and hard tissue defect
D7970	Excision of hyperplastic tissue, per arch
D7971	Excision of pericoronal gingiva
D7980	Sialolithotomy
D7981	Excision of salivary gland
D7982	Sialodochoplasty
D7991	Coronoidectomy
D7993	Implant—facial bones
D7994	Implant—other than facial bones
D7999	Unspecified oral surgical procedure, by report

ORTHODONTICS MINOR TREATMENT FOR TOOTH GUIDANCE

D8110	Removable appliance therapy
D8120	Fixed or cemented appliance therapy

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210	Removal appliance therapy
D8220	Fixed or cemented appliance therapy

INTERCEPTIVE ORTHODONTIC TREATMENT

D8360	Removable appliance therapy
D8370	Fixed appliance therapy

COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION

D8460	Class I malocclusion
D8470	Class II malocclusion
D8480	Class III malocclusion

TREATMENT OF THE PERMANENT DENTITION

D8560	Class I malocclusion
D8570	Class II malocclusion
D8580	Class III malocclusion
D8650	Treatment of the atypical or extended skeletal case

<u>Service Code</u>	<u>Service Description</u>
D8750	Post-treatment stabilization
X0515	Orthodontic full case study (Prior Authroization required once every five years)
D8999	Unspecified orthodontic treatment

MISCELLANEOUS SERVICES

D9940	Occlusal guards, by report
D9941	Fabrication of athletic mouth guards (not covered for school sports)
D9951	Occlusal adjustment, limited
D9952	Occlusal adjustment, complete
D9999	Unspecified adjunctive procedure, by report

II. VISION CARE SERVICES

In addition to the codes specified below, all non-contract eyeglasses, lenses, and frames require prior authorization.

CONTACT LENS TREATMENT SERVICES (All contact lens services and supplies must be prior authorized except for recipients with a diagnosis of Aphakia, Aniseikonia, Keratoconus, or Bandage lenses.)

<u>Service Code</u>	<u>Service Description</u>
92070	Fitting of contact lens for treatment of disease, including supply of lens
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92391	Supply of contact lenses, except prosthesis for aphakia

OPHTHALMIC TREATMENT SERVICES (PA required if the recipient utilized any service under this heading in the past 24 months)

92004	Ophthalmological services; comprehensive, new patient
92014	Ophthalmological services; comprehensive, established patient
92340	Fitting of spectacles, except for aphakia; monofocal
92341	bifocal
92342	multifocal, other than bifocal
92352	Fitting of spectacle prosthesis for aphakia; monofocal
92353	multifocal
92358	Prosthesis service for aphakia; temporary

LOW VISION TREATMENT SERVICES

92354	Fitting of spectacle mounted low vision aid; single-element system
92355	telescopic or other compound lens system

VISION THERAPY SERVICES

92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
-------	--

OTHER SPECIALIZED SERVICES

92285	External ocular photography with medical diagnostic evaluation for documentation of medical progress
92287	Anterior segment photography with fluorescein angiography
92390	Supply of spectacles, except prosthesis for aphakia and low vision aids
92392	Supply of low vision aids

Official Notices

MATERIAL CODES

<u>Service Code</u>	<u>Service Description</u>
V2500 to V2599	Contact Lens—for diagnosis <u>other than</u> Aphakia, Keratoconus, or Aniseikonia, or Bandage Lens. (When submitting invoices for one of these three diagnoses, be sure to specify the diagnosis on claim. If the diagnosis is omitted, the claim will reject.)
V2600	Hand held low vision aids and other non-spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2629	Not otherwise classified, prosthetic eye
V2718	Press-on lens, Fresnell prism, per lens
V2743	Tint other than rose 1 or 2
V2744	Tint photochromic
V2755	U-V lens

III. MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

Medical Equipment/Supplies

Providers must get prior authorization for all procedure codes listed in Chapter 35, Section 06 where prior authorization is indicated, and the following general areas.

1. All wheelchairs and wheelchair accessories and repairs for nursing facility residents. Requests must state if the recipient or facility owns the wheelchair.
2. Repairs when the charge exceeds \$300. This includes labor and parts charges. All repairs and adaptations to equipment for nursing facility residents need written prior authorization. Specify who owns the equipment.
3. Maintenance of equipment.
4. Prior authorization is required for underpads and diapers if the recipient is under the age of four.
5. A battery charger for a wheelchair requires prior authorization if one has been purchased for the recipient within the last three years.
6. A home blood glucose monitor requires prior authorization if one has been purchased for the recipient within the last four years.

Nutritional Products (enteral)

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, and the first 30 days after hospital discharge to other than a long-term care facility. See Nutritional Services Chapter 54 for coverage standards and rebate requirements and the Prior Authorization phone-in Chapter 5 Section 04 for required information for prior authorization.

Prostheses and Orthoses

Providers must get prior authorization for the following.

1. Prostheses and orthoses when the purchase or projected cumulative rental costs exceeds \$2,000. This requirement excludes orthopedic footwear (see number two below).
2. Custom orthopedic footwear requires prior authorization (see codes below). Non-custom orthopedic footwear requires prior authorization if the shoe will not be attached to a leg brace.
3. Repairs and adaptations to a prosthesis or orthosis when the charge exceeds \$300.
4. Charges in excess of \$100 on L1499, L7499, and L8499.

<u>Service Code</u>	<u>Service Description</u>
L3230	Orthopedic footwear, custom shoes, depth inlay

<u>Service Code</u>	<u>Service Description</u>
L3250	Orthopedic footwear, custom molded shoes, removable inner molds, prosthetic shoe
Y5370	Wig

IV. HEARING AIDS

Services in the following categories require prior authorization:

1. Repairs to hearing aids when the cost of parts and labor exceeds \$100, or if a repair was made in the preceding 12 months.
2. The purchase of a non-contract hearing aid, including pocket talkers. Indicate model number and manufacturer on form.
3. The provision of more than one hearing aid in a five-year period.
4. More than one miscellaneous hearing aid and service per calendar year.
5. More than two hearing instrument parts accessories and earmolds per calendar year.

V. DRUGS

The following drugs require prior authorization which can only be obtained on the phone-in prior authorization line.

Agoral (OTC laxative) liquid
 Alferon N (Interferon Alfa-3)
 Antihemophilic Factor VIII
 Antihemophilic Factor IX
 Ceredase (Alglucerase)
 Clozapine (Clozaril)
 Declomycin
 Epoetin Alfa/Erythropoietin (Epoen and Procrit)
 Filgrastim (Neupogen)
 Interferon Gamma-1b (Actimmune)
 Lactulose Maltsupex (OTC laxative) liquid/powder/tabs
 Omeprazole (Prilosec): for > 8 week consecutive daily treatment
 Ondansetron (Zofran): for > 4 week consecutive daily treatment
 Papaverine; injectable Papaverine and Phentolamine; compounded injectable
 Sargramostim (Leukine and Prokine)
 Terfenadine (Seldane): > once daily
 Thorazine spansule
 Tretinoin (Retin-A): for patients who are 30 or older
 Vancomycin oral formula

Prior authorization requests will not be accepted by the Department for drugs which do not appear on the above list. Non-covered drugs which have received previous approval may continue to be dispensed through the duration of the approved period.

VI. REHABILITATIVE SERVICES OCCUPATIONAL THERAPY

The following occupational therapy services require prior authorization.

<u>Service Code</u>	<u>Service Description</u>
X4510	Occupational therapy evaluations/reevaluations that exceed 1½ hours per calendar year.
X4511	Unlisted occupational therapy requires prior authorization.
X4520	Occupational therapy group sessions require prior authorization.
X5510	Occupational therapy consultations that exceed more than one hour per calendar year
X5511	Occupational therapy supplies that exceed more than \$30 per calendar year

Official Notices

Any combination of the following codes that exceed 50 hours per year.

<u>Service Code</u>	<u>Service Description</u>
X4515	Occupational therapy motor skills
X4517	Occupational therapy sensory integrative skills
X4522	Occupational therapy cognitive skills
X4524	Occupational therapy preventive skills
X4526	Occupational therapy therapeutic adaptations
97540	Activities of Daily Living
97541	Activities of Daily Living, additional 15 minutes

PHYSICAL THERAPY

X4521 Physical therapy group sessions require prior authorization

Any combination of the following codes that exceed two per calendar year.

Q0104	Physical therapy evaluation/reevaluation
Q0103	Initial physical therapy evaluation for new patient

Any combination of the following codes that exceeds 30 hours per calendar year:

97110	Therapeutic exercises
97112	Neuromuscular reeducation
97114	Functional activities
97116	Gait training
97118	Electrical stimulation
97120	Iontophoresis
97122	Traction, manual
97124	Massage
97126	Contrast baths
97128	Ultrasound
97145	Additional 15 minutes of 97110-97128, 90900 and 97799
97220	Hubbard tank initial 30 minutes
97221	Hubbard tank, additional 15 minutes
97240	Pool therapy, initial 30 minutes
97241	Pool therapy, additional 15 minutes
97500	Orthotics training, initial 30 minutes
97501	Orthotics training, additional 15 minutes
97520	Prosthetics training initial 30 minutes
97521	Prosthetics training additional 15 minutes
97530	Kinetic activities initial 30 minutes
97531	Kinetic activities additional 15 minutes
97700	Office visit for orthotics, prosthetics or ADL checkout
97701	Office visit, for orthotics, prosthetics or ADL checkout additional 15 minutes
90900	Biofeedback, initial 30 minutes
X5515	Wound care, initial 30 minutes

Any combination of the following modalities that exceed 30 per calendar year:

<u>Service Code</u>	<u>Service Description</u>
97010	Hot or cold packs
97012	Traction
97014	Electric stimulation
97016	Vasopneumatic devices
97018	Paraffin bath
97020	Microwave
97022	Whirlpool
97024	Diathermy
97026	Infrared
97028	Ultraviolet

More than one of the following tests per calendar year require prior authorization.

97720	Extremity testing, initial 30 minutes
97721	Extremity testing, additional 15 minutes

Any combination of the following codes that exceed two per calendar year require prior authorization:

95831	Muscle testing, manual extremity
95832	Hand
95833	Total evaluation of body w/out hands
95834	Total evaluation of body w/hands

Either of the following codes that exceed two per calendar year:

97752	Muscle testing w/torque curves during isometric & isokinetic exercise
95842	Muscle testing

Any combination of the following that exceed 12 per calendar year:

95851	Range of motion measurements
95852	Range of motion measurements—hand with comparison to normal side.

The following codes always require prior authorization:

97139	Unlisted procedure
97039	Unlisted modality
97545	Work hardening/conditioning; initial 2 hours;
97546	additional hour
97799	Unlisted physical medicine or procedure

SPEECH-LANGUAGE PATHOLOGY

The following codes require prior authorization:

X4612	Extended consultations that exceed two per calendar year must be prior authorized.
X4614	Construction, programming or adaptation of an augmentative communication devices that exceeds four hours per calendar year
92599	Unlisted otorhinolaryngological services
V5362	Speech screenings that exceeds once per calendar year.
V5363	Language screenings that exceeds once per calendar year.
V5364	Dysphagia screenings that exceeds once per calendar year.

Official Notices

Any combination of the following codes that exceed one per calendar year require prior authorization:

<u>Service Code</u>	<u>Service Description</u>
92506	Medical evaluation of speech Any combination of the following codes that exceeds 50 hours per calendar year.
92507	Individual speech, language and hearing treatment
92508	Group speech language or hearing treatment
X4610	Speech therapeutic services
X4611	Basic consultation

AUDIOLOGY

The following codes require prior authorization:

92506	Audiology evaluation/reevaluations that exceed two per calendar year
92507	Individual hearing therapy that exceeds five sessions per calendar year
92592	
92593	Monaural or binaural hearing aid checks that exceed four per calendar year
92599	Unlisted otorhinolaryngologic service must be prior authorized

Any combination of the following codes that exceeds one per calendar year.

92590	Monaural hearing aid exam & selection
92591	Binaural hearing aid exam & selection
92594	Electroacoustic evaluation for monaural hearing aid
92595	Electroacoustic evaluation for binaural hearing aid
92596	Ear protector attenuation measurements

Any combination of the following codes that exceed two per calendar year.

X4611	Basic Consultations
X4612	Extended Consultation

VII. HOME CARE SERVICES

Effective October 1, 1991, an MA recipient (except for Elderly Waiver [EW], Community Alternative Care [CAC], Community Alternatives for Disabled Individuals [CADI], or Traumatic Brain Injury [TBI] waiver recipients) may receive the following amounts of home care services each calendar year (**NOTE:** A calendar year runs from January 1st through December 31st.):

1. a combined total of forty (40) skilled nurse visits (X5284) or home health aide visits (X5285); and
2. a total of 40 units (10 hours) of R.N. supervision for personal care services (X4037 or X5644).

NOTE: Skilled nurse visits provided to a recipient residing in an intermediate care facility for persons with mental retardation (ICF/MR) do not fall under this limit and must be prior authorized by the Department. Refer to section 507.03 for procedures to follow to request prior authorization.

MA reimbursement for these services above these limits requires Department prior authorization. Effective October 1, 1991, the following services require Department prior authorization **before any amount** of service may be provided. (**NOTE:** Some procedure codes have been changed or eliminated effective September 1, 1992. Refer to Instructional Bulletin #92-65A for further directions.)

<u>Service Code</u>	<u>Service Description</u>
X5643	15 minutes of personal care service by an independently enrolled personal care assistant (PCA)
X5645	15 minutes of personal care service by a provider organization
X5641	15 minutes of private duty nursing service by an independently enrolled R.N.
X5642	15 minutes of private duty nursing service by an independently enrolled licensed practical nurse (L.P.N.)

<u>Service Code</u>	<u>Service Description</u>
X5646	15 minutes of private duty nursing service by an R.N. employed by or under contract with a private duty nursing provider organization to a non-ventilator dependent recipient
X5647	15 minutes of private duty nursing service by an R.N. employed by or under contract with a private duty nursing provider organization to a ventilator dependent recipient
X5648	15 minutes of private duty nursing service by a L.P.N. employed by or under contract with a private duty nursing provider organization to a non-ventilator dependent recipient
X5649	15 minutes of private duty nursing service by a L.P.N. employed by or under contract with a private duty nursing provider organization to a ventilator dependent recipient
X5284	Skilled nurse visit (when provided to a recipient residing in an ICF/MR)

Refer to sections 507.01 or 507.03 for procedures to follow to request prior authorization.

VIII. ALL OTHER SERVICES

The following health services require prior authorization:

1. All air ambulance transportation that originates or is to a destination outside of Minnesota.
2. Scheduled ALS or BLS ambulance trips in excess of six trips per month. Procedure codes A0010 basic life support, A0222 ambulance return trip, A0225 neonatal transport, A0220 advanced life support, A0223 ALS supplies billed separately, and A0150 BLS nonemergency ambulance care are included.
3. Scheduled ground transportation provided outside of Minnesota.
4. Partial hospitalization programs, pain programs (billed as a package over a certain number of sessions), eating disorder programs, and other structured outpatient programs.
5. Investigative health services and procedures (see Appendix F).
6. Procedures that may be considered cosmetic. If staged reconstructive surgery is being proposed for correction of a congenital anomaly the complete plan for future surgeries must be submitted with the first prior authorization.
7. All surgical or behavioral modification services aimed specifically at weight reduction.
8. Services provided outside of Minnesota. This requirement for prior authorization does not include services provided in a recipient's local trade area that would not require prior authorization if provided within Minnesota, emergency services, services needed because the recipient's health would be endangered if the recipient was required to return to Minnesota or services provided to children placed outside of Minnesota through the subsidized adoption assistance program under *Minnesota Statutes*, Section 256B.055, subdivision 1 or 2.
9. Treatment or removal of a hemangioma.

In addition, the following specific procedures require prior authorization:

<u>Service Code</u>	<u>Service Description</u>
A2000* ¹	Manipulation of spine by chiropractor (A2000 replaces X2010 and X2020)
E0750	Implantable electrical nerve stimulator, spinal cord
J0585	Botulinum Toxin Type A
X0691* ⁹	Day treatment, nervous and mental
X1420* ²⁰	Acupuncture
X2393-22* ³	Nutritional consultation, evaluation by R.D.
X2393* ³	Nutritional consultation, follow-up visit
X2395* ¹²	Individual diabetes education session, per hour—Type I—insulin dependent
X2396* ¹³	Individual diabetes education session, per hour—Type II—non-insulin dependent
X5231	Face-to-face contact between the case manager and the client
X5232	Face-to-face contact between the case manager and the client's family, legal representative, primary caregiver, mental health providers, or other service providers, or other interested persons

Official Notices

<u>Service Code</u>	<u>Service Description</u>
X5233	Telephone contact between the case manager and client, the client's mental health provider or other service providers, a client's family, legal representative, primary caregiver, or other interested persons (MA reimbursement limited to two hours per month)
X5234	Contacts between the case manager and the case manager's clinical supervisor concerning the client
X5235	Development, review, and revision of the client's ICSP or IFCSP, including the case manager's functional assessment of the client
X5236	Time spent by the case manager traveling outside the county of financial responsibility to meet face-to-face with a client or the client's family, legal representative, or primary caregiver when the client is a resident of a regional treatment center, residential treatment facility, or an inpatient hospital located outside the county of financial responsibility (MA reimbursement limited to eight hours per day)
X5237	Time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver
X5317* ¹⁵	Cognitive retraining (1 to 3 clients)
X5318* ¹⁵	Cognitive retraining (4 to 9 clients)
X5535* ¹⁶	Neuropsychological consultation (individual)
X5536* ¹⁷	Neuropsychological consultation (group)
X5537* ¹⁸	Neuropsychological consultation (agency)
X5330	Partial hospitalization program—adult
X5331	Partial hospitalization program—adolescent
X5355* ¹⁰	Cardiac rehabilitation program; including physician services, per session
X5356* ¹⁰	Cardiac rehabilitation program; excluding physician services, per session
X5531* ⁴	Individual psychotherapy, discretionary visits, 45-50 minutes (replaces 90844-22)
X5535* ¹⁶	Neuropsychological consultation (individual)
X5536* ¹⁷	Neuropsychological consultation (group)
X5537* ¹⁸	Neuropsychological consultation (agency)
X5641* ²	Private duty nursing by RN
X5642* ²	Private duty nursing by LPN
X7010	ICF-MR and DAC special needs—service (review by Long-term Care Division)
X7020	ICF-MR and DAC special needs—equipment (review by Long-term Care Division)
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm
11922	each additional 20.0 sq cm
11950	Subcutaneous injection of "filling" material (e.g., collagen); 1 cc or less
11951	1.1 to 5 cc
11952	5.1 to 10 cc
11954	over 10 cc
11960	Insertion of tissue expander
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	more than 15 punch grafts
15780	Dermabrasion of skin
15781	less than total face
15782	regional

<u>Service Code</u>	<u>Service Description</u>
15783	superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion
11587	each additional four lesions or less
15790	Chemical peel; total face
15791	regional, face, hand, or elsewhere
15810	Salabrasion; 20 sq. cm or less
15811	over 20 sq. cm
15820	Blepharoplasty, lower eyelid
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighing down lid
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, "P-flap")
15826	glabellar frown lines
15828	cheek, chin and neck
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)
15835	buttock
15836	arm
15832	thigh
15833	leg
15834	hip
15837	forearm or hand
15838	submental fat pad
15839	other area
15876	Suction assisted lipectomy, head and neck
15877	trunk
15878	Suction assisted lipectomy, upper extremity
15879	lower extremity
17106	Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq. cm
17107	10.0–50.0 sq. cm
17108	over 50.0 sq. cm
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each ½ hour
19140	Mastectomy for gynecomastia through circumareolar or other incision
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation without prosthetic implant
19325	with prosthetic implant
19328	Removal of intact mammary implant
19355	Correction of inverted nipples

Official Notices

<u>Service Code</u>	<u>Service Description</u>
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, temporomandibular
21070	Coronoidectomy (separate procedure)
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21144	Reconstruction midface, Lefort I; intrusion, single piece (e.g., for long face syndrome)
21145	Reconstruction midface, Lefort I; single piece, any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, Lefort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, Lefort I; three or more pieces, any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, Lefort II; anterior intrusion (e.g., Treacher-Collins syndrome)
21151	Reconstruction midface, Lefort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without Lefort I
21155	Reconstruction midface, Lefort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with Lefort I
21159	Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without Lefort I
21160	Reconstruction midface, Lefort III (extra and intracranial), with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with Lefort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g. plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Removal by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm ²
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 cm ² , but less than 80 cm ²
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 cm ²

<u>Service Code</u>	<u>Service Description</u>
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; without bone graft
21194	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "l" osteotomy; with bone graft
21195	Reconstruction of mandibular ramus, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular ramus, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate
21245	Reconstruction of mandible or maxilla, subperiosteal implant, partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant, complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant, partial
21249	complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., microphthalmia)
21299	Unlisted craniofacial and maxillofacial procedure
21260	Periorbital osteotomies for orbital hypertelorism
21261	combined intra and extracranial approach
21263	with forehead advancement
21267	Orbit repositioning
21268	combined intra and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21462*7	Open treatment of closed or open mandibular fracture, with interdental fixation
21485	Complicated manipulative treatment of TMJ dislocation, initial or subsequent
30120	Excision or surgical planing of skin of nose
30400	Rhinoplasty, primary
30410	complete
30420	including major septal repair
30430	Rhinoplasty, secondary
30435	intermediate
30450	major revision
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
33212*11	Insertion or replacement of automatic implantable cardioverter-defibrillator pulse generator

Official Notices

<u>Service Code</u>	<u>Service Description</u>
33245	Implantation of automatic implantable cardioverter-defibrillator pads with or without sensing electrodes
33246	with insertion of automatic implantable cardioverter defibrillator pulse generator
33935	Heart-lung transplant with recipient cardiectomy, pneumonectomy
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	Revision of implanted intra-arterial infusion pump
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasis); limb or trunk
36469	face
36470*	Injection of sclerosing solution; single vein
36471*	multiple veins, same leg
38240	Bone marrow transplant, allogenic
38241	Bone marrow transplant, autologous
40650	Repair lip, full thickness, vermilion only
40652	up to half vertical height
40654	over one half vertical height, or complex
40700**	Plastic repair of cleft lip/nasal deformity; primary, partial, or complete, unilateral
40701**	primary bilateral, one stage
40702**	primary bilateral, one of two stages
40720**	secondary, by recreation of defect and reclosure
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42200**	Palatoplasty for cleft palate, soft and/or hard palate
42205**	Palatoplasty for cleft palate, with closure of alveolar ridge
42210**	with bone graft to alveolar ridge
42215**	Palatoplasty for cleft palate, major revision
42220**	secondary lengthening procedure
42225**	attachment pharyngeal flap
43810	Gastroduodenostomy
43820	Gastrojejunostomy
43825	with vagotomy, any type
43842	Gastroplasty, vertical-banded, for morbid obesity
43843	Gastroplasty, other than vertical-banded, for morbid obesity
43844	Gastric bypass for morbid obesity
43845	Gastroplasty, any method, for morbid obesity
43846	Gastric bypass with Roux-en-Y gastroenterostomy
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
43855	with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy
43865	with vagotomy
44131	Enteroenterostomy, anastomosis of intestine; intestinal bypass for morbid obesity
47135	Liver transplant, with or without recipient hepatectomy

<u>Service Code</u>	<u>Service Description</u>
48160	Pancreatectomy, total; with transplantation
54400	Insertion of penile prosthesis; non-inflatable
54401	inflatable
54405	Insertion of inflatable penile prosthesis
54660	Insertion of testicular prosthesis
55970	Intersex surgery; male to female
55980	female to male
56356	Hysteroscopy; with endometrial ablation (any method)
58996	Hysteroscopy; with endometrial ablation (any method)
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
63185	Laminectomy with rhizotomy; 1 or 2 segment
63190	Laminectomy with rhizotomy; more than 2 segments
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63750	Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
63780	Insertion or replacement, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy
64550	Application of surface (transcutaneous) neurostimulator Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	peripheral nerve
64560	autonomic nerve
64565	neuromuscular
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	peripheral nerve
64577	autonomic nerve
64580	neuromuscular
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral neurostimulator pulse generator or receiver
64612*8	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles innervated by facial nerve
64613*8	cervical spinal muscles
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65770	Keratoprosthesis
65771	Radial keratotomy
65772	Corneal relaxing incision for correction of surgically induced astigmatism

Official Notices

<u>Service Code</u>	<u>Service Description</u>
65775	Corneal wedge resection for correction of surgically induced astigmatism
67345	Chemodervation of extraocular muscle
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair blepharoptosis, frontalis muscle technique with suture
67902	frontalis muscle technique with fascial sling
67903	(tarso)levator resection or advancement, internal approach
67904	(tarso)levator resection or advancement, external approach
67906	superior rectus technique with fascial sling
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
69300	Otoplasty, protruding ear, with or without size reduction
69930	Cochlear implant
78350	Bone density(bone mineral content) study; single photon absorptiometry
78351	dual photon absorptiometry
90820*14	Interactive diagnostic assessment
90855*14	Interactive individual psychotherapy
90857*14	Interactive group psychotherapy
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
95828	Polysomnography (recording, analysis and interpretation of multiple simultaneous physiological measurements of sleep)
X5317*15	Cognitive retraining (1 to 3 clients)
X5318*15	Cognitive retraining (4 to 9 clients)
X5535*16	Neuropsychological consultation (individual)
X5536*17	Neurophyschological consultation (group)
X5537*18	Neuropsychological consultation (case/team consultation)
95883*19	Neuropsychological testing battery by doctoral-prepared licensed neuropsychologist
90843-90844*4	Psychotherapy
90847*4	Family medical psychotherapy (bill using 90846 when family member being treated is not present)
90853*4	Group medical psychotherapy
90899*5	Unlisted psychiatric service or procedure, e.g., pain clinics
90915*4	Biofeedback training, other
93797*10	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring
93798*10	with continuous ECG monitoring
99199**	Chemodervation *8

*1PA is required for treatments in excess of 6 per month and 24 per calendar year.

*2All hours of private duty nursing provided in a hospital or facility certified as an ICF, SNE, or ICF/MR.

*3PA is required for nutritional counseling services in excess of one nutritional counseling evaluation and two nutritional counseling, follow-up visits per calendar year.

*4:

A. PA is required for more than twenty-six (26) hours (52 visits/units of 90843) or 90915 (when billed in one unit increments) and twenty (20) hours of 90844 or 40 units of 90915 (when billed in two-unit increments) per calendar year. Note: The 90915 when billed as one unit and 90843 combined decrements from the total 26 hours per calendar year. There is not a separate benefit level for each code. Likewise, 90915 when billed as two units and 90844 combined decrement from the total 20 hours per calendar year. There is not a separate benefit level for each code.

B. In addition to the twenty hours of 90844 allowed in A above, a recipient is entitled to six (6) X5531's which are discretionary visits and may be used in any frequency or in combination with any other psychotherapy which is subject to the PA requirement without requiring PA. For example, a provider may choose to provide a group therapy session (90853) and an individual therapy session (90844 or X5531) during the same five (5) day calendar period. This would normally require PA if the 90844 code was used. See F below. However, by using one of the six (6) X5531's the PA system can be bypassed. **THE PURPOSE OF THESE X5531s IS TO PROVIDE FLEXIBILITY WITHOUT THE NEED FOR OBTAINING PA. PLEASE UTILIZE THEM CAREFULLY AND THOUGHTFULLY.**

C. PA is required when 90843 or one unit of 90915 is provided more frequently than once every five (5) calendar days.

D. PA is required either when more than three (3) hours of 90853 are provided within a five (5) calendar day period, or when more than seventy-eight (78) hours per calendar year has been reached.

E. PA is required for 90847 in excess of 26 hours per calendar year or when provided more frequently than once every five (5) calendar days. (Note: 90846 must be used when the family member being treated is not present during the family therapy session. CPT 90846 is subject to the same P.A. requirements and limitations as those imposed on CPT 90847. Use of this code does not result in an additional benefit level but counts against the benefit level available for 90847.

F. PA is required when more than one type of psychotherapy (individual, group, or family) is provided within a five (5) calendar day period. However, 90843 and 90844 cannot be provided more frequently than once every ten (10) calendar days without PA. (Note: 90846 and 90847 are both considered to be family therapy.)

G. PA is required for 90844 or two units of 90915 when provided more frequently than once every ten (10) calendar days, and when 90843 or one unit of 90915, and 90844 or two units of 90915 are provided more frequently than one every ten (10) calendar days.

Calendar days are calculated by counting the first day after rendering a service as day one (1) and counting forward for a total of five (5) or ten (10) days as applicable. Additional services may not be provided until the sixth (6th) or eleventh (11th) day.

*5PA is required for pain clinic programs, eating disorder, and other structured outpatient programs.

*6PA required only when the service is performed on a patient 18 and over.

*7PA is required if this code is used more than 30 days after documented fracture.

*8PA is required for chemodenervation of any area.

*9PA is required for day treatment in excess of 390 hours.

*10PA is required in excess of 36 sessions per calendar year.

*11This procedure code includes two services; the insertion or replacement of a pacemaker pulse generator or automatic implantable cardioverter-defibrillator pulse generator. When using this code to bill for the insertion or placement of pacemaker pulse generator, note this service in the Procedure box of the Practitioner Invoice, as this specific service does not require PA.

*12PA is required in excess of 6 sessions per calendar year.

*13PA is required in excess of 4 sessions per calendar year.

*14A doctoral-prepared licensed neuropsychologist may be approved to bill for interactive diagnostic assessment (90820), interactive individual psychotherapy (90855), and interactive group psychotherapy (90857) with PA.

*15PA is required for cognitive training (X5317, or X5318, or a combination of X5317 and X5318) in excess of 390 hours.

*16PA is required for neuropsychological consultation (X5535) prior to service initiation and for more than 20 hours.

*17PA is required for neuropsychological consultation (X5536) prior to service initiation and for more than 78 hours.

*18PA is required for neuropsychological consultation (X5537) prior to service initiation. PA must be renewed each calendar year (i.e., in January).

*19PA is required for neuropsychological testing and assessment (95883) prior to service initiation.

*20Acupuncture is covered for chronic pain. PA is required in excess of 10 sessions.

Official Notices

I. GENERAL INFORMATION:

1. PHYSICIAN NAME: _____ 2. MA PROVIDER NUMBER: _____
3. SPECIALTY: _____
4a. PATIENT NAME: _____ 4b. MA ID#: _____
4c. PATIENTS' CLOZARIL NATIONAL REGISTRY #: _____
5. NUMBER OF HOSPITAL ADMISSIONS DURING THE PAST TWO YEARS: _____
6. NUMBER OF DAYS PATIENT WAS IN HOSPITAL DURING PAST TWO YEARS: _____
7. REGARDING DRUG TRIALS: (circle one)
a. There was a lack of response to trials of other neuroleptic medications.
b. Was unable to achieve an effective dose of other neuroleptic medications due to intolerable and refractory extra pyramidal side effects or tardive dyskinesia.

(If [b], please describe on the back of this form. Note the side effect, for tardive dyskinesia, include the Abnormal Involuntary Movements Scale (AIMS) or Dyskinesia Identification Systems Condensed User's Scale (DISCUS) score.

II. CRITERIA FOR APPROVAL:

1. Diagnosis of schizophrenia per DSM-III-R 295.XX excluding 295.40. _____ YES _____ NO

2. SEVERITY OF ILLNESS:

Score on Brief Psychiatric Rating Scale (BPRS) of 45 or greater on an 18 item version, or at least a score of five in four of the following BPRS categories: **A.** Emotional Withdrawal; **B.** Conceptual Disorganization; **C.** Suspiciousness; **D.** Hallucinatory Behavior; **E.** Unusual Thought Content; **F.** Blunted Affect. **Note letters (from above) of categories or BPRS Score:** _____

3. Duration of disease is six months or more. _____ YES _____ NO

4. Patient has had a minimum of two unsuccessful drug trials which met all of the following guidelines: _____ YES _____ NO

a. The two neuroleptics were from at least two anti-psychotic classes.

b. A trial of depo medication or documentation that such a trial was considered and reasons for rejection (use back of this form).

c. Duration of at least six weeks for each trial.

d. 1. Dosage of each drug was equivalent or greater than 1000mg per day of Chlorpromazine; or 2. Was unable to achieve an effective dose of trial neuroleptic medications due to intolerable and refractory extra pyramidal side effects or tardive dyskinesia.

5. Do any of the following apply to this patient?

a. History of a blood dyscrasia _____ YES _____ NO

b. Receiving other agents which have potential to suppress bone marrow function _____ YES _____ NO

c. Has an uncontrolled seizure disorder _____ YES _____ NO

(If yes to 5a-c, please document on the back the rationale for prescribing Clozaril.)

6. Do any of the following apply to this patient?

a. Has significant cardiac disease or is cardiac compromised _____ YES _____ NO

b. Has other severe medical condition(s) _____ YES _____ NO

(If yes to 6a-b, please document on the back the rationale for prescribing Clozaril.)

PHYSICIAN SIGNATURE: _____ DATE: _____

(12/01/91)

MN DEPARTMENT OF HUMAN SERVICES • HEALTH CARE MANAGEMENT DIVISION

• PRIOR AUTHORIZATION UNIT

CLOZARIL INFORMATION - CONTINUING TREATMENT REQUEST

• THIS FORM MUST BE COMPLETED BY THE PHYSICIAN •

A COPY OF THIS COMPLETED FORM AND ANY PHYSICIAN DOCUMENTATION ON THE BACK OF THIS FORM MUST BE ATTACHED TO THE PRESCRIPTION SENT TO THE PHARMACY

I. GENERAL INFORMATION:

- 1. PHYSICIAN NAME: _____ 2. MA PROVIDER NUMBER: _____
3. SPECIALTY: _____
4a. PATIENT NAME: _____ 4b. MA ID#: _____
4c. PATIENTS' CLOZARIL NATIONAL REGISTRY #: _____
5. NUMBER OF HOSPITAL ADMISSIONS & THE NUMBER OF HOSPITAL DAYS DURING THE PAST 3 MONTH/ 6 MONTH/12 MONTH (please circle the 3, 6 or 12) COURSE OF TREATMENT WITH CLOZARIL: _____
6. WHEN & WHERE WAS THIS PATIENT STARTED ON CLOZARIL? _____

II. CRITERIA:

- 1. Diagnosis of schizophrenia per DSM-III-R 295.XX excluding 295.40: _____ YES _____ NO
2. The patient has a current Clozaril National Registry Number: _____ YES _____ NO
3a. For patients started before 12/01/91 who have a baseline BPRS Score:
There has been a reduction greater than 20% from baseline in the Basic Psychiatric Rating Scale (BPRS) Total: _____
_____ YES _____ NO

or

- A two point reduction in at least two of the following key BPRS categories: _____ YES _____ NO
A. Emotional Withdrawal; B. Conceptual Disorganization; C. Suspiciousness;
D. Hallucinatory Behavior; E. Unusual Thought Content; F. Blunted Affect.
Please note letters (from above) of categories where there has been a two point reduction. _____

3b. If the patient was started on Clozaril before 12/01/91 and BPRS was not done for a baseline please document on the back of this form in specific terms as to how the patient has benefitted during the trial period.

4. If you had indicated on your Initial Request that you were prescribing Clozaril because of intolerable and refractory side effects, please answer the following:

- a. If tardive dyskinesia was a problem, has it improved? _____ YES _____ NO
Give current scores on AIMS or DISCUS Scales.
(Please document on the back of this form.)
b. If extra pyramidal side effects were a problem have they improved? _____ YES _____ NO
(Please document on the back of this form.)

PHYSICIAN SIGNATURE: _____ DATE: _____

(12/01/91)

Labor and Industry Department

Labor Standards Division

Notice of Prevailing Wage Certifications for Commercial Construction Projects

Effective October 4, 1993, prevailing wage rates are certified for commercial construction projects in: Dakota county: Crystal Lake Hypolimnetic Withdrawal & Treatment Project-Burnsville, Temperature Control Modifications Middle School, Salin Hills Elementary and Pine Bend Elementary-Inver Grove Heights. Hennepin county: U of M Hydraulic Lab Window and Door Replacement-Minneapolis, MN/DOT Card Access-Golden Valley. Lake county: Silver Bay Ice Arena Installation of Heat Recovery System-Silver Bay. Lyon county: Bellows & Food Service West Elevator Modernization SSU-Marshall. Olmsted county: Nursing Classroom Remodeling-Rochester. Ottertail county: 4 Building Re-roofing, Fergus Falls R.T.C.-Fergus Falls. Rock county: Minnesota Veterans Home Sidewalks and Handrails-Luverne. St. Louis county: Mesabi Regional Medial Center Addition-Hibbing. Washington county: MN/DOT Card Access-Oakdale.

Copies of the certified wage rates for these projects may be obtained by writing the Minnesota Department of Labor and Industry,

Official Notices

Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155-4306. The charge for the cost of copying and mailing are \$1.36 per project. Make check or money order payable to the State of Minnesota.

John B. Lennes, Jr.
Commissioner

Labor and Industry Department

Labor Standards Division

Notice of Correction to Prevailing Wage Rates

Prevailing wage rate certified July 12, 1993, for labor class code 409 GLAZIER in Scott county: City of Savage Public Works Addition project for Commercial construction has been corrected.

Copies of the corrected certification may be obtained by contacting the Minnesota Department of Labor and Industry, Prevailing Wage Section, 443 Lafayette Road, St. Paul, Minnesota 55155-4306, or calling (612) 296-6452.

John B. Lennes, Jr.
Commissioner

Department of Public Service

Public Meetings on Alternative Vehicle State Plan

The 1993 Minnesota Legislature charged the Minnesota Department of Public Service with developing a state plan toward promoting alternative-fuel vehicles (AFVs). A Request for Public Comment was originally published in the *State Register* on August 23, 1993.

NOTICE IS HEREBY GIVEN that the Department of Public Service will be conducting public meetings to receive comments on appropriate AFV state policy from all interested parties. These comments will be used in the formulation of the AFV state plan. These meetings will be held as follows:

October 11, 1993	7:00 p.m.	Department of Public Service 121 7th Place East, Suite 200 St. Paul, MN 55101
October 12, 1993	7:00 p.m.	Grand Rapids City Council Chambers 420 Pokegama Avenue North Grand Rapids, MN 55744
October 14, 1993	7:00 p.m.	Mankato City Council Chambers 202 East Jackson Street Mankato, MN 56002

For more information about these public meetings or the comment process on the alternative-fuel vehicle state plan, please contact:

Michael Roelofs
Department of Public Service
121 7th Place East, Suite 200
St. Paul, MN 55101
(612) 297-2545

Office of the Secretary of State

Notice of Vacancies in Multi-Member Agencies

NOTICE IS HEREBY GIVEN to the public that vacancies have occurred in multi-member state agencies, pursuant to *Minnesota Statutes* 15.0597, subdivision 4. Application forms may be obtained from the Office of the Secretary of State, Open Appointments, 180 State Office Building, 100 Constitution Ave., St. Paul 55155-1299; (612) 297-5845, or in person at Room 174 of the State Office Building. These vacancies will remain open for application through October 26, 1993. Appointing Authorities may also chose to review applications received after that date. Applications are kept on file for a one year period.

ABUSED CHILDREN ADVISORY TASK FORCE

MN Dept. of Corrections, 300 Bigelow Bldg., 450 N. Syndicate, St. Paul, MN 55104. 612-642-0200.
Minnesota Statutes 15.014.

APPOINTING AUTHORITY: Commissioner of Corrections. **COMPENSATION:** Reimbursement of expenses.

VACANCY: Twelve positions: Please see the description of this task force. Six positions are to be filled by residents of the seven-county metro area, and six positions are to be filled by residents of Greater Minnesota; also of the twelve positions, six positions will be filled by persons who are not service providers in community or governmental organizations (persons not affiliated with grantee or potential grantee programs) that provide services to abused children.

The task force advises the Commissioner of Corrections on all matters related to the Department's funding of abused children programs in Minnesota, other than purely administrative matters. The task force advises on grants-related planning, development, data collection, rulemaking, funding and evaluation of programs. The task force shall serve as a liaison between the Commissioner of Corrections and organizations that provide services to abused children, and serves as an advocate within the Department of Corrections for the rights of abused children. The task force consists of twelve members. Six positions will be reserved for persons who are not service providers in community or governmental organizations (persons not affiliated with grantee or potential grantee programs) that provide services to abused children. Six members of the task force shall be residents of the seven county metro area and six members shall be residents of Greater Minnesota. The Department of Corrections seeks to ensure that the task force membership reflects diversity with respect to race, age, sexual orientation, and disability. Monthly meetings, approximately three hours, at the Dept. of Corrections central office.

BATTERED WOMEN'S ADVISORY COUNCIL

Dept. of Corrections, 300 Bigelow Bldg., 450 N. Syndicate Ave., St. Paul, MN 55104. 612-642-0200.
Minnesota Statutes 611A.34.

APPOINTING AUTHORITY: Commissioner of Corrections. **COMPENSATION:** Reimbursed for expenses, no per diem.

VACANCY: Seven vacancies: Including two public members who must reside in the metro area, one public member who must reside in Greater Minnesota, two service provider members who must reside in the metro area, and two service provider members who must reside in Greater Minnesota.

The advisory council advises the commissioner of Corrections on all matters related to the department's funding of battered women's programs in Minnesota, other than purely administrative matters. The council advises on planning, development, data collection, rule-making, funding and evaluation of programs. The council conducts business at monthly meetings and by subcommittee processes, with staff support provided by the department, and works closely with the Battered Women's Program Director. The council consists of twelve members, knowledgeable about and with experience or interest in issues concerning battered women, including the need for effective advocacy services. Six positions are reserved for persons who are not service providers in community or governmental organizations (persons not affiliated with grantee programs). Six positions are to be filled by residents of the seven county metro area, and six positions by residents of greater Minnesota. The department seeks to ensure that the council includes battered women, that at least six members are from communities of color in Minnesota, and that council membership reflects diversity with respect to age, disability, and sexual orientation. Monthly meetings, three to six hours, at the Dept. of Corrections.

BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE & INTERIOR DESIGN

133 7th St. E., St. Paul, MN 55101-2333. 612-296-2388.
Minnesota Statutes 326.04.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: One vacancy: Certified Interior Designer; must have passed the National Council for Interior Design Qualifications test.

The board licenses and regulates architects, engineers, land surveyors, landscape architects and certifies interior designers. The board consists of twenty members including three licensed architects, five licensed engineers, one licensed landscape architect, two licensed land surveyors, one certified interior designer, and eight public members. Not more than one member may be from the same branch of the profession of engineering. Each professional member must have ten years experience in their profession and have been in responsible charge of work for at least five years. Meetings four times a year on the second Monday of January and the third Monday of April, July and October. Meetings are normally held at the Sheraton Inn Midway. Members must file with the Ethical Practices Board.

BOARD OF MEDICAL PRACTICE

2700 University Ave. W., Room 106, St. Paul, MN 55114-1080. 612-642-0538.
Minnesota Statutes 147.01.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: Four vacancies: Including two public members, must reside in a Congressional District other than the 1st, 2nd, or 6th

Official Notices

Congressional Districts, and two members who are licensed physicians and surgeons, one residing in the 3rd Congressional District, one residing in the 7th Congressional District. These positions are open due to terms ending in January 1994 and will also be indicated in the 1993 Annual Compilation to be published November 8, 1993.

The board examines, licenses, and registers medical doctors and doctors of osteopathy, physician assistants, midwives, respiratory care practitioners and physical therapists and athletic trainers and enforces the relevant practice Acts. The board consists of sixteen members, including ten licensed M.D. physicians; one licensed Doctor of Osteopathy; and five public members. Monthly meetings, some committee meetings. Time commitment expected is one business day and one Saturday per month, plus preparation time. Members must file with the Ethical Practices Board.

BUILDERS STATE ADVISORY COUNCIL

133 E. 7th St., St. Paul, MN 55101. 612-297-4634.

Laws of 1991, Chapter 306.

APPOINTING AUTHORITY: Commissioner of Commerce. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: One vacancy: Commissioner's representative, must reside in Greater Minnesota.

The council advises the Commissioner of Commerce on matters relating to licensing of building contractors. The council consists of seven members. At least three members must reside in greater Minnesota; one member of the council must be a residential building contractor; one member a remodeler; one member a specialty contractor; one representative of the commissioner; one member a local building official; and one public member. Meeting place: Department of Commerce. Meeting schedule not determined.

CHILDREN'S TRUST FUND ADVISORY COUNCIL

444 Lafayette Rd., St. Paul, MN 55155-3839. 612-296-5437.

Minnesota Statutes 257.803.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: One vacancy: Knowledgeable about and committed to the prevention of child maltreatment. Preferences: from Greater Minnesota, an African American male parent of young children.

The council recommends strategies to promote education, programs and services that support parents and families and thereby prevent child abuse and neglect; and makes recommendations regarding grants to be awarded to fund child maltreatment prevention programs. The governor appoints ten members who have a demonstrated knowledge in the area of child abuse and represent the demographic and geographic composition of the state, local government, parents, racial and ethnic minority communities, religious community, professionals and volunteers. The commissioners of Human Services, Health, Education, Corrections and Public Safety each appoint one member. The legislature appoints two senators and two representatives, each with one member from both caucuses. Attendance is expected at four hour bimonthly meetings and occasional participation on ad hoc committees. In odd-numbered years, members are expected to contribute approximately 80 additional hours when engaged in preparing recommendations for biennial grant awards. Meetings are at 444 Lafayette Rd., St. Paul unless notified otherwise.

COUNCIL ON AFFAIRS OF SPANISH-SPEAKING PEOPLE

506 Rice St., St. Paul, MN 55103. 612-296-9587.

Minnesota Statutes 3.9223.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem.

VACANCY: Two vacancies: One Mexican over 60 years of age, and one member to represent the West Metro area.

The council advises the governor and legislature on issues affecting the Spanish-speaking community. Monthly meetings.

GENERAL CRIME ADVISORY COUNCIL

MN Dept. of Corrections, 300 Bigelow Bldg., 450 N. Syndicate, St. Paul, MN 55104. 612-642-0200.

Minnesota Statutes 611A.361, Sec. 16.

APPOINTING AUTHORITY: Commissioner of Corrections. **COMPENSATION:** Reimbursement of expenses.

VACANCY: Nine vacancies: Including four service providers who must reside in the metro area; one service provider who must reside in Greater Minnesota; two members who are not service providers and must reside in the metro area; and two members who are not service providers and must reside in Greater Minnesota.

The advisory council advises the commissioner of Corrections on all matters related to the Department's funding of programs serving victims of general crime other than sexual assault and domestic abuse in Minnesota, other than purely administrative matters. The council advises on grants-related planning, development, data collection, rulemaking, funding and evaluation of programs. The council serves as a liaison between the Commissioner of Corrections and organizations that provide services to victims of crime other than sexual assault and domestic abuse, and serves as an advocate within the Department of Corrections for the rights of victims of general crime. The advisory council consists of twelve members. Six positions will be reserved for persons who are not service

providers in community or governmental organizations (persons not affiliated with grantee or potential grantee programs) that provide services to victims of crime other than sexual assault and domestic abuse. Six members of the council shall be residents of the seven-county metro area and six members shall be residents of Greater Minnesota. The Department of Corrections seeks to ensure that the council membership reflects diversity with respect to race, age, sexual orientation, and disability. Monthly meetings, approximately three hours, at the Dept. of Corrections central office.

GOVERNOR'S COUNCIL ON THE MARTIN LUTHER KING JR. HOLIDAY

Address and phone number not established at this time.

Executive Order 93-20.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** Not determined.

VACANCY: Fifteen positions: Please refer to the description of this re-established council.

The council plans and executes events to promote racial harmony and to recognize and honor Martin Luther King, Jr. The council consists of fifteen members. The chair shall be appointed by the governor. Meeting schedule and location undetermined at this time.

GOVERNOR'S INTERAGENCY COORDINATING COUNCIL ON EARLY CHILDHOOD INTERVENTION

987 Capitol Square Bldg., 550 Cedar St., St. Paul, MN 55101. 612-296-7032.

Minnesota Statutes 120.17 as amended by *Laws of 1993*.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: One vacancy: A representative from Indian Health Services or a tribal council.

The council advises, assists and recommends policies to the governor and the Minnesota Departments of Commerce, Education, Health, Human Services and Jobs and Training to provide interagency collaboration in the development of Minnesota's comprehensive, coordinated, multidisciplinary system of early intervention services for young children under age five with disabilities and their families. The council consists of at least seventeen members but not more than twenty-five, including: at least five parents, including persons of color, of children with disabilities under age twelve, including at least three parents of a child with a disability under age seven; five representatives of public or private providers of services for children with disabilities under age five, including a special education director, county social service director, and a community health service or public health nursing administrator; one member of the senate, one member of the house of representatives, one representative of teacher preparation programs in early childhood-special education or other preparation programs in early childhood intervention, at least one representative of advocacy organizations for children with disabilities under age five, one physician who cares for young children with special health care needs, one representative each from the commissioners of Commerce, Education, Health, Human Services, and Jobs and Training, and a representative from Indian health services, or a tribal council. Meetings held at least six times during the year.

GOVERNOR'S TASK FORCE ON FIRE PROTECTION SYSTEMS

Address and phone number not established at this time.

Executive Order 93-21.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** Expenses.

VACANCY: Eight positions: Please see the description of this new task force. Members should have interest in strengthening new fire protection systems.

The task force recommends policies and rules to regulate the fire protection industry of Minnesota. The task force consists of eight members. Members should have interest in strengthening new fire protection systems in Minnesota. The State Fire Marshall or designee shall serve as chair. Meeting schedule and location not determined at this time.

HEALTH COVERAGE REINSURANCE ASSOCIATION BOARD

Department of Commerce, 133 E. 7th St., St. Paul, MN 55101. 612-297-4634.

Laws of 1992, Chapter 549, Sec. 13-22.

APPOINTING AUTHORITY: Commissioner of Commerce. **COMPENSATION:** Expenses.

VACANCY: One vacancy: Public member.

The association shall provide reinsurance to health carriers providing health coverage to the small employer market. The board consists of thirteen members, including four public members, three members representing accident and health insurers, three members representing HMOs, and three members representing Blue Cross-Blue Shield. Initial members will be appointed by the Commissioner of Commerce and will serve for a two year period effective the date of the first annual meeting, which must be held by December 1, 1992. The board will be elected by association membership after this two year interim, except for public members. Meetings at the Department of Commerce.

Official Notices

MEDICAL SERVICES REVIEW BOARD

Dept. of Labor and Industry, Rehabilitation & Medical Affairs, 443 Lafayette Rd., St. Paul, MN 55155. 612-296-8213.
Minnesota Statutes 176.103.

APPOINTING AUTHORITY: Commissioner of Labor and Industry. **COMPENSATION:** \$55 per diem plus expenses.
VACANCY: One vacancy: Physical Therapist alternate member.

The board advises the Department of Labor and Industry on medical matters relating to workers' compensation, makes determinations on inappropriate, unnecessary or excessive treatment under *Minnesota Statutes* 176.103, subd. 2, and may issue penalties for violation of rules following a contested case procedure under chapter 14 under *Minnesota Statutes* 176.103, subd. 3. Members include two chiropractic members, one hospital administration member, six physician members, one employee member, one employer or insurer member, one physical therapist, and one public member plus alternates. The commissioner or his designee serves as an ex-officio member. Members must file with the Ethical Practices Board.

MN BOARD OF CHIROPRACTIC EXAMINERS PEER REVIEW COMMITTEE

2700 University Ave. W., Suite 20, St. Paul, MN 55114-1089. 612-642-0591.
Minnesota Statutes 148.01 - 148.106.

APPOINTING AUTHORITY: Executive Director, State Board of Chiropractic Examiners. **COMPENSATION:** \$55 per diem.
VACANCY: One vacancy: Professional member, must be available to attend first meeting on Tuesday, November 9, 1993 at 12:30 p.m.

The committee makes determinations of whether or not certain chiropractors properly utilized services rendered or ordered appropriate treatment or service, and if the cost of treatment was unconscionable. The committee consists of seven members, including five chiropractors and two consumer members. Terms are varied.

MN EARLY CHILDHOOD CARE & EDUCATION COUNCIL

117 University Ave., 3rd Fl., St. Paul, MN 55155. 612-296-1400.
Laws of 1991, Chpt. 292, Section 62.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55. per diem, plus expenses.
VACANCY: Two vacancies: One representative of a community group and one representative of a metro area child care resources and referral program.

The council is to collaborate child care programs statewide and plans for allocating state and federal funds; develop a biennial plan for early childhood care and education in Minnesota; advocate for a coordinated child care system, and provide a report to the legislature on January 1st of every odd-numbered year describing work plan and legislative recommendations of council. Nineteen members to represent parents, family and center child care providers, private foundations, corporate executives, small business owners, and public school districts; also includes the commissioners of two Minnesota counties, three members from child care resources and referral programs, one from county operated resource and referral, one from rural location, one from metro area, and a community group representative. The governor shall consult with state councils of color to ensure council ethnic and racial representation. Meeting schedule and location undetermined at this time.

MN TECHNOLOGY, INC.

Suite 400 Mill Place, 111 3rd Ave. S., Mpls., MN 55401. 612-338-7722.
Minnesota Statutes 1160.03, subd. 2.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55. per diem plus expenses.
VACANCY: One vacancy: Member to be appointed by the governor.

The duties of the corporation include applied research, technology transfer and early stage funding to small manufacturers; establishing programs and policies to provide technology transfer and research and development assistance to individuals, businesses and non-profit organizations; and providing financial assistance for bringing new products to the marketplace. The corporation consists of fourteen directors including: a person from the private sector appointed by the governor who shall act as chair and serve as chief science advisor to the governor and legislature; the dean of the Institute of Technology and the dean of the Graduate school of the University of Minnesota; the commissioner of the Department of Trade and Economic Development; and six members appointed by the governor, at least one of whom must be a person from a public post-secondary system other than the University of Minnesota; and one member who is not a member of the legislature appointed by each of the following: the speaker of the house of representatives, the house of representatives minority leader, the senate majority leader, and the senate minority leader. At least fifty percent of the six members appointed by the governor and fifty percent of the four members appointed by the legislature must reside outside the seven-county metropolitan area and must have experience in manufacturing, the technology industry, or research and development. Monthly meetings on the third Thursday of each month at 3:00 p.m. at the Minneapolis office. Quarterly all-day meetings at a regional office location. Members must file with the Ethical Practices Board.

MN ZOOLOGICAL BOARD

13000 Zoo Boulevard, Apple Valley, MN 55124. 612-431-9200.

Minnesota Statutes 85A.01.

APPOINTING AUTHORITY: Governor, Zoo board. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: Two vacancies: Background or interest in zoological societies or zoo management or an ability to generate community interest in the Minnesota Zoo. To the extent possible, members will be appointed who are residents of various geographical regions of the state. Members should have the ability to raise significant funds from the private sector. These two positions will be appointed by the MN Zoological Board.

The board operates and maintains the Minnesota Zoological Garden. The board consists of thirty members who must have a background or interest in zoological societies, zoo management, or an ability to generate community interest in the Minnesota Zoological Garden. Fifteen of the members are appointed by the governor, one of whom must be a Dakota county resident appointed after consideration of a list supplied by the Dakota county board; and fifteen of the members are appointed by the Minnesota Zoological Board. To the extent possible, members will be appointed who are residents of the various geographical regions of the state. Members should have the ability to raise significant funds from the private sector. Meetings at the Minnesota Zoological Garden, four times a year.

RURAL HEALTH ADVISORY COMMITTEE

717 Delaware St. SE, Mpls., MN 55414. 612-623-5282.

Laws of 1992, Chp. 549, Art. 5, Sec. 7.

APPOINTING AUTHORITY: Governor. **COMPENSATION:** \$55 per diem plus expenses.

VACANCY: One vacancy: Outstate Ambulance Service Volunteer.

The committee advises the commissioner of Health and other state agencies on rural health issues. The committee consists of fifteen members, all of whom must reside outside of the seven-county metropolitan area. Membership must include: two members from the Minnesota House of Representatives, one from the minority party and one from the majority party; two members from the Minnesota Senate, one from the minority party and one from the majority party; a volunteer member of an ambulance service based outside the seven-county metropolitan area; a representative of a hospital located outside the seven-county metropolitan area; a representative of a nursing home located outside the seven-county metropolitan area; a medical doctor or doctor of osteopathy licensed under chapter 147; a mid-level practitioner; a registered nurse or licensed practical nurse; a licensed health care professional from an occupation not otherwise represented on the committee; a representative of an institution of higher education located outside the seven-county metropolitan area that provides training for rural health care providers; and three consumers, at least one of whom must be an advocate for persons who are mentally ill or developmentally disabled. In making appointments the governor shall ensure that appointments provide geographic balance among those areas of the state outside the seven-county metropolitan area. The chair of the committee shall be elected by the members. Meeting location and schedule is undetermined at this time.

SUBCOMMITTEE ON CHILDREN'S MENTAL HEALTH

444 Lafayette Rd., St. Paul, MN 55155-3828. 612-297-4163.

Laws of 1988, Chapter 689.

APPOINTING AUTHORITY: Chairman, State Advisory Council on Mental Health. **COMPENSATION:** \$55. per diem plus expenses.

VACANCY: Two new positions: One member of the Minnesota State Senate, one member of the Minnesota House of Representatives.

The subcommittee must make recommendations to the advisory council on policies, law, regulations, and services relating to children's mental health. Members include: commissioners or designees of Department of Commerce, Corrections, Education, Health, Human Services, Finance, and State Planning; one member children's mental health advocacy group, three service providers (preadolescent, adolescent, and hospital-based), parents of emotionally disturbed children; a consumer of adolescent mental health services; educators currently serving emotionally disturbed children; people who worked with emotionally disturbed minority children, or with emotionally disturbed juvenile status offenders; social service representatives; county commissioners; legislators, advisory council members; one representative of the local corrections system; and one representative from the Minnesota District Judges Association juvenile committee. The subcommittee meets once a month.

Department of Trade and Economic Development

Business and Community Development Division

Performance Evaluation Report Available to the Public on the 1993 Small Cities Development Program

NOTICE IS HEREBY GIVEN that the 1993 Small Cities Development Program (SCDP) Performance Evaluation Report (PER) is available for public review and comment. Section 104(a), (2), (D) and (E) of The Housing and Community Development Act requires the state to make the mandatory PER available to the public upon submission to the U.S. Department of Housing and Urban Development. The PER consists of a listing of all of the funded SCDP projects, including proposed and accomplished goals. Inquiries about the PER should be directed to:

Louis Jambois
Minnesota Department of Trade and Economic Development
500 Metro Square
121 Seventh Place East
St. Paul, Minnesota 55101-2146
(612) 297-3172

State Grants

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant 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 notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Board of Government Innovation and Cooperation

Announcement: The Availability of Grants to Local Units of Government, an Association of Local Governments, the Metropolitan Council, and Organizations Acting in Conjunction with a Local Unit of Government

The State Board of Government Innovation and Cooperation announces the availability of grants for local units of government and affiliated organizations. As a result of legislation approved by the 1993 Minnesota Legislature, local units of government, including counties, cities, school districts, towns, and special taxing districts may apply to the newly-created Board of Government Innovation and Cooperation for three separate grant programs. One of the three grant programs, the Service Budget Management Model Grant program, is also available for associations of local governments and organizations acting in conjunction with a local unit of government. A combined total of \$750,000 is available for all grant programs. Of this amount, 50 percent (\$375,000) shall be available for Service Sharing Grants, pursuant to *Minnesota Statutes* § 465.80. The three separate grant programs are:

- The Service Budget Management Model Grants
- The Cooperation Planning Grants
- Service Sharing Grants (Eligibility Limited to Cities, Counties and Townships)

The Board of Government Innovation and Cooperation was created to help local governments overcome barriers to the effective and efficient provision of local government services.

Local governments interested in applying for one of more of the grant programs may submit an application to the Board.

- Applications for Service Sharing Grants must be postmarked no later than Friday, November 5, 1993.
- Part One of the Applications for Service Budget Management Model Grants and Cooperation Planning Grants must be postmarked no later than Friday, November 5, 1993. (Only applicants who receive Board approval on Part One of their applications are required to complete Part Two of the Application.)

The Board shall notify all applicants for Service Sharing Grants by Tuesday, November 30, 1993, whether the applicant's plan is rejected by the Board or if the applicant needs to modify its plan.

If an applicant's plan is rejected by the Board, or if the Board requests a modification of the Plan, the applicant shall have until Friday, January 7, 1994, to submit a modified plan to the Board.

The Board shall notify all applicants for Service Budget Management Model Grants and Cooperation Planning Grants by Tuesday, November 30, 1993, whether they need to submit Part Two of their applications. Part Two of their applications must be postmarked no later than Friday, January 7, 1994.

The Board will announce its decision on all grant applications by Friday, January 28, 1994. All decisions of the Board are final.

In evaluating all grant applications, the Board shall consider the following general criteria:

- the uniqueness of the proposal;
- the number of local governments/organizations directly participating in the proposal, and/or the potential of the proposal to be of benefit to other local units of government interested in replicating the project;
- the amount of resources dedicated to the proposal by the applicants (including in-kind contributions of resources), with due consideration for the relative ability of each applicant to utilize its own resources;
- the demonstrated level of commitment of the applicant to ensuring the success of the proposal;
- the degree of risk the applicant is willing to assume in moving forward with the proposal;
- an overall cost/benefit analysis of the proposal; and
- the level of involvement of the clients of the services in the planning process.

Eligible local governments and organizations interested in applying for a grant should contact the Board of Cooperation and Innovation at 297-7104 to receive a complete application form. All applications for grants should be mailed to the Board, in care of:

The Office of the State Auditor
525 Park Street, Suite 400
St. Paul, Minnesota 55103

Minnesota Housing Finance Agency

Community Rehabilitation Fund

The Minnesota Housing Finance Agency (MHFA) announces the availability of \$2,000,000 in grants to Cities for the improvement and preservation of housing in neighborhoods or geographic areas designed by applying Cities (designated areas).

FORM OF AWARDS

Funds will be awarded to Cities in the form of a grant for designated areas. The full amount of the Grant will be advanced to the City after selection of approved proposals.

ELIGIBLE USES OF GRANT FUNDS

Community Rehabilitation Fund grants may be used to make loans or grants to eligible recipients (eligible mortgagors) for one or more of the following activities relative to single or multi-family housing:

1. acquisition;
2. demolition. In such cases the cleared land must be used for the construction of housing, or for other housing related purposes primarily for the benefit of persons residing in the adjacent housing;
3. rehabilitation;
4. permanent financing;
5. refinancing; and,
6. financing the difference between the cost of the improvement of blighted property, including acquisition, demolition, rehabilitation, and construction, and the market value of the housing upon its sale (gap financing).

Grant funds may not be used for administrative costs.

SIZE OF GRANTS

The minimum State Grant is \$30,000. The maximum State Grant is \$350,000.

One third (1/3) of available funds will be allocated to Designated Areas with requests for State Grants in amounts from \$30,000 to

State Grants

\$100,000 (small grant pool). Two-thirds ($\frac{2}{3}$) of available funds will be allocated to Designated Areas with requests for State Grants in amounts greater than \$100,000, but no greater than \$350,000 (large grant pool).

In the event Proposals selected for funding by MHFA are inadequate to exhaust the funds allocated for either small or large grant pools, the unused portion will be reallocated to the other pool.

Except as provided in the Community Rehabilitation Fund Procedural Manual, a copy of which is included in the application packet, proposals will be approved for no more than two neighborhoods per city.

PARTICIPATION TERM

Grant funds are to be expended by Cities in the form of loans or grants to eligible mortgagors not later than June 30, 1995.

DESIGNATED AREA

For the purpose of focusing resources, an applying City must designate a neighborhood or other geographic area within which the grant may be used. Such designation shall be by a resolution of the City's governing board.

ELIGIBLE MORTGAGORS

Cities may make loans and grants to a wide variety of individuals and organizations involved with housing, a complete description of which is contained in the Community Rehabilitation Fund Procedural Manual.

Grants or loans made by the City in the Community Rehabilitation Fund program must be used for housing rented to or owned by persons or families with incomes less than or equal to 115 percent of the greater of state or area median income, as determined by the United States Department of Housing and Urban Development.

APPLICATION PROCESS

Only one proposal per neighborhood is permitted, but more than one proposal per city may be submitted.

Proposals will be accepted from statutory or home rule cities, city or county housing and redevelopment authorities, city port authorities or economic development authorities. Nonprofit organizations may submit proposals if the city within which it is located enacts a resolution authorizing the organization to apply on the city's behalf.

Interested parties may request application packets from the following MHFA staff person:

Minnesota Housing Finance Agency
400 Sibley Street, Suite 300
St. Paul, MN 55101
Attention: Reed Erickson (612) 296-8843 or toll free 1-800-657-3960, extension 6-8843

Application packets will contain a copy of this Request for Proposals, a Community Rehabilitation Fund Procedural Manual, and a Proposal Format describing the information to be included in the proposal.

Proposals are due by 4:30 p.m. on December 6, 1993. The MHFA will review the applications and final selections should be made by the MHFA board no later than December 16, 1993. Applicants will be notified of whether they have been selected by January 7, 1994.

If you have any questions concerning the Community Rehabilitation Fund or the application process, please contact the MHFA staff person named above.

This Request for Proposal (RFP) is subject to all applicable federal, state, and municipal laws, rules and regulations. MHFA reserves the right to modify or withdraw this RFP at any time and is not able to reimburse any applicant for costs incurred in the preparation of submittal of applications.

Professional, Technical & Consulting Contracts

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

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

Department of Administration

Request for Proposal for Services to Expand the State Recycling Center Collection System

The Minnesota Department of Administration's Resource Recovery Office is requesting proposals for the following services to expand the State Recycling Center collection system:

1. Design and produce educational materials;
2. Develop promotional materials;
3. Design and conduct training sessions; and
4. Upgrade recycling collection equipment.

A copy of the "Request for Proposal for Services to Expand the State Recycling Center Collection System" may be obtained by contacting Jodi Taitt at (612) 297-1553.

Proposals must be submitted to the Resource Recovery Office, Room 309 Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota 55155, and must be received and time-stamped in Room 309 no later than 2:00 p.m. on October 22, 1993. To submit a proposal, all proposers are *required* to attend a preproposal conference on October 13, 1993, from 9:00 a.m. to 12:00 noon, or their proposals will be rejected. The preproposal conference will be conducted in Room 116B of the Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota. To attend the preproposal conference, proposers *must* make a reservation through Jodi Taitt at (612) 297-1553, no later than 4:00 p.m. on October 11, 1993 (leave voice mail message). The preproposal conference will include discussion of the Project Work Plan and a question and answer session.

Office of Administrative Hearings

Notice of Request for Proposal for Administrative Law Judge Services

The Minnesota Office of Administrative Hearings will be contracting qualified attorneys to serve as administrative law judges from January 1, 1994 to December 31, 1994.

Persons who serve as contract administrative law judges, or members of their firm, may not appear as an attorney in any hearing conducted by this office. Compensation will be at the rate of \$50 per hour. Applications are encouraged from attorneys in Greater Minnesota with family law experience.

To receive a Request for Proposal, please notify: Kevin Johnson, Chief Administrative Law Judge, Office of Administrative Hearings, Suite 1700, 100 Washington Square, Minneapolis, MN 55401, telephone 612/341-7640, TDD: 612/341-7346, no later than 4:30 p.m., Friday, October 22, 1993. Final proposals must be received by October 29, 1993.

Office of Administrative Hearings

Notice of Request for Proposal for Court Reporting and Transcription Services

The State of Minnesota will be contracting for court reporting services and tape transcription services for the calendar year 1994. To receive a Request for Proposal, contact Dennis Reek, Office of Administrative Hearings, Suite 1700, 100 Washington Square, Minneapolis, MN 55401, telephone 612/341-7643, TDD: 612/341-7346, no later than October 22, 1993.

Minnesota Correctional Facility

Red Wing

Notice of Availability of Contract for Religious Services

The program at the Minnesota Correctional Facility-Red Wing requires the services of a person from 11/1/93 to 6/30/95 to coordinate

Professional, Technical & Consulting Contracts

and supervise religious services and related activities for adult and juvenile residents at the Minnesota Correctional Facility in Red Wing, Minnesota and provide individual and/or group counseling related to religious issues. This person will provide up to 24 hours per week for 50 weeks annually at \$12.00 per hour. Total cost for the biennium is limited to \$24,480.00

For further information on this contract contact:

John Handy, Program Director
Minnesota Correctional Facility-Red Wing
1079 Highway 292
Red Wing, Minnesota 55066
Telephone: (612) 388-7154

Final submission date for this proposal is no later than 4:00 p.m. on October 11, 1993.

Department of Public Safety

State Patrol

Request for Proposals for Operation Buckle Down Part-time Spokesperson

The Minnesota Department of Public Safety is seeking proposals for professional and technical services to assist the Operation Buckle Down project director on law enforcement efforts to increase seat belt and child seat use. Details are contained in a Request for Proposals which may be obtained by calling or writing:

Contact: Captain Tom Anthony
Telephone: (612) 642-0411
TDD: (612) 297-2100
Address: Department of Public Safety
State Patrol
1885 University Avenue
Suite 70
St. Paul, Minnesota 55104

Estimated cost of the contract is \$9,000.00. The Department will retain an option to renew the contract, with the contractor's consent, for up to two subsequent years. Final date for submitting proposals is Tuesday, October 19, 1993 by 4:00 p.m.

State Designer Selection Board

Request for Proposal for a Project at the University of Minnesota

To Minnesota Registered Design Professionals:

The State Designer Selection Board has been requested to select designers for a project at the University of Minnesota. Design firms who wish to be considered for these projects should deliver proposals on or before 4:00 p.m., October 26, 1993, to:

George Iwan
Executive Secretary, State Designer Selection Board
Room G-10, Administration Building
St. Paul, Minnesota 55155-3000

The proposal must conform to the following:

1. Six (6) copies of the proposal will be required.
2. All data must be on 8½" x 11" sheets, soft bound
3. The cover sheet of the proposal must be clearly labeled with the project number, as listed in number 7 below, together with the designer's firm name, address, telephone number and the name of the contact person.

4. Mandatory Proposal contents in sequence:

a. Identity of firm and an indication of its legal status, i.e. corporation, partnership, etc. If the response is from a joint venture, this information must be provided for firms comprising the joint venture.

b. Names of the persons who would be directly responsible for the major elements of the work, including consultants, together with brief descriptions of their qualifications. Identify roles that such persons played in projects which are relevant to the project at

Professional, Technical & Consulting Contracts

hand. **NOTE NEW REQUIREMENT:** The proposal **must** contain a statement indicating whether or not the consultants listed have been contacted and have agreed to be a part of the design team.

c. A commitment to enter the work promptly, if selected, by engaging the consultants, and assigning the persons named 4b above along with adequate staff to meet the requirements of work.

d. A list of State and University of Minnesota current and past projects and studies awarded to the prime firm(s) submitting this proposal during the four (4) years immediately preceding the date of this request for proposal. The prime firm(s) shall list and total all fees associated with these projects and studies whether or not the fees have been received or are anticipated. In addition, the prime firm(s) shall indicate the amount of the fees listed were paid directly to engineers or other specialty consultants employed on the projects and studies listed pursuant to the above. **NOTE:** Please call for a copy of the acceptable format for providing this information.

e. A section containing graphic material (photos, plans, drawings, etc.) as evidence of the firm's qualifications for the work. The graphic material must be identified. It must be work in which the personnel listed in "c" have had significant participation and their roles must be clearly described. It must be noted if the personnel were, at the time of the work, employed by other than their present firms.

The proposal shall consist of no more than twenty (20) pages. Proposals not conforming to the parameters set forth in this request will be disqualified and discarded without further examination.

5. Statutory Proposal Requirements.

In accordance with the provisions of *Minnesota Statutes*, 1981 Supplement, Section 363.073; for all contracts estimated to be in excess of \$50,000.00, all responders having more than 20 full-time employees at any time during the previous 12 months must have an affirmative action plan approved by the Commissioner of Human Rights before a proposal may be accepted.

The proposal will not be accepted unless it includes one of the following:

- a. A copy of your firm's current certificate of compliance issued by the Commissioner of Human Rights; or
- b. A state certifying that the firm has a current certificate of compliance issued by the Commissioner of Human Rights; or
- c. A statement certifying that the firm has not had more than 20 full-time employees in Minnesota at any time during the previous 12 months; or
- d. A statement certifying that the firm has an application pending for a certificate of compliance.

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

- a. Enclose a self-addressed stamped postal card with the proposals. Design firms will be notified when material is ready to be picked up. Design firms will have two (2) weeks to pick up their proposals, after which time the proposals will be discarded; or
- b. Enclose a self-addressed stamped mailing envelope with the proposals. When the Board has completed its review, proposals will be returned using this envelope.

In accordance with existing statute, the Board will retain one copy of each proposal submitted.

Any questions concerning the Board's procedures, their schedule for the project herein described or the fee format form may be referred to George Iwan at (612) 296-4656.

7. Project—07-93

Wulling Hall Remodeling
University of Minnesota

The University of Minnesota is planning to undertake the Wulling Hall Remodeling project, which is located at the University of Minnesota, Minneapolis campus. The scope of the project includes fire and life safety improvements, handicapped access improvements (including a new elevator and entrance), air conditioning, new electrical service, and general upgrading of the facility to meet the needs of the College of Education. The building was built in 1892 and contains approximately 30,000 gsf. The remodeling must be sensitive to the building's character, and creative in its approach to private offices. The design and bid process will need to be planned and coordinated so that construction work can be accomplished in the summer of 1994. The construction budget is approximately \$1,500,000.00.

Questions concerning this project may be referred to Ken Almer at 626-7295.

M.J. Czarniecki III, Chair
State Designer Selection Board

Department of Transportation

Metropolitan Division

Notice of Request for Proposals for Consulting Services

NOTICE IS HEREBY GIVEN that the Department of Transportation, Metropolitan Division, is soliciting qualified consultants to provide transitional organization development consulting for the Metro Division staff and management team as the process of filling and developing the internal organization development position occurs.

The primary projects will include:

- Provide process consultation to Division staff regarding the continuing process of the Metro merge and recent physical consolidation of services.
 - provide feedback, development opportunities, and consultation to the Metro Management Team (MMT) to move them towards the realization of the Department and Division Strategic Vision.
- Provide consultation to continue and complete the Metro strategic planning process and related efforts.
 - meet regularly with Metro Quality Improvement Coordinator and O.D. EDS 2 to provide technical assistance and consultation in the continuing implementation process.
 - assist in the development and understanding of a consolidated model that integrates Quality Improvement, strategic planning, and business planning to provide the “big picture” of the Metro’s organizational transformation.
- Provide consultation for the Metro Quality Initiative to include needed assistance with the implementation of the Metro Quality Road-Map Process to ensure continuity and appropriate implementation.
- Assist in the development, delivery, and analysis of a second Metro-wide climate survey to be measured for improvement against the initial climate survey delivered in May ’91.
 - provide consultation to the employee survey task-force in the development and delivery of the survey.
- Provide consultation in the implementation and integration of “Systems Thinking” in management practices and decision-making processes.
- Provide consultation to assist with the supervision of the Metro Organization Development Unit staff.
- Provide consultation to MMT on Metro organizational issues on an “as needed” basis to include such things as role-clarification, team building, process for management accountability, etc.
- Teach “Effective Group Process: Facilitation Skills for Leaders and Facilitator” on an “as needed” basis to develop internal capacity within the Metro Division to enhance managers, supervisors, and all employees ability to provide for their own facilitation needs.
- Assist in the filling of the Metro internal organization development position by providing assistance in the identification of desired knowledge, skills, and abilities.

I. PROPOSAL CONTENTS

The proposal to perform the tasks listed in Section I should include materials that:

- A. Demonstrate the consultant’s capabilities to address the organization and management development needs of a client with 20 managers and 1300 employees.
 1. Indicate experience of consultant and all staff members in similar organization and management development efforts.
 2. Indicate experience of consultant and all staff members in prescribing, designing and conducting team-building programs.
 3. Indicate experience in designing, conducting and analyzing climate survey for employees.
- B. Provide the following information:
 1. List of personnel to be used, describing their roles, indicating salaries, estimating work by task, hours and describing educational levels and previous experience.
 2. Provide resumes of all professional staff who will participate.
 3. Estimated costs for each task, timing and duration of the tasks in an overall work schedule.
- C. Explain how each of the consultant tasks (section I) will be accomplished.

II. GENERAL INSTRUCTIONS**A. Submission of Proposal**

Six (6) copies of the proposal are to be submitted to:

Sandra Vargas, Director, Office of Administration
Minnesota Department of Transportation
Metropolitan Division
1500 County Road B2 West
Roseville, MN 55113

B. Proposal Mailing

The Metropolitan Division must receive the proposals no later than 4:30 p.m. October 26, 1993. Proposers are fully responsible for the delivery of proposals. Reliance on mail or public carriers is at the proposer's risk. Late proposals will not be considered and will be returned unopened to the proposer. The outside mailing envelope must clearly identify the title and nature of the proposal contained within. Proposals must be signed in ink, by an authorized member of the firm submitting the proposal.

C. Evaluation Criteria

1. The purpose of the evaluation criteria is twofold:

- a. To provide guidance to the proposer when responding to the competitive proposal and
- b. To provide the basis for assessing the proposer's responsiveness to the competitive proposal.

2. The proposals will be evaluated on:

- | | |
|---|-----|
| a. Demonstrated effectiveness of technique and methodology | 40% |
| b. Experience of proposer (s) in similar service fields | 10% |
| c. Ability of proposer to provide the entire range of services needed as listed in Section III - Consultant Tasks | 10% |
| d. Demonstrated experience with W. Edward Deming's management philosophy of quality improvement | 20% |
| e. Demonstrated experience in "Systems Thinking" Tools & Techniques | 20% |

D. Rejection of Consultant Proposals

MN/DOT reserves the right to reject any and all consultant proposals received as a result of this Request for Proposals, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interest of MN/DOT. All proposals must state the prices are valid for ninety (90) days, or until contract is executed.

E. Oral Presentation

Consultants submitting a Request for Proposal may be required to make an oral presentation of their proposal to MN/DOT.

F. Costs Incurred from Proposal

The State of Minnesota is not liable for any cost incurred by contractors in replying to this Request for Proposal.

G. Certification of Independent Price Determination

By submission of this proposal, the respondent certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, that in connection with this procurement:

1. The prices in this proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other responder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the respondent and will not knowingly be disclosed by the respondent prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other respondent or to any competitor; and
3. No attempt has been made or will be made by the respondent to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

H. Contract Payment Schedule

Payment for any contract entered into as a result of the Request For Proposal will be made provisionally on a monthly basis after receipt of billings accompanied by the appropriate verification of work time. Final payment to the consultant in fulfillment of this agreement shall be subject to the final audit of the agreement by MN/DOT. Reimbursement for services of the consultant shall be at the rate specified in the contract.

Professional, Technical & Consulting Contracts

I. Termination of Contract

The Department reserves the right to terminate this contract at any time by giving the consultant written notice of such termination. In the event of said termination, the Department shall be liable only for the services rendered to the date of termination, based upon fees described herein. It is understood that all completed or partially completed drawings, records, computations, surveys and survey information and other material the consultant has collected shall become the exclusive property of the Department.

Non-State Public Bids and Contracts

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

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

Minnesota Historical Society

Notice of Request for Bids for Printing and Related Services for the Minnesota Historical Society's "Member News"

The Minnesota Historical Society is seeking bids from qualified firms for pre-press work, printing, bulk mailing prep and delivery of its publication "Member News".

In order to be qualified to bid on this project, the printer must have full film output capability in-house as well as full Macintosh Quark, Photoshop and Illustrator capability. Syquest disks may be used. Verification of these in-house capabilities will be required. Vendors must also be able to provide pick up and delivery from and to the Minnesota History Center, 345 Kellogg Blvd., St. Paul, MN on one hour's notice during normal business hours.

The Request for Bids is available by calling or writing Gary W. Goldsmith, Contracting Officer, Minnesota Historical Society, 345 Kellogg Blvd. West, St. Paul, MN 55101. Telephone (612) 297-5863.

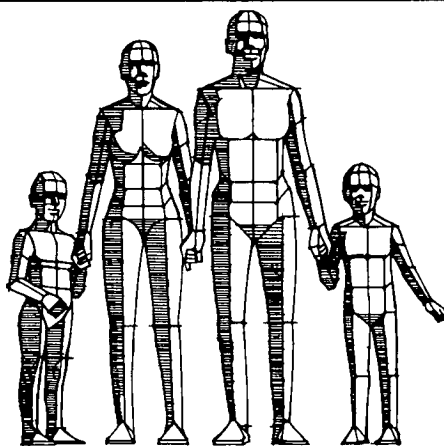
Bids must be received not later than 2:00 p.m. Central Time October 21, 1993.

Complete specifications and details concerning submission requirements are included in the Request for Bids.

Process Parenting

Process Parenting: Breaking the Addictive Cycle. This is a curriculum and training manual designed to help chemical dependency treatment counselors to incorporate parent education into their on-going programs. It focuses on positive parent-child interactions and parenting strengths to assist chemically dependent persons develop a more positive view of self, feelings of greater control or influence over situations, understanding of self-defeating behaviors, and increased responsibility within one's social/community situation. 163 pages plus appendices. Stock #5-4, \$15.00 + 90¢ tax.

Companion Video: Process Parenting. Instructive video introduces basics of 'Process Parenting' technique. VHS 38:46. Stock No. 4-5, \$15.00



TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

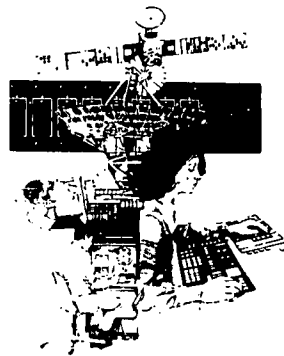
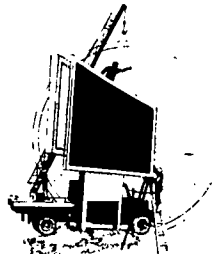
Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Minnesota Manufacturer's Directory 1993



UPDATED: Name, address, phone number, staff size, sales volume, market area, year of establishment, type of firm, C.E.O., Sales or Marketing Manager, Purchasing Manager and four major manufactured products. Code #40-2-SR. \$95.00.

NEW: In the directory this year are two titles (where applicable) Chief Engineer and Data Processing Manager.



TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. *Prices are subject to change.* FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

MEMO:

--New--

Minnesota's Bookstore
'Online' Service

(612) 821-4096

8-N-1 1200/2400
24 hours Free access

Now, for the cost of a phone call, you can access a complete listing of products and services available from **Minnesota's Bookstore**. Using your personal computer and a modem you can access the new **Minnesota's Bookstore Online Service**.

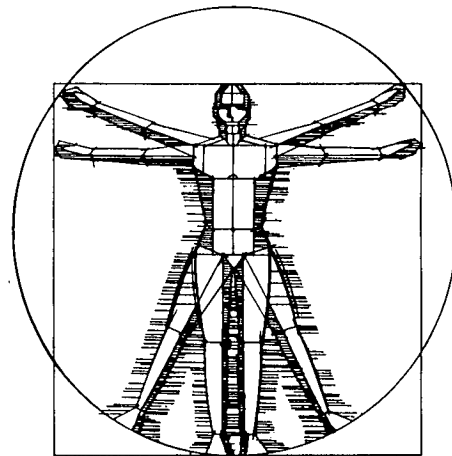
On screen you will find a user-friendly menu allowing you to get information about anything from lake maps to mailing lists, law and rule extracts to posters. You can even place a credit card order, or leave a message requesting our reply to your specific concerns. It's easy to use and available 24 hours/day, 7 days/week.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

A Helping Hand for the Chemically Dependent

Directory of Chemical Dependency Programs in Minnesota.

This 250-page directory lists prevention and intervention programs including county social service agencies, mental health centers, other information and referral programs, self-help programs and employee assistance programs. It also lists DWI (Driving While Intoxicated) clinics and detoxification centers. Outlining Minnesota's continuum of care, the Minn. Dept. of Human Services Directory lists treatment services under three headings: **Primary Residential Programs**—freestanding facilities, hospital-based facilities and state regional treatment centers; **Intermediate/Extended Residential Programs**—halfway houses, extended care facilities, and board and lodging facilities; **Non-Residential Programs**—freestanding facilities and hospital-based facilities. Stock #1-12-SR. \$17.00 + \$1.10 tax.



TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.



Community Waste Education Manual available at Minnesota's Bookstore

NEW—Reduced Price!

Waste Education Campaigns

The **COMMUNITY WASTE EDUCATION MANUAL** offers practical guidance to help communities develop waste education campaigns. Tremendous step-by-step guide to organizing volunteers, planning a budget, working with media and more. Includes camera-ready art and copy for media and publication needs. 82 pp. Produced by the Minnesota Office of Waste Management. Stock #5-7-SR. **Now only \$9.95.**

TO ORDER: Send to Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Call (612) 297-3000, or toll-free nationwide: 1-800-657-3757. Minnesota residents please include 6½% sales tax. St. Paul residents include 7%. On all orders, add \$3.00 per order for shipping. Prepayment is required. Please include daytime phone. VISA/MasterCard, American Express and Discover orders accepted over phone and through mail. **Prices are subject to change.** FAX: (612) 296-2265.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

MAILING LISTS GALORE

Successful business means successful sales

The Print Communications Division has a variety of mailing lists of licensed professionals and permit holders that will enable you to focus your marketing efforts on a targeted audience.

Types of lists available are: registered nurses, real estate agents, physicians, insurance agents, boat owners, hunters, cosmetologists, teachers, and many more! And you can get them on printouts, cheshire/pressure sensitive labels, as well as 9-track magnetic tapes.

What's more, you can choose from several selection capabilities. You will find our selections most helpful and beneficial to your business when you learn that you can acquire names and addresses of individuals in the areas you need to target most.

Find out more about our mailing lists by writing for our free mailing list catalog. In a hurry? Call (612) 296-0930 for more information. Requests can be sent to: Print Communications Division, Mailing List Service, 117 University Avenue, St. Paul, MN 55155. FAX: (612) 297-8260.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.



Attention Minnesota Business Leaders... Save time and money!

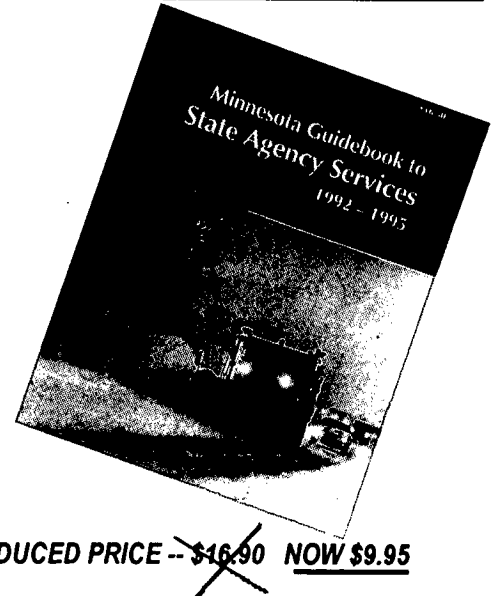
Avoid getting lost in your search for government services and marketing information. **Minnesota's Bookstore** can help you reach your market and keep you on top of state government policies and programs.

Business & Professional Directories -----

Minnesota Guidebook to State Agency Services 1992-95

An obvious "headliner" on any list for the business reference desk. The perfect "owner's manual" to Minnesota state government is a great reference tool for:

- * applying for grants, bidding on contracts
- * addresses, phone numbers and key contact people for each agency
- * license requirements and fees
- * gaining access to government services
- * participating in state policy making and service delivery
- * understanding the structure of Minnesota government with detailed descriptions of state agencies, their functions and services.



A MUST for the Minnesota business person. 710pp. *Stock No. 1-11-SR* ~~REDUCED PRICE -- \$16.90~~ **NOW \$9.95**

Minnesota Manufacturer's Directory 1993

Lists companies alphabetically, by community, and by type of product manufactured. Includes name, address, phone number, sales volume, market products, area sales, marketing and purchasing. Also FAX numbers, data processing managers and chief engineers, when available. 742 pp. *Stock No. 40-2-SR* \$95.00

Airport Directory 1993

List of airports throughout the state. Approaches, rivers, all detailed markings, and much more. 178 pp. (pocket-size) *Stock No. 1-8-SR* \$5.95

Healing Arts (Physician's) Directory 1991

Names and addresses in alphabetical order for licensed chiropractors, osteopaths, optometrists, podiatrists and registered physical therapists. 426 pp. *Stock No. 1-1-SR* \$19.95

Law Enforcement Directory 1993

Directory of state law enforcement agencies, sheriffs and municipal law enforcement agencies. 51pp. *Stock No. 1-6-SR* \$7.00

Directory of Chemical Dependency Programs '92-93

Comprehensive listing of chemical dependency treatment programs in Minnesota. Information on services provided, funding and staff, and a map are also included. 282 pp. *Stock No. 1-12-SR* \$17.00

State Agency Telephone Directory 1992

This directory lists all state of Minnesota government agencies. Features a greatly expanded FAX section with over 250 numbers, alphabetical employee listings, a classified section, organized by department, and "yellow pages" listing state offices in greater Minnesota. 296pp. *Stock No. 1-87-SR* \$12.95
(Next edition not due until early '94.)

Mailing Lists ---

Let our Mailing List Service guide you through their **broad selection of licensed professionals and permit holders** in the state of Minnesota. Lists are available in a variety of formats including computer printouts, directories, cheshire or pressure-sensitive labels, or diskette. For a free catalog or further information, call (612) 296-0930.

Minnesota's Bookstore 117 University Avenue St. Paul, MN 55155

(612) 297-3000 (Metro area) 1-800-657-3757 (TOLL FREE)

TDD (telecommunications device for the deaf): (612) 282-5077 (Metro area) 1-800-657-3706 (TOLL FREE)

FAX: (612) 296-2265 Online/Computer: (612) 821-4096 (8-N-1, 1200/2400bps)

