

95, Oct. 2

P182

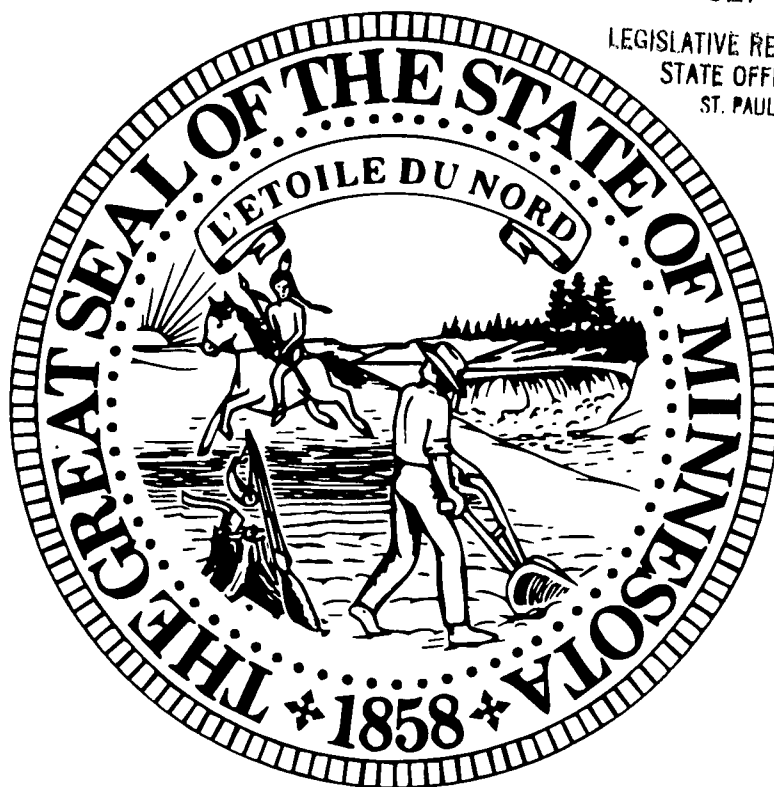
The Minnesota
**State
Register**

4

RECEIVED

SEP 29 1995

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



Rules and Official Notices Edition

Published every Monday (Tuesday when Monday is a holiday)
by the

Minnesota Department of Administration – Print Communications Division

Monday 2 October 1995

Volume 20, Number 14

Pages 743-816

State Register

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

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

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

Printing Schedule and Submission Deadlines

Vol. 20 Issue Number	PUBLISH DATE	Deadline for both Adopted and Proposed RULES	Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts
# 14	Monday 2 October	Monday 18 September	Monday 25 September
# 15	Monday 9 October	Monday 25 September	Monday 2 October
# 16	Monday 16 October	Monday 2 October	Monday 9 October
# 17	Monday 23 October	Monday 9 October	Monday 16 October

Arne H. Carlson, Governor 612/296-3391	Hubert H. Humphrey III, Attorney General 612/297-4272	Joan Anderson Grove, Secretary of State 612/296-2079
Joanne E. Benson, Lt. Governor 612/296-3391	Judi Dutcher, State Auditor 612/297-3670	Michael A McGrath, State Treasurer 612/296-7091
Department of Administration:	Print Communications Division:	Jane E. Schmidley, Acting Editor 612/297-7963
Elaine S. Hansen, Commissioner 612/296-1424	Kathi Lynch, Director 612/297-2553	Paul Hoffman, Assistant Editor 612/296-0929
Robert A Schroeder, Asst. Commissioner 612/297-4261	Mary Mikes, Manager 612/297-3979	Debbie George, Circulation Manager 612/296-0931

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

To submit notices for publication in the *State Register*, contact the editor listed above. The charge is \$80.00 per page, billed in tenths of a page (columns are seven inches wide). About 2-1/2 pages typed double spaced on 8-1/2"x11" paper equal one typeset page in the *State Register*. Submit two copies of your notice, typed double spaced, with a letter on your letterhead stationery requesting publication date. Send to the *State Register* at the address listed below.

SUBSCRIPTION SERVICES:

The *State Register* is published by the State of Minnesota, Department of Administration, Print Communications Division, pursuant to *Minnesota Statutes* § 14.46. The *State Register* is available at the main branch of county libraries in Minnesota and all "State Depository Libraries": State University and Community College libraries; the University of Minnesota libraries; St. Paul, Minneapolis and Duluth Public Libraries; State Law Library; Minnesota Historical Society Library; and the Library Development Service at the State Department of Education. Single copies cost \$3.50 and are available at Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155. Order by phone: Metro area: 297-3000 Toll free 800-657-3757. Telecommunication Device for the Deaf Metro area: 282-5077 Toll free 800-657-3706. NO REFUNDS. 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.

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

FOR LEGISLATIVE NEWS

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

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 (612) 296-0504
Room 231 State Capitol, St. Paul, MN 55155

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

Minnesota Rules: Amendments & Additions

Vol. 20, issue #14 746

Proposed Rules

Veterans Homes Board

General Revisions 747

Adopted Rules

Agriculture Department

Restricted use pesticides 759

Natural Resources Department

Personal flotation devices 759

Revenue Notices

Revenue Department

Revenue Notice #95-7: In regard to property tax homesteads 760

Official Notices

Human Services Department

Prior Authorization List 762

Opinions sought for rule on for administration of county social services 794

Health Department

Opinion sought on administrative penalty orders and cease and desist orders 795

Opinion sought for rule on special supplemental nutrition program for WIC 796

Opinion sought on rule for unique identifiers for health care providers and group purchasers 797

Minnesota Comprehensive Health Association

Continuing education courses for insurance agents 798

Informational meetings 799

Ad hoc committee on benefit design meeting 799

Pollution Control Agency

Opinion sought on rule for air emission fees, definitions, permit requirements, notification and emission inventory requirements 800

Opinion sought on rule for removal of lead paint from steel structures 801

Opinion sought on rule for hot mix asphalt plants 802

Secretary of State

Notice of vacancies in multi-member agencies 803

Veterans Affairs Department

Opinion sought on rule for State Soldiers Assistance Program .. 807

State Grants

Higher Education Service Office

Proposals sought for Eisenhower grants 808

Pollution Control Agency

Applications sought for individual sewage treatment system grants 808

Professional, Technical & Consulting Contracts

Employee Relations Department

Proposals sought for work force analysis telephone survey .. 809

Health Department

Proposals sought for evaluation services to HIV/STD prevention programs 810

Higher Education Services Office

Proposals sought for videotape development 811

Housing Finance Agency

Proposals sought for foreclosure prevention and rental assistance program 811

Human Services Department

Proposal cancellation: child foster care and adoptive families 812

Proposals sought for child foster care and adoptive families 812

Legislative Coordinating Commission

Proposals for job classification and compensation evaluation 813

Trade and Economic Development Department

Proposals sought for audio cassette production 813

Non-State Public Bids, Contracts & Grants

Metropolitan Council

Proposals sought for transition facilitators 814

Awards of State Contracts & Advertised Bids

Commodities and requisitions are advertised in the *State Register Contracts Supplement*, published every Tuesday, Wednesday and Friday. "Commodity Contract Awards Reports" are published every two weeks, and "Professional-Technical-Consulting Contract Awards Reports" are published monthly. Both are available through Minnesota's Bookstore, (612) 297-3000 or 1-800-657-3757. For subscription information call 612/296-0931.

Individual awards can be obtained from the **Materials Management Helpline** 612/296-2600.

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.

Vol. 20 issue #14

Agriculture Department

1505.0980; .1100 (adopted) 759

Natural Resources Department

6110.1200 (adopted) 759

Veterans Homes Board

9050.0040; .0050; .0055; .0060; .0070; .0200; .0220; .0230; .0400;
.0520; .0580; .0600; .0750; .0755; .0770; .0800; .0820; .1030;
.1070 (proposed) 747

9050.0040, s.25,40a,88,99; .0060, s.4; .1030, s.2-19
(proposed repealer) 747

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.

Minnesota Veterans Homes Board

Proposed Permanent Rules Relating to General Revisions

Notice of Intent to Adopt Rules Without a Public Hearing

Introduction. The Minnesota Veterans Homes Board intends to adopt permanent rules without a public hearing following the procedures set forth in the Administrative Procedure Act, *Minnesota Statutes*, §§ 14.22 to 14.28. You have 30 days to submit written comments on the proposed rules and may also submit a written request that a hearing be held on the rules.

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

Marcy L. Harris
Minnesota Veterans Homes Board
122 Veterans Services Building
St. Paul, Minnesota 55155
(612) 297-5254
(612) 296-6177 (fax)

Subject of Rules and Statutory Authority. The proposed rules are about admissions, discharges, maintenance charges, and services affecting residents of the Minnesota Veterans Homes. The statutory authority to adopt the rules is *Minnesota Statutes*, § 198.003, subdivision 1. A copy of the proposed rules is published in the *State Register* and attached to this Notice as mailed. A free copy of the rules is available upon request from Marcy Harris, at the address or telephone number listed above.

Comments. You have until 4:30 p.m., Wednesday, November 1, 1995 to submit written comments in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comments must be in writing and received by the agency contact person by the due date. Comments are encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comments, and any change proposed.

Request for a Hearing. In addition to submitting comments, you may also request that a hearing be held on the rules. 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 1, 1995. Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of the proposed rules which caused your request, the reason for the request, and any changes you want made to the proposed rules. 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 a public hearing is required, the Veterans Homes Board will follow procedures in *Minnesota Statutes*, §§ 14.131 to 14.20.

Modifications. The proposed rules may be modified as a result of public comment. The modifications must be supported by data and views submitted to the Veterans Homes Board and may not result in a substantial change in the proposed rules as printed in the *State Register*. If the proposed rules affect you in any way, you are encouraged to participate in the rulemaking 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

Statement of Need and Reasonableness. A Statement of Need and Reasonableness is now available. This Statement describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied on to support the proposed rules. A free copy of the Statement may be obtained from Marcy Harris at the address or telephone number listed above.

Small Business Considerations. It is the position of the Veterans Homes Board that these proposed rules are not subject to *Minnesota Statutes*, § 14.115, subdivision 4 regarding small business considerations in rulemaking.

Expenditure of Public Money by Local Public Bodies. The proposed rules will not result in the expenditure of public monies by local public bodies.

Impact on Agricultural Lands. The proposed rules will not have an impact on agricultural land.

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:

Ethical Practices Board
First Floor South, Centennial Office Building
658 Cedar Street
St. Paul, MN 55155-1603
(612) 296-5148

Adoption and Review of Rules. If no hearing is required, after the end of the comment period the Veterans Homes Board may adopt the rules. The rules 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. You may request to be notified of the date the rules are submitted to the Attorney General or be notified of the Attorney General's decision on the rules. If you wish to be so notified, or you wish to receive a copy of the adopted rules, submit your request to Marcy Harris at the address or telephone number listed above.

Dated: 17 September 1995

James H. Main, Chairman
Minnesota Veterans Homes Board

Rules as Proposed

9050.0040 DEFINITIONS.

[For text of subs 1 to 17, see M.R.]

Subp. 18. **Board-operated facility.** "Board-operated facility" means a ~~building located on~~ a Minnesota veterans home campus ~~in, including, but not limited to, buildings, units, and grounds, at~~ which nursing care or boarding care is provided.

[For text of subs 19 to 24, see M.R.]

Subp. 25. [See repealer.]

[For text of subs 26 to 33, see M.R.]

Subp. 34. ~~Dietician~~ **Dietitian.** "~~Dietician~~ **Dietitian**" means a ~~dietician dietitian~~ registered with the National Commission on Dietetic Registration.

[For text of subp 35, see M.R.]

Subp. 36. **Discharge.** "Discharge" means a termination of residence in the nursing home or boarding care home that is documented in the discharge summary signed by the attending physician. A discharge includes the permanent movement of a resident from the campus of one board-operated facility to another, whether to the same or to a different level of care. For purposes of this definition, a discharge does not include:

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

[For text of subs 37 to 40, see M.R.]

Subp. 40a. [See repealer.]

[For text of subs 41 to 69, see M.R.]

Subp. 69a. **Make available.** "Make available" means to assist a resident in obtaining information about and arrange for a resident's access to a particular service, but not necessarily assure payment for that service. The board shall determine annually which services will be paid for by the board-operated facilities, based on appropriations.

[For text of subs 70 to 87, see M.R.]

Subp. 88. [See repealer.]

[For text of subps 89 to 98, see M.R.]

Subp. 99. [See repealer.]

[For text of subp 100, see M.R.]

Subp. 101. **Representative payee.** "Representative payee" means an individual designated by the Social Security Administration or an authorized payee designated by the United States Department of Veterans Affairs to receive benefits on behalf of the applicant or resident.

[For text of subps 102 to 120, see M.R.]

9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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

Subp. 3a. Residency. For purposes of determining residency under Minnesota Statutes, section 198.022, paragraphs (2) and (3), a person is a resident of Minnesota if:

- A. the person currently resides in Minnesota and intends to reside in the state permanently; and
- B. the person does not own or maintain a home in another state.

Subp. 4. **Exceptions.** An applicant otherwise eligible for admission to a board-operated facility under subpart 2 or 3 who has adequate means of support may be admitted to a board-operated facility if the applicant complies with the requirements in *Minnesota Statutes*, section 198.03. An applicant seeking admission under *Minnesota Statutes*, section 198.03, and this subpart must not have past unpaid bills to the state for maintenance charges for prior residence in a board-operated facility. An applicant who has past unpaid bills to the state for maintenance charges for prior residence in a board-operated facility must satisfy the past debt for maintenance charges before ~~an application for admission that applicant~~ will be placed on the active waiting list. For the purpose of this part "satisfy" means that the applicant has either paid the debt or entered into an agreement to repay the debt. The agreement must conform with *Minnesota Statutes*, section 198.03, subdivision 3.

9050.0055 ADMISSIONS PROCESS, WAITING LIST, PRIORITY.

Subpart 1. **Process.** A person seeking admission to a board-operated facility may obtain an application form and information describing the required application procedures from the facility. The social services staff of the board-operated facility shall assist the person to complete the application form and process. When an application is requested, the social services staff shall provide a checklist of items requiring documentation, information, or verification to complete the application. ~~An application is complete when the following information is received by the board-operated facility:~~

- ~~A. a completed, signed application form;~~
- ~~B. a copy of the person's military discharge papers or verification from the United States Department of Veterans Affairs or National Personnel Records Center; and~~
- ~~C. the following medical records:~~
 - ~~(1) a discharge summary from all hospitals at which the person received treatment within the two years before application;~~
 - ~~(2) a patient care information form from the current nursing home, if any; and~~
 - ~~(3) if the person resides at home at the time of application, a patient care information form completed by the primary caregiver.~~

Subp. 1a. Preadmission screening. The social services staff of the board-operated facility shall keep a checklist on which to record the date of receipt of information for the person's application file. Upon completion of an application file, a determination must be made by the board-operated facility social services staff as to whether the applicant conduct a preadmission screening of applicants, similar to that prescribed in Minnesota Statutes, section 256B.0911, in order to determine whether the person meets the general eligibility requirements in part 9050.0050. ~~If the these requirements of part 9050.0050 are met, an applicant's name and application file~~ must be referred to the admissions committee or be placed on the waiting list for the particular facility as specified in subpart 3.

Subp. 1b. Admission application. The social services staff shall obtain the following information from an applicant:

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

A. a signed application form;

B. verification of eligibility in part 9050.0050;

C. military service records or discharge information about the applicant or the applicant's spouse;

D. medical and psychiatric information from previous or current placements and current attending physicians and, as appropriate, psychologists or psychiatrists, including level of care information from previous and current placements;

E. information from the applicant's previous or current placements about the applicant's compliance with the applicant's medical treatment plan or individual treatment or care plan; and

E. Bureau of Criminal Apprehension reports or criminal background information or reports, as appropriate.

The appropriate clinical staff shall interview the applicant or the applicant's legal representative, if any, and the applicant's family members with the applicant's consent, and shall review the application for admission.

The social services staff of the board-operated facility shall keep a checklist on which to record the date of receipt of information for the person's application file.

Subp. 2. **Timing of review by the admissions committee.** The admissions committee shall review an application for admission to determine the applicant's suitability for admission to a board-operated facility as determined by the criteria in part 9050.0070, subparts 3 and 4, according to items A and B, and determine the applicant's suitability for admission to a board-operated facility as determined by the criteria in part 9050.0070, subparts 3 and 4.

A. If the board-operated facility to which a person has applied has no waiting list, the admissions committee shall review the application file within ~~ten~~ five working days of its completion.

B. If the board-operated facility to which the person has applied has a waiting list, the admissions committee shall review the application file within ~~ten~~ five working days from the time the applicant's name reaches the first place on the active waiting list and a bed becomes available.

Subp. 3. **Waiting lists.** Each board-operated facility shall maintain an active waiting list and an inactive waiting list to determine the admission priority of applicants. The active waiting list is for applicants desiring the first available bed at the level of care appropriate to the applicant's needs. The inactive waiting list is for those applicants who do not want to exercise their option for admission, but who want to be prepared to exercise that option and want to be kept informed of openings or of the length of the active waiting list at the board-operated facility.

If an eligible applicant cannot be considered for admission to a board-operated facility with an appropriate level of care due to unavailability of a bed, the applicant must be placed on either an active or inactive waiting list according to preference. An applicant shall indicate preference for the active or inactive waiting list on a separate form. An applicant may request movement from one waiting list to another at any time, unless the request is precluded by subpart 5. An applicant requesting movement from one waiting list to another must be placed at the bottom of the waiting list to which movement was requested. The applicant's position on the waiting list is determined by the date on which the application ~~file form~~ is complete received.

Subp. 4. **Priority.** If it is determined by the utilization review committee that a current resident needs a level of care not offered at the board-operated facility where the resident is staying, the current resident has priority for consideration for admission to other board-operated facilities at an appropriate level of care if they meet the criteria for that level of care and a bed is available. A person who is discharged for failure to meet bed hold criteria in part 9050.0150, subpart 2 or 3, has priority for consideration for admission to a board-operated facility at an appropriate level of care if the person meets the criteria for that level of care and a bed is available. A person on the active waiting list must be considered for admission and, if approved by the admissions committee, offered a bed consistent with the person's position on the active waiting list and the person's case mix classification and level of care needs as determined by the admissions committee. A person offered admission has ~~seven~~ three working days to consider the offer. If the person declines the offer of admission, the person's name must be put on the bottom of the active waiting list, unless the person requests removal from the active waiting list or transfer to the inactive waiting list. If the person fails to respond to the offer of admission within ~~seven~~ three working days from the date the offer is made, the person's application file must be closed and the person's name removed from all waiting lists. A person whose name is removed from all waiting lists for failure to respond to an offer for admission must reapply.

Subp. 5. **Limitations on refusals to exercise option for admission from active waiting list.** ~~Refusal or failure to exercise the option for admission from the active waiting list is limited as set forth in items A and B.~~

~~A.~~ A person who is placed on the waiting list ~~after May 29, 1990,~~ and who twice refuses an opportunity for admission must be removed from the active waiting list and placed on the inactive waiting list. The person is not permitted to transfer to the active waiting list for one year from the date the person refused an opportunity for admission unless the person can verify by an attending physician a significant change in health status since the date of last refusal. "Significant change" means the worsening of an applicant's medical condition due to an unexpected health condition such as a sudden stroke or heart attack.

B. A person who is on the waiting list as of May 29, 1990, and who has previously refused one or more opportunities for admission must be allowed one additional opportunity for admission before being moved to the inactive waiting list.

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

9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND DUTIES.

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

Subp. 2. **Composition of admissions committee.** The admissions committee must consist of the following staff members of the board-operated facility: the administrator or a designee, a registered nurse, and a social worker. ~~Additional~~ The admissions committee members may include ~~consult with~~ any of the following staff members, as indicated by the diagnosis or diagnoses of the applicant to be reviewed: a chemical dependency counselor, a mental health professional or mental health practitioner, a physical therapist, an occupational therapist, a speech therapist, a ~~dietician~~ dietitian, a chaplain, or a staff psychologist or psychiatrist. The applicant's attending physician must be ~~included on~~ consulted or given the opportunity to present information to the admissions committee if the physician chooses to participate.

Subp. 3. **Duties.** The admissions committee has the duties specified in items A and B.

A. The admissions committee shall review and act on all applications by ~~conducting a screening as specified in subpart 4; and~~ by reviewing the completed application and documentation in part 9050.0055. The admissions committee shall determine whether or not to admit the applicant according to the facility's ability to meet the applicant's care needs, based on the admissions criteria in part 9050.0070, subparts 3 and 4.

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

Subp. 4. [See repealer.]

9050.0070 TYPES OF ADMISSIONS.

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

Subp. 3. **Criteria for admission to and continued stay in a boarding care facility.** The decision about admission to or continued stay in a board-operated facility licensed to provide boarding care must be based on the facility's ability to meet the care needs of the applicant or resident. A person whose care needs can be met by the board-operated facility must be admitted, placed on the waiting list, or retained as a resident if the admissions committee or utilization review committee determines the person meets the criteria in items A to N. A person whose care needs cannot be met must be denied admission or continued stay if the admissions committee or utilization review committee determines the person does not meet the criteria in items A to N.

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

G. A person must be physically and mentally capable of providing personal care and hygiene including dressing, grooming, eating, toileting, and washing other than bathing. A person who has a diagnosis of mental illness must be assessed by ~~a staff~~ an attending psychiatrist or psychologist.

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

J. ~~A staff~~ An attending psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist which suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

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

L. A person with ~~a diagnosis of chemical abuse within the past six months or a diagnosis of chemical dependency; excluding a chemical dependency diagnosis of "in remission,"~~ must have successfully completed a chemical dependency treatment program as described in parts 9050.0040, subparts 25 and 99, and 9530.5000 to 9530.6500, or an equivalent chemical dependency program, or must be chemically free. ~~For the purposes of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency as identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders prior to admission and demonstrates no symptoms of abuse or dependency during residence~~ who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the board-operated facility can meet the care needs of the person. If the medical records obtained by the admissions committee do not adequately document that a person is

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

~~chemically free person's substance disorder status~~, the person's ~~chemical-free~~ status may be verified by a collateral contact. For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant. Collateral contact includes contact with family members, criminal justice agencies, educational institutions, and employers. ~~The current list of accepted equivalent chemical dependency programs as defined in part 9050.0040, subpart 40a, must be kept at the board office.~~

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

Subp. 4. **Criteria for admission to and continued stay in a nursing home facility.** The decision about admission or continued stay in a board-operated facility licensed as a nursing home must be based on the facility's ability to meet the care needs of the person. A person whose care needs can be met by the facility must be admitted, placed on the waiting list, or retained as a resident if the admissions committee or utilization review committee determines that the person meets all of the criteria in items A to G. A person whose care needs cannot be met must not be admitted or retained as a resident if the admissions committee determines the person fails to meet all of the criteria in items A to G.

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

F. ~~A staff~~ An attending psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist that suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

G. ~~A person with a diagnosis of chemical abuse within the past six months or a diagnosis of chemical dependency, excluding a chemical dependency diagnosis of "in remission," must have successfully completed a chemical dependency treatment program as described in parts 9050.0040, subparts 25 and 99, and 9530.5000 to 9530.6500, or an equivalent chemical dependency program, or must be chemically free. For the purpose of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency as identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders before admission and demonstrates no symptoms of abuse or dependency during residence who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the board-operated facility can meet the care needs of the person.~~ If the medical records obtained by the admissions committee do not adequately document that a person is chemically free the person's substance disorder status, the person's ~~chemical-free~~ status may be verified by a collateral contact. For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant. Collateral contact includes contact with family members, criminal justice agencies, education institutions, and employers. ~~The current list of accepted equivalent chemical dependency programs as defined in part 9050.0040, subpart 40a, shall be kept at the board office. Persons whose long-term medical condition is assessed as precluding continued chemical abuse may be accepted for nursing care.~~

9050.0200 DISCHARGE.

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

Subp. 3. **Grounds for discharge.** Discharge procedures must be instituted with regard to a resident if one of the following grounds or circumstances exist:

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

D. the resident no longer has a medical need for the services provided by a board-operated facility, as determined by the utilization review committee according to part 9050.0070, subpart 3 or 4;

E. the resident's behavior poses an immediate threat to the health or safety of the resident, other residents, or staff of a board-operated facility, as determined by the utilization review committee according to part 9050.0070, subpart 3 or 4;

F. the resident is absent without notice from the facility for more than 96 consecutive hours or a definitive arrangement has been made for an absence longer than 96 hours and the resident fails to comply with that arrangement; or

E. G. the resident or resident's legal representative:

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

(3) falsifies or fraudulently represents information relating to criteria in part 9050.0070, subpart 3 or 4, or issues in part 9050.0060, subpart 4.

[For text of subps 4 to 6, see M.R.]

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

Subpart 1. **Generally, recommendations.** Involuntary discharge for a reason specified in part 9050.0200, subpart 3, item C,

must be based on the recommendation of the utilization review committee. Involuntary discharge under part 9050.0200, subpart 3, item A, ~~D E~~, or ~~E G~~, must be based on the recommendation of the facility financial staff or social services staff.

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

Subp. 3. **Reconsideration.** A resident or the resident's legal representative may request a reconsideration of the initial notice of involuntary discharge. The request must be made in writing within ten days of receipt of the initial notice of involuntary discharge. Reconsideration must be before the administrator of the board-operated facility under the procedures in subpart 4. ~~Once the resident has requested a reconsideration, the remaining time for filing an administrative appeal must be stayed until the reconsideration decision is issued.~~

Subp. 4. **Reconsideration procedures, scheduling, representation.**

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

B. A resident ~~and~~ or the resident's representative may question witnesses and present reasons why the resident should not be discharged.

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

Subp. 5. **Administrator's decision and preliminary order.** The administrator, ten days after issuance of the initial notice of involuntary discharge if no reconsideration is requested or after the reconsideration proceeding and on review of the record, shall review the question of discharge and issue a preliminary order supporting or reversing the initial involuntary discharge notice and state the reasons for the involuntary discharge.

Subp. 6. **Appeals process.** ~~An applicant or A resident, or the resident's legal representative,~~ may appeal a preliminary discharge or transfer order. ~~A request for reconsideration within the ten-day time period will stay the remaining time which A resident has or the resident's legal representative has 30 days after issuance of the preliminary discharge or transfer order~~ to request an administrative appeal. Appeals must be in accordance with contested case procedures under the Administrative Procedure Act, *Minnesota Statutes*, section 14.48 et. seq., until rules are adopted under *Minnesota Statutes*, section 144A.135, by the commissioner of health. Once the rules adopted under *Minnesota Statutes*, section 144A.135, have taken effect, all appeals must be in accordance with those rules. The administrator shall inform the resident ~~or applicant~~ of the rules that govern the appeal in the notice provided under part 9050.0100, subpart 2, or 9050.0200, subpart 4. The final discharge order shall be issued by the executive director of the Veterans Homes Board, after review of the entire record including the recommendations of the administrative law judge. A final discharge order issued by the ~~administrator~~ executive director of the Veterans Homes Board following the Office of Administrative Hearings' review remains in effect pending ~~any appeal~~ judicial review under Minnesota Statutes, section 14.63, et seq. Notwithstanding this provision, the administrator may, for good cause shown, waive imposition of the discharge order until all appeals have been concluded.

Nothing in this part may be construed to limit, change, or restrict other appeal or review procedures available to a resident under law.

9050.0230 ENFORCEMENT OF FINAL DISCHARGE ORDER.

A final discharge order is the order issued by the ~~administrator of a board-operated facility~~ executive director of the Veterans Homes Board following review of the preliminary discharge order under *Minnesota Statutes*, chapter 14, or the order issued by the administrator of a board-operated facility if no review was requested. A final discharge order is the final agency ~~action~~ decision. When a resident refuses to comply with the terms of a final discharge order issued following review under *Minnesota Statutes*, chapter 14, and the final agency action decision, the administrator may seek enforcement of the final discharge order by applying to the district court for an order enforcing the administrative order of discharge. Pursuant to *Minnesota Statutes*, section 198.045, the district court may order the sheriff of the county in which the board-operated facility is located to remove the resident from the board-operated facility and authorize the administrator to remove the resident's property and hold it until it can be returned to the former resident. Upon issuance of the court order, the procedures in part 9050.0210 regarding voluntary discharge must be followed, to the extent possible, to effect the discharge.

9050.0400 UTILIZATION REVIEW COMMITTEE.

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

Subp. 2. **Composition.** The utilization review committee consists of two physicians and at least one of each of the following

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

professionals: a registered nurse, the administrator or the administrator's designee, a social worker, and a medical records technician, who shall not participate in a voting capacity. Additional committee members may include any of the following staff members as indicated by the diagnosis or diagnoses of the resident to be reviewed: a chemical dependency counselor, a mental health practitioner or mental health professional, or a ~~dietician~~ dietitian. The administrator or the administrator's designee, one other committee member, and at least two physicians must be in attendance to hold a meeting and to take action.

Subp. 3. **Duties.** The duties of the utilization review committee are to:

A. review the necessity and appropriateness of admissions, bed holds, transfers, and the need for discharge of all residents according to the United States Department of Veterans Affairs, this chapter 9050, and Department of Health nursing and boarding care criteria specified in parts 4655.0400, 4655.0500, 4655.0700, and 4655.1500;

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

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

9050.0520 MAINTENANCE CHARGE; DELINQUENT ACCOUNTS; INTEREST; DISCHARGE.

Subpart 1. **Interest on delinquent accounts.** A resident's account is considered delinquent if a resident willfully refuses or willfully fails to pay the bill by the due date. ~~Applicants or~~ Residents must be notified if payment has not been received by the due date printed on the bill. Interest must be charged on all delinquent accounts, effective the date the bill was due, as provided in *Minnesota Statutes*, section 334.01. For purposes of this subpart, "willful refusal or willful failure to pay" means a situation in which:

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

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

9050.0580 REVIEW OF MAINTENANCE CHARGE DETERMINATION.

An applicant or resident or legal representative may request that the administrator of a board-operated facility reconsider a maintenance charge determination. The request must be submitted in writing to the administrator within ten days of receipt of the maintenance charge notice. The administrator shall, within ten days of receipt of the request, conduct a review of the maintenance charge determination. The review must be in the same format and time frames as the reconsideration procedures under part 9050.0220, subparts 3 and 4. The administrator's determination is final upon receipt by the applicant or resident, or legal representative, and is the final agency action.

9050.0600 PROPERTY LIMITATIONS.

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

Subp. 3. **Other property limitations.** The facility financial staff shall exclude the value of the following personal property:

A. one motor vehicle, for personal use;

B. the value of a prepaid burial account, burial plan, burial contract, or burial trust up to \$2,500 for persons who are already residents of a board-operated facility when the investment is made. ~~If the investment is made by the person before admission to a board-operated facility, \$5,000 or the entire amount of the an investment must be excluded made prior to admission, whichever is greater;~~

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

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

9050.0750 DEDUCTION FOR VOLUNTARY SUPPORT OF DEPENDENT SPOUSE OR HOUSEHOLD.

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

Subp. 2. **Determination of spouse's or dependent's monthly expenses.** ~~A spouse's monthly expenses are~~ The deduction for the basic needs of the dependent spouse or household is the sum of the following expenses, prorated on a monthly basis as they are incurred or can be estimated with reasonable certainty:

A. expenses related to the homestead as follows:

~~(1) monthly rent or house payment, mortgage, or home equity loan payments, except that home equity loans obtained after the date of a resident's admission must be related to expenses of the homestead or other basic needs for which a deduction is requested;~~

~~B. (2) costs of supporting a dependent child or children residing with the spouse;~~

~~C. (3) real estate taxes;~~

~~D. (4) homeowner's or renter's insurance;~~

~~E. (5) home maintenance and repair costs in a reasonable amount;~~

~~(6)~~ association fees for townhouses, condominiums, or similar arrangements;

~~F. (7)~~ electric and gas charges;

~~G. (8)~~ water and sewer charges;

~~H. (9)~~ solid waste removal charges; and

~~I. (10)~~ telephone costs;

~~J. B.~~ transportation costs, including costs of public transportation and costs of acquiring and maintaining a privately owned motor vehicle;

~~K. C.~~ food;

~~L. D.~~ clothing;

~~M. E.~~ medical insurance for the spouse and the applicant's or resident's dependent child or children residing with the spouse;

~~N. F.~~ medical expense payments;

~~O. G.~~ personal needs of the spouse or dependent child or children;

~~P. H.~~ payments for documented consumer debts incurred before the resident's admission to a board-operated facility for which the spouse is legally responsible; and

~~Q. I.~~ support payments actually paid by the spouse to his or her a former spouse or dependents who do not reside with him or her the spouse.

Subp. 2a. Resources excluded. In determining a spouse's or household's available resources, the facility financial staff shall exclude from consideration the following:

A. real property excluded under part 9050.0600, subpart 2;

B. one motor vehicle per household, for personal use;

C. household goods and furniture, personal effects, wearing apparel, and jewelry regularly used by the spouse or dependent child or children in day-to-day living;

D. the value of personal property used to produce income, including tools, implements, farm animals, and inventory, or capital and operating assets of a trade or business necessary to income production;

E. life insurance policies;

F. individual retirement accounts, Keogh accounts, or other pension or deferred compensation plan accounts;

G. burial accounts, burial plans, burial contracts, or burial trusts; and

H. other personal property specifically excluded by federal law, federal regulation, or state law.

Subp. 2b. Application of dependent spouse's or household's available resources. If an applicant or resident, or the spouse of an applicant or resident, requests a deduction from the applicant's or resident's gross monthly income for support of a dependent spouse or household, the facility financial staff shall verify the available resources of the dependent spouse or household. All resources listed in subpart 2a must be excluded for the purposes of determining availability of resources. If the facility financial staff has verified that the dependent spouse or household has no resources available other than excluded resources, a deduction from the applicant's or resident's gross monthly income must be calculated according to subpart 3.

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

9050.0755 CALCULATION OF CHARGEABLE INCOME OF APPLICANT OR RESIDENT.

The chargeable income of an applicant or resident is as follows:

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

C. subtract from net income ~~\$85~~ \$90 for personal needs;

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

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

9050.0770 BENEFITS APPLICATION REQUIRED.

An applicant or resident or legal representative, if any, must apply for the maximum of every benefit for which the applicant or resident may be eligible that will increase the income of the applicant or resident. The board-operated facility staff shall provide an applicant or resident or legal representative information about possible available benefits or programs of assistance and assistance in making application for those benefits.

If the facility staff determines that an applicant or resident is not able to manage personal financial affairs, the facility staff shall recommend that the facility be authorized to receive and disburse benefit payments for which the applicant or resident may be eligible.

9050.0800 FINANCIAL INFORMATION AND INTERVIEW.

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

Subp. 2. **Rights, duties, and consequences of interview and providing information.** Before conducting an applicant's or resident's interview to determine financial status or ability to pay, the ~~interviewer~~ facility financial staff shall provide the following information to the applicant or resident:

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

9050.0820 VERIFICATION OF FINANCIAL INFORMATION.

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

Subp. 2. **Information to be verified.** The following items must be verified:

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

E. number of dependents claimed legal relationship between the applicant or resident and dependent spouse and children, if support will be requested under part 9050.0750;

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

Subp. 3. **Time of verification.** The facility financial ~~officer~~ staff must request verification of the required information no earlier than 60 days before admission and no later than 30 days from the date of admission or date of financial status review or other review of financial status as provided in part 9050.0560, subpart 1.

9050.1030 RESIDENT CARE SERVICES.

Subpart 1. **General.** Care services provided to residents of Minnesota veterans homes must be consistent with the overall goals and obligations of each facility as expressed in statute, the homes' mission statements, and rules governing the board-operated facilities, and must be consistent with available funding and limited if the service is not reimbursable by public or private resources according to *Minnesota Statutes*, section 144.651, subdivision 6.

Care services are provided according to Department of Health licensure regulations and the certification requirements of the United States Department of Veterans Affairs. Laws pertaining to resident care services include ~~chapter~~ chapters 4655 and 4658; *Minnesota Statutes*, chapters 144 and 144A; United States Department of Veterans Affairs Code M-1, part 1, chapter 3; ~~and~~ United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards; and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes: Domiciliary Care Standards. United States Department of Veterans Affairs publications shall be available for review at each board-operated facility.

Payment of resident care services that are made available must be authorized by the Minnesota Veterans Homes board of Directors. The board shall determine annually which services will be paid for by the board-operated facilities, based on appropriations.

~~Services that are veteran-exclusive through the United States Department of Veterans Affairs are not available to nonveteran residents according to part 9050.0510, subpart 2.~~

A resident, resident's guardian, legal representative, family member, conservator, or other person designated by the resident must be informed in writing by the admission staff of each board-operated facility or the resident's social worker, before or at the time of admission and when changes occur, of services that are included in the facility's basic per diem and of other services that may be available at additional charges.

The facility staff shall assist residents in obtaining information and making application for possible benefits or programs to which the residents are entitled according to parts 9050.0770 and 9050.0800, subpart 2, item G, and *Minnesota Statutes*, section 144.651, subdivision 17.

Subp. 1a. **Provided services.**

A. Each board-operated facility shall provide at least the following services:

(1) a medical director;

(2) an attending physician;

(3) primary care nursing services;

(4) dietary services, including an adequately equipped kitchen at each board-operated facility, and qualified facility staff to supply the necessary food requirements of the residents;

(5) specialized rehabilitation services, such as physical therapy, occupational therapy, and speech therapy, to improve and maintain maximum functioning;

(6) housekeeping services to ensure a clean, sanitary, and safe physical environment for residents and to keep the facility free from offensive odors, dust, rubbish, and safety hazards;

(7) maintenance services to ensure that the physical plant is kept in a state of good repair and operation with regard to the health, comfort, safety, and well-being of residents and others;

(8) transportation to and from approved medical providers provided or arranged for by each board-operated facility, if the providers are located within the area regularly serviced by the transportation staff of the facility;

(9) recreational therapy services;

(10) on-site social work services; and

(11) chaplain services, and private space provided for residents to meet with clergy of the residents' choice.

B. For purposes of item A, subitem (2), each resident must be assigned an attending physician who is responsible for overall medical care of the resident. A resident may choose a private attending physician at the resident's own expense if the physician agrees to comply with regulatory standards governing the facility.

The attending physician shall prescribe a planned regimen of resident care based on a medical evaluation of the resident's immediate and long-term needs. The attending physician must be identified on the resident's medical chart.

The attending physician shall make arrangements for the medical care of the resident in the event of an on-site emergency or a planned absence by the attending physician.

C. For purposes of item A, subitem (4), a qualified dietitian, as defined in part 9050.0040, subpart 34, or dietary supervisor if qualified, must be employed or contracted with to supervise the food service department of each facility. A qualified dietary supervisor is a person trained or experienced in the planning and preparation of meals as stated in part 4655.8510. The dietary staff shall prepare therapeutic diets as ordered by the resident's attending physician, according to federal and state standards.

Subp. 1b. Services made available. Each board-operated facility must make the following services available:

A. mental health services, either on-site or through other means such as contract services, sharing agreements, or other arrangements, with mental health services offered on request by the resident or as determined by members of the resident's individual care plan team, which may include a staff psychologist, staff psychiatrist, or chemical dependency counselor;

B. dental care services, including, but not limited to, cleaning of teeth by a dentist or dental hygienist, an examination of the resident's teeth and mouth by the dentist, taking of necessary X-rays as determined by the dentist, proper fitting of dentures, repair of dentures, and treatment of abnormalities caused by dentures as determined by the dentist. Each facility must have a written agreement with a licensed dentist or dentists to provide emergency dental care when necessary;

C. podiatric care services, through a podiatrist or physician, with the approval of the resident's attending physician;

D. optometric care services;

E. diagnostic services on written order of the resident's attending physician, examples of which include, but are not limited to, X-rays and laboratory work, such as blood tests;

F. pharmaceutical services;

G. transportation to and from medical providers; and

H. chiropractic care services, according to *Minnesota Statutes*, section 198.065, on written order of the resident's attending physician.

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

- Subp. 2. [See repealer.]
- Subp. 3. [See repealer.]
- Subp. 4. [See repealer.]
- Subp. 5. [See repealer.]
- Subp. 6. [See repealer.]
- Subp. 7. [See repealer.]
- Subp. 8. [See repealer.]
- Subp. 9. [See repealer.]
- Subp. 10. [See repealer.]
- Subp. 11. [See repealer.]
- Subp. 12. [See repealer.]
- Subp. 13. [See repealer.]
- Subp. 14. [See repealer.]
- Subp. 15. [See repealer.]
- Subp. 16. [See repealer.]
- Subp. 17. [See repealer.]
- Subp. 18. [See repealer.]
- Subp. 19. [See repealer.]

9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

[For text of subps 1 to 21, see M.R.]

Subp. 22. **Resident funds.** Resident funds must be handled according to parts 4655.1910, subpart 6; 4655.4100 to 4655.4170; and *Minnesota Statutes*, sections 144.651, subdivision 25; and 198.265, and be in compliance with items A to ~~D~~ E.

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

B. If the facility staff determines that a resident is unable to manage personal financial affairs, the administrator or designee shall take appropriate steps to ensure that the resident's personal financial affairs will be appropriately managed, including, but not limited to, having the facility authorized to receive benefit payments on behalf of the resident from the Social Security Administration and the United States Department of Veterans Affairs and seeking appointment of a conservator or guardian.

C. Residents may keep money in a personal fund account at the board-operated facility, as defined in part 9050.0040, subpart 90, and according to *Minnesota Statutes*, section 198.265, or in fund accounts off facility premises.

Resident fund accounts at the facility are solely for the resident's use, and the facility cashier shall retain sufficient liquid funds to satisfy normal demand withdrawal requests of residents and other anticipated needs. Resident fund accounts must not draw interest directly to residents, but the interest must be used by the board only for the direct benefit of the residents of the homes. Before depositing money in a fund account at the facility, a resident must sign an agreement that the resident is willing to have money in an account that does not draw interest directly to the resident.

Restrictions placed on a resident's personal funds by the resident, resident's guardian, or person responsible for the resident's fund account must be documented in the resident's treatment plan.

C. D. The cashier at the facility shall have regular posted hours during which residents may deposit or withdraw funds. The cashier shall give a receipt to persons depositing funds and ensure that withdrawal forms are signed when funds are withdrawn.

D. E. Unclaimed account balances at the facility must be disposed of according to *Minnesota Statutes*, sections 198.23 and 198.231.

[For text of subps 23 to 39, see M.R.]

REPEALER. *Minnesota Rules*, parts 9050.0040, subparts 25, 40a, 88, and 99; 9050.0060, subpart 4; and 9050.1030, subparts 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19, are repealed.

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 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 Agriculture

Adopted Permanent Rules Relating to Restricted Use Pesticides

The rules proposed and published at *State Register*, Volume 19, Number 47, pages 2267-2269, May, 22, 1995 (19 SR 2267), are adopted with the following modifications:

Rules as Adopted

1505.1100 RESTRICTED USE PESTICIDE DISPLAY; SALES AND DISTRIBUTION; RECORDKEEPING.

Subp. 3. Making restricted use pesticides available; recordkeeping.

A. A restricted use pesticide is considered to be made available when it is picked up by or delivered to a person.

B. At the time a restricted use pesticide is made available to a person, the pesticide dealer or a person working under the supervision of the pesticide dealer must obtain:

(1) the date that the restricted use pesticide is made available;

(2) the name and address of the person to whom the restricted use pesticide is made available if the person is not licensed or certified under *Minnesota Statutes*, sections 18B.29 to 18B.36;

(3) the name and the license or certification number of the applicator who will be applying the restricted use pesticide, the expiration date of the applicator's license or certification, and the original or a facsimile copy of the applicator license or certification card if the applicator is licensed or certified by a state other than Minnesota; and

(4) the pesticide product brand name, EPA registration number, and amount of restricted use pesticide being made available.

~~B-C.~~ All information required under item ~~A-B~~ must be recorded, either manually or on a computer, by the end of the business day in which a restricted use pesticide is made available to a person. All records must be kept on forms provided by the commissioner. Records may be kept by computer if all information required in item ~~A-B~~ is included in the computer record.

~~C-D.~~ Records must be submitted to the commissioner no later than December 1 of the calendar year in which they occur.

Department of Natural Resources

Adopted Permanent Rules Governing Personal Flotation Devices

The rules proposed and published at *State Register*, Volume 19, Number 45, pages 2207-2210, May 8, 1995 (19 SR 2207), are adopted as proposed.

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.

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 #95-7: In regard to Property Tax Homesteads:

- (i) Determining the 'Owner' of a Residence which has been Conveyed to a Trustee; and,
- (ii) Establishing 'Owner's' Status by Oath, using a 'CERTIFICATE OF TRUST'

A. Background

Minnesota Statutes, section 273.124, subdivision 1, provides the "General Rule" for determining whether or not residential property is entitled to the homestead classification for property tax purposes. The general rule, as stated in paragraph (a) of that statute, states in part that the property must be "used for the purposes of a homestead *by its owner...*" (emphasis added).

Often, under the terms of a trust agreement, the trustee will be the legal owner of the trust property, while another person, such as a beneficiary or grantor, will have the right to direct how that property is to be used. In order to determine who among these individuals could rightfully claim to be the owner of the property for property tax homestead purposes, it was often necessary for the local property tax assessor to review all the details of the specific trust agreement governing the property. Trust agreements are often long and complex documents, making this potentially a difficult and time-consuming process for both the taxpayer and the assessor.

In reviewing any trust agreement for this purpose, the assessor's task was to determine whether or not the trust documents allowed the person occupying the property to exercise full control over its use, as against the potential contrary wishes of the other parties to the agreement. There are well-established principles of law which assist the assessor in making this determination. There are two such principles, or guidelines, which are the most useful in determining whether or not a particular person can be considered the owner of the property for purposes of claiming a property tax homestead, when that question comes up in regard to property which is part of a trust.

The first principle is: if a person (i.e., the grantor) creates a trust, and conveys legal title to their residential property to the trustee of that trust, while retaining the power to freely revoke the trust, and, if a revocation of the trust would result in legal title to the property reverting in that grantor; then, that grantor will have retained enough control over the property to be considered its "owner" for purposes of *Minnesota Statutes*, section 273.124, subdivision 1, and related state property tax laws or rules. Taxpayers should note that this is the test provided under *Internal Revenue Code*, section 676, for determining who is to be treated as the owner of a trust, or trust property.

The second principle is: any person who has an unqualified legal right under the terms of the trust agreement to occupy specific property as their homestead, will be treated as the owner of that property for the purposes of *Minnesota Statutes*, section 273.124, subdivision 1, and related state property tax laws or rules. Taxpayers will note the similarity between this principle and the concept behind *Internal Revenue Code*, section 674, paragraph (a). Although any person can potentially qualify under this guideline or principle, the trustee generally will not, because — although they may hold legal title to the property in question — they generally will not have an unqualified legal right to occupy it.

B. Statement of New Policy

The purpose of this **Revenue Notice** is to notify taxpayers that a properly prepared "CERTIFICATE OF TRUST" form (i.e., Minnesota Uniform Conveyancing Blanks, Forms No. 40.1-M and 40.2-M) will be accepted as sufficient evidence of ownership, of property in a trust, for the limited purpose of obtaining a Minnesota property tax homestead, under the conditions described in this **Revenue Notice**. It will no longer be necessary, under these conditions, to submit the entire trust agreement, and all other pertinent documents, to the assessor for inspection and review.

In order for a "CERTIFICATE OF TRUST" ('CERTIFICATE') to be used for the purpose described in this **Revenue Notice**, the submitted 'CERTIFICATE' must satisfy all the requirements described in the four numbered paragraphs which follow:

1. The submitted 'CERTIFICATE OF TRUST' form must completely identify the involved trust. That is, the form must contain the identifying information provided for on the uniform version of the form. Specifically, this includes: the name of the trust; the date of the trust instrument; the name of each grantor (or settlor); and, the name and address of each trustee empowered to act on the date the certificate is executed for this purpose. (It is not necessary to identify each original trustee on a 'CERTIFICATE' which is used for the purposes described in this **Revenue Notice**.)

2. The involved property must be clearly and unambiguously described. The "involved property" for this purpose need not be all of the property in the trust, it is only necessary to identify the specific property that the declarant or declarants will claim as their homestead for property tax purposes.
3. The 'CERTIFICATE' must name each person who is entitled to be treated as the owner of the property for purposes of the Minnesota property tax homestead statutes, and clearly indicate the reason why they are entitled to that treatment. As indicated in the "Background" portion of this Revenue Notice, there are only two reasons why a person may be entitled to be treated as the owner of trust property for purposes of the property tax homestead statutes. Either: (a) the occupant is the grantor of a trust which remains unconditionally revocable, and a revocation of that trust would cause legal title to the property in question to revert in that grantor; or (b) they have the unqualified and legally enforceable right under the terms of the trust to occupy the property in question as their homestead. (*Taxpayers will note that only a grantor may qualify under part (a) of the preceding sentence, but that either a grantor, a beneficiary, or a trustee may qualify under part (b).*)

The appropriate place on the 'CERTIFICATE OF TRUST' form for one of these statements is either as a part of the statement which begins "The Trustees are authorized by the Instrument to sell, convey, pledge, mortgage, lease, or transfer title to any interest in real or personal property, *EXCEPT* as limited by the following;" or, as a part of the statement which begins "Any other Trust provisions the undersigned wishes to include."

4. The submitted form must be signed by the declarant(s) and bear evidence that each person signing the form has subscribed to and sworn before a Notary Public or other official that the statements made on the form are true and correct. **TAXPAYERS ARE CAUTIONED THAT THEY MAY BE SUBJECTING THEMSELVES TO FINES, OR IMPRISONMENT, OR BOTH, IF THEY SUBMIT A SIGNED FORM CONTAINING STATEMENTS WHICH ARE FALSE.** In this regard, persons seeking to establish ownership for property tax purposes through the use of a 'CERTIFICATE OF TRUST' form, are reminded of the provisions of *Minnesota Statutes*, section 609.41. Under that statute, anyone who intentionally makes a false statement on a material matter in order to obtain beneficial tax treatment to which they are not really entitled, is guilty of a gross misdemeanor and may be imprisoned for up to one year and fined up to \$3,000. Taxpayers are also reminded that, in addition to the criminal penalty just referenced, 200% of any homestead benefits fraudulently obtained can be recovered under the separate civil penalty provisions of *Minnesota Statutes*, section 273.124, subdivision 13. If the trust is a complex one, taxpayers may find it necessary to consult with an attorney, or another competent professional with knowledge or experience in these areas, in order to determine whether or not they may properly use a 'CERTIFICATE OF TRUST' under the terms of this Revenue Notice.

C. Divided "Ownership"

In a non-trust setting, if property is owned outright by two or more individuals, of which only one occupies the property as their homestead, only that fraction of the property which is owned by the occupying part-owner is entitled to classification as a homestead for property tax purposes. This same limitation applies in the case of property which is in a trust. Thus, for instance, if two unrelated individuals, who are not grantors of the trust, each have an equal unqualified legal right under the terms of the specific trust agreement to occupy certain real estate as their homestead, but only one of the individuals does in fact so occupy the property, only one half of the market value of that property will be entitled to classification as a homestead for property tax purposes. If, at some later time, both individuals in this example do occupy the property as their joint homestead, the entire property will be classified as a homestead for property tax purposes, subject to the acreage limits which apply to all property tax homesteads.

D. 'Relative-Homesteads' for Property in a Trust

Since the declarant will be treated as the owner of the involved trust property upon a proper filing of a complete 'CERTIFICATE OF TRUST' form under the terms of this Revenue Notice, such property can qualify as a relative-homestead under *Minnesota Statutes*, section 273.124, subdivision 1, paragraphs (c) or (d), if all the other requirements in those laws are fulfilled.

E. Does Not Affect Determinations Regarding Use (of the Property)

Finally, taxpayers are reminded that the execution and submission of a 'CERTIFICATE OF TRUST' as indicated in this Revenue Notice will not have any bearing on the determination by local assessing officers that the property is, or is not, currently being *used* in a manner that would allow its classification as a homestead for property tax purposes. This Revenue Notice is solely concerned with answering the question of 'who is the owner' of property — for purposes of meeting the property tax homestead requirements — in those situations where legal title to the property has been conveyed to a trustee, and the right to direct how the property will be used, has been granted to a beneficiary, or been retained by the grantor.

Dated: 2 October 1995

Patricia A. Lien
Assistant Commissioner for Tax Policy

Official Notices

Pursuant to the provisions of Minnesota Statutes §14.101, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

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

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 October 1, 1995.

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 MHCP payment. 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.

THIS LIST OF HEALTH SERVICES REQUIRING PRIOR AUTHORIZATION IS PRESENTLY IN EFFECT. SERVICES THAT WERE ADDED TO THIS LIST SINCE IT WAS LAST PUBLISHED ARE IDENTIFIED WITH AN ARROW OR LINE TO THE LEFT OF THE CODE. THESE NEWLY ADDED CODES WILL REQUIRE PRIOR AUTHORIZATION

▷ FOR SERVICES PROVIDED ON OR AFTER OCTOBER 1, 1995.

I. DENTAL SERVICES

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

1. Surgical services, (except D7210, D7220, D7230, D7240, X7216 surgical extractions). For emergencies follow the after-the-fact prior authorization procedures.
2. Removable Resin base and Cast Metal Partial.

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, prognosis for remaining dentition, complete 6 point perio charting for cast metal partials).

RADIOGRAPHS

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

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

D0210 Intraoral series (including bitewings)

D0330 Panoramic film

D0335 Panorex, includes bitewings and additional peripheral films

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

D0230 Intraoral, periapical, each additional film

Service Code	Service Description
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)

TESTS AND LABORATORY EXAMINATIONS

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 six-month period)

FLUORIDE

CROWNS - SINGLE RESTORATIONS ONLY

OTHER RESTORATIVE SERVICES

OTHER ENDODONTIC PROCEDURES

Official Notices

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

SURGICAL SERVICES (including usual post-operative services)

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

PERIODONTICS

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)
D4263	Bone replacement graft - first site in quadrant
D4264	Bone replacement graft - each additional site in quadrant
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth
D4267	Guided tissue regeneration - nonresorbable barrier, per site, per tooth (includes membrane removal)
D4268	Guided tissue regeneration (includes the surgery and re-entry)
D4270	Pedicle soft tissue grafts
D4271	Free soft tissue grafts including donor site
D4273	Subepithelial connective tissue graft procedure (including donor site surgery)
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

ADJUNCTIVE PERIODONTAL SERVICES

D4320	Provisional splinting, intracoronal
D4321	Provisional splinting, extracoronal
D4341	Periodontal scaling, and root planning - per quadrant
▷ D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, by tooth, by report

OTHER

▷ D4910	Periodontal maintenance procedures (following active therapy) Prior authorization required only if provided more than twice per calendar year
D4999	Unspecified periodontal service (by report)

PROSTHODONTICS, REMOVABLE DENTURES

Prior Authorization required if denture is less than five years old or if requesting a second replacement of a denture.

D5110	Complete upper
D5120	Complete 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)

Service Code	Service Description
OTHER PROSTHETIC SERVICES	
D5860	Overdenture complete, by report
D5861	Overdenture partial, by report
D5862	Precision attachment, by report
D5899	Unspecified removable prosthodontics procedure, by report
MAXILLOFACIAL PROSTHETICS	
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
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

Official Notices

Service Code	Service Description
D5987	Commissure splint
D5988	Surgical splint
D5999	Unspecified maxillofacial prosthesis, by report

IMPLANTS

D6010	Surgical placement of implant body: endosteal implant
D6020	Abutment placement or substitution: endosteal implant
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
▷ D6095	Repair implant abutment, 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 - 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

<u>Service Code</u>	<u>Service Description</u>
▷ D6920	Connector bar
D6940	Stress breaker
D6950	Precision attachment
ORAL SURGERY EXTRACTION	
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

Official Notices

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

OTHER ORAL SURGERY REPAIR OF TRAUMATIC WOUNDS

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

OTHER REPAIR PROCEDURES

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
D7995	Synthetic graft - mandible or facial bones, by report
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge)
D7999	Unspecified oral surgical procedure, by report

LIMITED ORTHODONTIC TREATMENT

D8010	Limited orthodontic treatment of primary dentition
D8020	Limited orthodontic treatment of transitional dentition
D8030	Limited orthodontic treatment of adolescent dentition
D8040	Limited orthodontic treatment of adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050	Interceptive orthodontic treatment of primary dentition
D8060	Interceptive orthodontic treatment of transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070	Comprehensive orthodontic treatment of transitional dentition
D8080	Comprehensive orthodontic treatment of adolescent dentition
D8090	Comprehensive orthodontic treatment of adult dentition

ORTHODONTICS MINOR TREATMENT FOR TOOTH GUIDANCE

D8110	Removable appliance therapy
D8120	Fixed or cemented appliance therapy

Service Code	Service Description
---------------------	----------------------------

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/OTHER ORTHODONTIC SERVICES

- | | |
|-------|---|
| D8560 | Class I malocclusion |
| D8570 | Class II malocclusion |
| D8580 | Class III malocclusion |
| D8650 | Treatment of the atypical or extended skeletal case |
| D8660 | Pre-orthodontic treatment visit (PA required once every five years) |
| D8670 | Periodic orthodontic treatment visit |
| D8680 | Orthodontic retention |
| D8690 | Orthodontic treatment |
| D8750 | Post-treatment stabilization |
| X0515 | Orthodontic full case study (PA required once every five years) |
| D8999 | Unspecified orthodontic treatment |

MISCELLANEOUS SERVICES

- | | |
|-------|---|
| D9940 | Occlusal guards, by report |
| D9941 | Fabrication of athletic mouth guards |
| D9951 | Occlusal adjustment, limited |
| D9952 | Occlusal adjustment, complete |
| D9999 | Unspecified adjunctive procedure, by report - Inpatient anesthesia for dental services. |

II. VISION CARE SERVICES

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.)

- | | |
|-------|--|
| 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 |

VISION THERAPY SERVICES

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

MATERIAL CODES

- | | |
|----------|--|
| V2500 to | Contact Lens - for diagnosis other than Aphakia, Keratoconus, or Aniseikonia, or Bandage lenses. |
| V2599 | (When submitting invoice for one of these three diagnosis, be sure to specify the diagnosis on claim. If the diagnosis is omitted, the claim will reject.) |

Official Notices

III. MEDICAL SUPPLIES AND EQUIPMENT; PROSTHESES AND ORTHOSES

Medical Equipment/Supplies

Providers must get prior authorization for all procedure codes listed in the Equipment and Supplies chapter, Codes Guide, where prior authorization is indicated, and the following general areas:

1. All wheelchairs. Requests must state if nursing facility residents own the wheelchair.
2. Maintenance of equipment.
3. Prior authorization is required for underpads and diapers if the recipient is under the age of four.
4. A battery charger for a wheelchair requires prior authorization if one has been purchased for the recipient within the last three years.
5. A home blood glucose monitor requires prior authorization if one has been purchased for the recipient within the last four years.
6. E1399 is the unspecified equipment code. This code is only to be used when there is no specific, descriptive HCPCS or DHS code assigned. Refer to equipment guide for description.

Nutritional Products (enteral)

1. All enteral nutrition products except those for treatment of phenylketonuria, hyperlysinemia, and maple syrup urine disease, require prior authorization after the first 30 days. See Nutritional Services chapter for coverage standards and the Prior Authorization chapter for submission by I.T.S.

Prostheses and Orthoses

Providers must get prior authorization for the following:

1. Prostheses and orthoses when the purchase or projected cumulative rental cost exceeds \$2,000. This requirement excludes orthopedic footwear (see number two below).
2. Custom orthopedic footwear requires prior authorization (see codes below). Noncustom orthopedic footwear requires prior authorization if the shoe will not be attached to a leg brace.
3. Charges in excess of \$100 on L1499, L7499, and L8499.
4. All codes listed below.

<u>Service Code</u>	<u>Service Description</u>
L1950	AFO, spinal, molded to patient (model IRM type), plastic
L3230	Orthopedic footwear, custom shoes, depth inlay
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. The purchase of a noncontract hearing aid, including pocket talkers. Indicate model number and manufacturer on form.
2. The provision of more than one hearing aid or hearing aid dispensing fee in a five-year period.
3. More than two ear molds per calendar year.
4. Purchase of a hearing aid when pure-tone average is less than 25 dB HL in an adult and less than 20 dB HL in a child.

V. DRUGS

The following drugs require prior authorization through the I.T.S. system or fax following the first 30 days of service (unless otherwise specified).

Alferon N (Interferon Alfa-3)
Antihemophilic Factor IX
Ceredase (Alglucerase)
Declomycin

Diclofenac Potassium (Cataflam); effective July 1, 1994

Epoetin Alfa/Erythropoietin (Epoen and Procrit)

Filgrastim (Neupogen)

Interferon Gamma-1b (Actimmune)

▷ Lansoprazole (Prevacid): for >8 week consecutive daily treatment

Omeprazole (Prilosec): for >8 week consecutive daily treatment

Ondansetron (Zofran): for >4 week consecutive daily treatment

Sargramostim (Leukine and Prokine)

Thorazine spansule

Vancomycin oral formula

Prior authorization requests *will not* be accepted by the Department for drugs which do not appear on the above list.

See the pharmacy chapter for coverage standards.

VI. REHABILITATIVE SERVICES

OCCUPATIONAL THERAPY

The following occupational therapy services require prior authorization.

Service Code	Service Description
---------------------	----------------------------

▷ Any combination of the following codes that exceed 6 units per calendar year.

Q0109	Occupational therapy evaluation, initial
-------	--

Q0110	Occupational therapy evaluations/reevaluations
-------	--

The following codes always require prior authorization.

X4511	Unlisted occupational therapy
-------	-------------------------------

97150	Occupational therapy group sessions
-------	-------------------------------------

97770	Occupational therapy sensory integrative skills or cognitive skills
-------	---

Additional occupational therapy codes requiring 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
-------	--

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

X4515	Occupational therapy motor skills
-------	-----------------------------------

X4524	Occupational therapy preventive skills
-------	--

X4526	Occupational therapy therapeutic adaptations
-------	--

97540	Activities of Daily Living
-------	----------------------------

97541	Activities of Daily Living
-------	----------------------------

PHYSICAL THERAPY

▷ 97150 Physical therapy group sessions require prior authorization.

Any combination of the following codes that exceed 8 units per calendar year.

Q0103	Initial physical therapy evaluation for new patient
-------	---

Q0104	Physical therapy evaluation/reevaluation
-------	--

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

97032	Electrical stimulation
-------	------------------------

97033	Iontophoresis
-------	---------------

97034	Contrast baths
-------	----------------

Official Notices

<u>Service Code</u>	<u>Service Description</u>
97035	Ultrasound
97036	Hubbard tank
97110	Therapeutic procedure exercises
97112	Therapeutic procedure neuromuscular
97113	Therapeutic procedure aquatic therapy
97116	Therapeutic procedure gait training
97122	Therapeutic procedure traction
97124	Massage
97500	Orthotics, initial
97501	Orthotics, additional
97520	Prosthetics, initial
97521	Prosthetics, additional
97530	Therapeutic activities
97700	Office visit, initial
97701	Office visit, additional
90900	Biofeedback
97010	Hot or cold packs
97012	Traction
97014	Electric stimulation
X5515	PT wound care

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

97016	Vasopneumatic devices
97018	Paraffin bath
97020	Microwave
97022	Whirlpool
97024	Diathermy
97026	Infrared
97028	Ultraviolet
97250	Myofascial release
97265	Joint mobilization

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

95831	Muscle testing, manual extremity
95832	Hand
95833	Total evaluation of body without hands
95834	Total evaluation of body with hands

Any combination of the following that exceed 12 units 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:

97039	Unlisted modality
-------	-------------------

<u>Service Code</u>	<u>Service Description</u>
97139	Unlisted procedure
97545	Work hardening/conditioning; initial 2 hours
97546	additional hour
▷ 97750	Extremity testing/muscle testing

SPEECH-LANGUAGE PATHOLOGY

The following codes require prior authorization:

92599	Unlisted otorhinolaryngological services
X4614	Construction, programming or adaptation of an augmentative communication devices that exceeds 16 units per calendar year in addition to 92506.
X5517	Assessment for augmentative communication device that exceeds one per year
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.

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

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
▷ X4612	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	Monaural or binaural hearing aid checks that exceed four per calendar year (one unit maximum)
92593	Monaural or binaural hearing aid checks that exceed four per calendar year (one unit maximum)
92599	Unlisted otorhinolaryngologic service

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

VII. HOME CARE SERVICES

An MA recipient* may receive the following amounts of home care services each calendar year (which runs from January 1st through December 31st) *without* Department prior authorization:

1. A combined total of 40 skilled nurse visits (X5284) or home health aide visits (X5285). These must meet the criteria specified in the chapter covering Home Care Services - General Information, and Home Health Agency Services.

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.

Official Notices

Refer to section 05.03 for procedures to follow to request prior authorization of skilled nurse visits in an ICF/MR.

2. A total of two initial R.N. assessment visits (X5675) to begin personal care services.

*MA recipient does not include waiver recipients of Elderly Waiver (EW), Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Traumatic Brain Injury (TBI), Title XIX Home and Community-Based Waiver for Persons with Mental Retardation or Related Conditions (MR) waivers including those persons receiving services through the Enhanced Waivered Services Funds, the Alternative Community-Based Services (ACS), and the Family Choice Option (FCO). All home care services must be prior authorized in order to meet federal assurances. For recipients on the EW, CAC, CADI, or TBI waivers, prior authorization of MA reimbursed home care services is made by the county case manager, not the Department. For recipients on a MR waiver, providers must submit their request for prior authorization to the county case manager who will forward this information to DHS.

MA reimbursement for X5284, X5285, and X5675 above these limits requires Department prior authorization.

The following services require Department prior authorization *before any amount* of service may be provided.

<u>Service Code</u>	<u>Service Description</u>
X4037	15 minutes of R.N. supervision of personal care service by a provider organization
X5284	Skilled nurse visit (when provided to a recipient residing in an ICF/MR)
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.)
X5643	15 minutes of personal care service by an independently enrolled personal care assistant (PCA)
X5644	15 minutes of R.N. supervision of an independent PCA
X5645	15 minutes of personal care service by a provider organization
X5646	15 minutes of private duty nursing service by an R.N. employed by 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 a private duty nursing provider organization to a ventilator dependent recipient
X5648	15 minutes of private duty nursing service by an L.P.N. employed by a private duty nursing provider organization to a non-ventilator dependent recipient
X5649	15 minutes of private duty nursing service by an L.P.N. employed by a private duty nursing provider organization to a ventilator dependent recipient

Refer to sections 04.03 or 05 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. ALS or BLS ambulance trips in excess of six trips per month.
3. Scheduled ground transportation provided outside of Minnesota.
4. Partial hospitalization programs.
5. Investigative health services and procedures (see page 24).
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.

In addition, the following specific procedures and investigative procedures require prior authorization. There are three lists: Non-investigative services, investigative services (alpha), and investigative services (numeric).

I. Non-Investigative Services

<u>Service Code</u>	<u>Service Description</u>
A2000*1	Manipulation of spine by chiropractor (A2000 replaces X2010 and X2020)
E0751	Implantable pulse generator
E0782	Infusion pump, implantable
E0783	Programmable infusion pump
J0585	Botulinum Toxin Type A
Q0134	Collagen implant material
X0691*9	Day treatment, nervous and mental
X1420*20	Acupuncture
X5231*21	Face-to-face contact between the case manager and the client
X5232*21	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
X5233*21	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 three hours per month)
X5234*21	Contacts between the case manager and the case manager's clinical supervisor concerning the client
X5235*21	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*21	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 remediation training (1 to 3 clients)
X5318*15	Cognitive remediation training (4 to 9 clients)
X5531*4	Individual psychotherapy, discretionary visits, 45-50 minutes (replaces 90844-22)
X5535*16	Neuropsychological rehabilitation (individual)
X5536*17	Neuropsychological rehabilitation (group)
X5330	Partial hospitalization program - adult
X5331	Partial hospitalization program - adolescent
X5538*22	Individual skills training in a home-based mental health service program.
X5539*22	Family skills training in a home-based mental health service program.
X5540*22	Group skills training in a home-based mental health service program.
X5541*22	Travel in a home-based mental health service program.
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)

Official Notices

<u>Service Code</u>	<u>Service Description</u>
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
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
15783	superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion
15787	each additional four lesions or less
15788	Chemical peel, facial; epidermal
15789	facial; dermal
15792	non-facial; epidermal
15793	non-facial; dermal
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)
15832	thigh
15833	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
15839	other area
15876	Suction assisted lipectomy, head and neck

<u>Service Code</u>	<u>Service Description</u>
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 1/2 hour
19140	Mastectomy for gynecomastia through circumareolar or other incision
19182	Subcutaneous mastectomy
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
▷ 20975	Electrical stimulation to bone healing invasive (operative)
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, temporomandibular
21070	Coronoidectomy (separate procedure)
▷ 21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
▷ 21110	Application of interdental fixation device, includes removal
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

Official Notices

Service Code	Service Description
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 alternation (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
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "I" osteotomy; without bone graft
21194	Reconstruction of mandibular ramus, horizontal, vertical, "c" or "I" 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)

Service Code	Service Description
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
32851	Lung transplant, single; without cardiopulmonary bypass
32852	with cardiopulmonary bypass
32853	double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	double (bilateral sequential or en bloc); with cardiopulmonary bypass
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 (telangiectasia); 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
40700*6	Plastic repair of cleft lip/nasal deformity; primary, partial, or complete, unilateral
40701*6	primary bilateral, one stage
40702*6	primary bilateral, one of two stages
40720*6	secondary, by recreation of defect and reclosure
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42200*6	Palatoplasty for cleft palate, soft and/or hard palate

Official Notices

<u>Service Code</u>	<u>Service Description</u>
42205*6	Palatoplasty for cleft palate, with closure of alveolar ridge
42210*6	with bone graft to alveolar ridge
42215*6	Palatoplasty for cleft palate, major revision
42220*6	secondary lengthening procedure
42225*6	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
43845	Gastroplasty, any method, for morbid obesity
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
43847	Gastric Service restriction procedure, with gastric bypass for morbid obesity
43848	Revision of gastric restriction procedure for morbid obesity (separate procedure)
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
47136	Liver allotransplantation, heterotoxic, partial or whole, from cadaver or living donor any age
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
48554	Transplantation of pancreatic allograft
▷ 50590	Lithotripsy, Extracorporeal shock wave
51715	Endoscopic injection of implant material into submucosal tissues of the urethra
54400	Insertion of penile prosthesis; non-inflatable, semi-rigid.
54401	inflatable, self contained
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)
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 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63650	Percutaneous implantation of neurostimulator electrodes; epidural
63655	Laminectomy for implantation of neurostimulator electrodes

<u>Service Code</u>	<u>Service Description</u>
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receive, 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
64553	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 (chemodervation of muscle endplate); muscles enervated 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
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
▷ 69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal lobe
69930	Cochlear implant

Official Notices

<u>Service Code</u>	<u>Service Description</u>
76070	Computerized tomography, bone density study
76075	Dual energy xray-absorptiometry (DEXA), Bone density study
76093	MRI breast, unilateral, with or without contrast
76094	MRI breast, bilateral, with or without contrast
78350	Bone density (bone mineral content) study; single photon absorptiometry
78351	dual photon absorptiometry
78608	PET scan; metabolic evaluation
78609	perfusion evaluation
78807	Radionuclide localization of abscess (SPECT)
90820*14	Interactive diagnostic assessment
90855*14	Interactive individual psychotherapy
90857*14	Interactive group psychotherapy
90843*4	Individual psychotherapy; 20-30 minutes
90844*4.22	Individual psychotherapy; 45-50 minutes
90847*4.22	Family medical psychotherapy (bill using 90846 when family member being treated is not present)
90853*4	Group medical psychotherapy
▷ 90899	Unlisted psychiatric service or procedure
90915*4	Biofeedback training, other
92980	Intracoronary stents, single vessel
92981	Intracoronary stents, additional vessel
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
95805*23	Multiple sleep latency testing
95807*23	Sleep study, 3 or more parameters...
95808*23	Polysomnography; sleep staging with 1-3 additional parameters...
95810*23	Polysomnography; sleep staging with 4 or more additional parameters...
95883*19	Neuropsychological testing battery by doctoral-prepared licensed neuropsychologist

*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, SNF, or ICF/MR.

*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 in excess of 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 in excess of 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 in excess of once every ten (10) calendar days without PA. (Note: 90846 and 90847 are both considered to be family therapy.) For children under age 21, these restrictions may not apply (see 5013.01). For children, there are no spacing requirements applied between individual and family psychotherapy. flexible with no spacing requirement applied between these services.
- G. PA is required for 90844 or two units of 90915 when provided in excess of once every ten (10) calendar days, and when 90843 or one unit of 90915, and 90844 or two units of 90915 are provided in excess of one every ten (10) calendar days. For children under age 21, these restrictions may not apply (see 5013.01). The provision of these services for children will be subject to a weekly (5 day) spacing with PA needed after the basic benefit is used.

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.

- *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.
- *14PA is required for 90820, 90855, 90857 when the thresholds of 90801, 90844, 90853 have been used. These codes will be included in the thresholds of codes 90801, 90844, 90853. (The provider cannot bill both a 90844 and 90855. They must choose one or the other.)
- *15PA is required for cognitive remediation training (X5317, or X5318, or a combination of X5317 and X5318) in excess of 390 hours.
- *16PA is required for neuropsychological rehabilitation (X5535) prior to service initiation and for more than 20 hours.
- *17PA is required for neuropsychological rehabilitation (X5536) prior to service initiation and for more than 78 hours.
- *19PA is required for neuropsychological testing and assessment (95883) a) to exceed 7 hours (or 28 units) of CPT 95883 services per calendar year. A maximum of 10 hours (or 40 units) may be approved with prior authorization for a *single* assessment; and/or if *multiple* assessments (i.e., re-evaluation) are requested and determined to be medically necessary, a maximum of 15 hours (or 60 units) of CPT 95883 may be allowed with prior authorization for the calendar year.
- *20Acupuncture is covered for chronic pain. PA is required in excess of 10 sessions, and must be performed by an M.D.
- *21A child under age 21 may exceed the payment limitation of 10 hours per calendar month of case management services (exclusive of out-of-county travel) with prior authorization.
- *22A child under age 21 eligible for home-based mental health services may exceed the payment limitations for this package with prior authorization.
- ▷ *23PA is required for persons 18 years of age and under.

II. INVESTIGATIVE LIST

ALPHA ORDER

Ablation, (Catheter) - investigative *except* for: (93650, 93651, 93652)

1. Radiofrequency - for modulation of AV nodal reentrant tachycardia (SVT), and for ablation of accessory pathways (Wolff-Parkinson-White).
 2. Direct current - for ablation of the AV node in atrial fibrillation-flutter.
- Catheter ablation of ventricular tachycardia foci is considered investigational.

Acuscope

Airway Stents - The use of short term stents in the treatment of acute traumatic injury is considered accepted medical prac-

Official Notices

tion. The use of long term endobronchial stents in the treatment of severe airway tracheal and/or bronchial malacia is considered investigative. (31631)

Allergy Testing and Treatment - including but not limited to:

A. Testing

1. Cytotoxic Leukocyte Testing (Bryan's test) NOTE: This is different from leukocyte immunizations;
2. Leukocyte Histamine Release Testing; (86343)
3. Provocation - Neutralization Testing (sublingual, intracutaneous or subcutaneous); (95078)
4. Rebuck Skin Window Test;
5. Passive Transfer or P-K Test;
6. Candidiasis Hypersensitivity Syndrome Testing;
7. IgG Level Testing (IgG level testing for immunodeficiency is eligible for coverage)
8. General Volatile Organic Screening Test for Volatile Aliphatic Panel. (84600)
9. Antibiotic Allergy Testing (except testing for penicillin allergy)

B. Treatment

1. Provocation - Neutralization Treatment for Food Allergies (sublingual, intracutaneous and subcutaneous); (95078)
2. Rinkel Immunotherapy (Serial Dilution Endpoint Titration); Note: Allergy testing using this method is eligible as a variant of conventional intradermal skin testing.
3. Autogenous Urine Immunizations.
4. Clinical Ecology Units;
5. Candidiasis Hypersensitivity Syndrome Treatment;
6. IV Vitamin C Therapy.

Alpha- 1 Antitrypsin Deficiency Replacement Therapy - investigative *except* when used in patients satisfying the following criteria: (90799, 90784)

1. inherited alpha- 1 antitrypsin deficiency;
2. nonsmoking;
3. forced expiratory volume (FEV1) should be less than 65% of the normal value;
4. patients waiting for lung transplantation.

Ambulatory Blood Pressure Monitoring (CPT codes 93784, 93790)

Angelchik Anti-Reflux Prosthesis

Angioscopy

Angioplasty Laser - 92982, 92984

Apheresis - Apheresis includes plasmapheresis (P), erythrocytapheresis (E), leukocytapheresis (LE), lymphocytapheresis (LY), and thrombocytapheresis (T). It is investigative *except* for the following conditions: (36520)

Dermatologic

- Pemphigus vulgaris; refractory (P)

Hematologic

- ABO-incompatible bone marrow transplantation (P)
- Coagulation factor inhibitors (hemophilia, nonhemophilia): Failed conventional therapy, significant hemorrhage, or planned elective surgery (P)
- Hemophilia with factor VIIIc inhibitors: Failed conventional therapy, significant hemorrhage, or planned elective surgery (P)
- Hyperviscosity syndrome (P)
- Leukemia: Acute debulking or blast crisis (LE)

- Leukemia: chronic myelogenous (CML)(LE)
- Leukemia: Hairy-cell (LE)
- Maternal fetal incompatibility: High risk of fetal demise, and early delivery or intrauterine transfusion is not possible (P)
- Multiple myeloma: renal failure (P)
- Post-transfusion purpura (P)
- Sickle-cell disease (E)
- Thrombotic thrombocytopenic purpura (TTP)(P)
- Thrombocytosis: symptomatic or presurgical (T)
- Waldenstrom's macroglobulinemia (P)

Metabolic Disease

- Hypercholesterolemia: Familial type IIA homozygous form (P)
- Hyperlipoproteinemia: Familial type IIA homozygous form (P)
- Refsum's disease (P)

Musculoskeletal and Connective Tissue

- Cryoglobulinemia: refractory (P)
- Dermatomyositis: refractory (P)
- Polymyositis: refractory (P)
- Vasculitis: life threatening or organ threatening (P)

Neurologic

- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)(P)
- Eaton-Lambert syndrome (P)
- Guillaine-Barre syndrome: severe (P)
- Myasthenia gravis (P)
- Progressive systemic sclerosis (scleroderma): Refractory (P)

Renal

- Glomerulonephritis: Rapidly progressive type, either idiopathic or secondary to vasculitis (P)
- Goodpasture's syndrome (P)

Miscellaneous

- Cholestasis: With intractable pruritus (P)
- Drug overdose/poisoning (P)
- Thyroid storm, thyroid hormone overdose

▷ Apnea Appliance, oral

Arthroscopy/Arthroscopic Surgery for treatment of TMJ (29800, 29804) - when used for diagnosis only

▷ Artificial Blood

Artificial Heart Implant (CPT codes 33945, 33999)

Assist Pumps, Ventricular (92970, 92971)

Autograft Skin Culture and Culture Transplants - consideration will be given to those patients with giant hairy nevus.

Avascular Necrosis Therapy System

Balloon Expandable Intravascular Stent (93799)

Balloon Transurethral Divulsion of Prostate Gland (52510)

Official Notices

- ▷ **Balloon Valvuloplasty** - investigative *except* when used for the pulmonic valve to improve pulmonary circulation, mitral valve or the aortic valve (when non-calcified).
 - Blood Brain Barrier Disruption (BBBD)**
 - Bone Graft (Bovine) (37799)**
- ▷ **Bone Mineralization Studies (78350 - 78351, 76070, 76075)** - considered not medically necessary and ineligible for reimbursement.
 - Brain Graft for treatment of Parkinson's Syndrome (64999)**
 - Cancer Antigen 15-3 (CA 15-3) (86316)**
 - Cancer Antigen 19-9 (CA 19 -9) (86316)**
 - Cancer Antigen 125 (CA 125)** - investigative *except* when used in follow-up of documented diagnosis of ovarian cancer. (86316)
- ▷ **Cardiac Catheter Ablation - Ventricular Tachycardia**
- ▷ **Carnitine Testing** - considered investigative *except* for evaluating MCAD deficiency in children 4 and under, and for monitoring levels in persons receiving carnitine supplementation for treatment inborn errors of metabolism.
- ▷ **CEA (Carcinoembryonic Antigen)** - investigative *except* when used in follow-up of a documented diagnosis of colorectal cancer. (82378)
 - Cervigram** - (considered not medically necessary)
 - Chelation Therapy** - investigative *except* for: (M0300)
 1. control of ventricular arrhythmias or heart block, when associated with digitalis toxicity;
 2. emergency treatment of hypercalcemia;
 3. extreme conditions of metal toxicity (including iron toxicity); and
 4. Wilson's Disease (hepatolenticular degeneration).
- Chemosensitivity Assay**
- Cochlear Implantation** - The procedure is considered clinically accepted therapy in perlingually and postlingually deaf adults and children ages 2-17 years who cannot significantly benefit from a hearing aid. Prior authorization is required. (69930, 69710 - 69711, L8614)
- Cold Laser Treatment** for pain relief or healing is considered investigative.
- Collogen Injections/Implants** when used for pediatric procedures.
- Coma Stimulation Programs**
- Coronary Angioscopy**
- Cranial Sacral Therapy**
- CT Generated Orthopedic Models (Orthoscan)**
- ▷ **Cytosan for Neurological Disorders** - investigative *except* in patients with progressive MS who have failed standard therapy. (J9070 - J9092)
- Dermabrasion for Acne** (considered cosmetic or investigative, depending on clinical stage of acne). (15780 -15783, 15786 - 15791)
- DNA Probes** - investigative *except* when used for the following indications:
 1. Infectious diseases (CPT codes 87178, 87179) caused by:
 - a. Chlamydia
 - b. Mycobacterium
 - c. Neisseria gonorrhoea
 - d. Mycoplasma pneumonia
 2. Genetic diseases (CPT codes 83912, 83913)
 - a. Cystic fibrosis

- b. Duchene's muscular dystrophy
- c. Fragile x syndrome
- d. Retinoblastoma
- 3. Hematologic diseases (CPT codes 83912, 83913)
 - a. Chronic myeloid leukemia
 - b. Acute myeloid leukemia
 - c. Acute lymphoblastic leukemia

Dual Energy Absorptiometry (Bone Mineralization Study) (78350 - 78351, 76070, 76075)

ECG, Variance Electrocardiography (93278)

Electro Stimulated Gracilis Neosphinter

Endoscopy, Vascular

Energy Emission Analysis

Epikeratophakia Lens (prior authorization required for eligible indications). (65760, 65765, 65767)

ERGY5

Esophageal pH Monitoring - investigative *except*: (91033)

- 1. in patients who have documented noncardiac induced chest pain;
- 2. to rule out reflux induced pulmonary disorders in patients who have recurrent respiratory symptoms;
- 3. in patients who have been unresponsive to medical therapy or surgery.

Excimer Laser Therapy

Extracranial - Intracranial Arterial Bypass (Anastomosis) - investigative *except* when used to treat patients requiring either extended temporary or permanent proximal occlusion of major intracranial vessels while treating other types of pathology. (61711)

▷ **Fallopian Tube Catheterization (58345) - investigative *except* for restoring patency in proximal fallopian tube obstruction.**

Gastric Motility Studies - this includes gastrointestinal manometry, electrogastronomy, intraoperatively or surgically implanted electrodes. (91010 - 91020)

Gene Therapy

Gunderson Lyme Test - test is considered investigative.

Hair Analysis (82175, 83015, 83018)

Histamine Therapy - investigative *except* when used for treatment of cluster headaches. (J1660)

Homeopathy and Homeopathic Treatments/Drugs - (also see IV Minerals and Vitamins)

▷ **Hyperbaric Oxygen Therapy - home use considered investigative. (99180 - 99182)**

Hyperthermia Therapy - investigative *except* for local hyperthermia in combination with radiation therapy in patients who have failed previous therapy or are not candidates for conventional treatment. (77600 - 77620)

▷ **Hyperhomocysteinemia**

Hypnotherapy for Anesthesia (90880)

▷ **Immunoglobulin Therapy - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and chronic sinus infections. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre). (91560, 91561, 90799)**

Immunotherapy and Immunological Testing - immunological testing in the treatment of RSA is considered investigative. (86950)

Impedance Cardiopathy (93799)

Impotence - surgical correction of organic impotence by either venous or arterial procedures is considered investigative. (37788, 55899)

Infusion Pumps (Implantable) - investigative *except* when used for the following indications:

Official Notices

- A. Arterial access (CPT codes 36260, 36261)
1. Colon and rectal cancer with metastasis confined to the liver;
 2. Unresectable carcinoid tumors of the liver;
 3. Primary liver cancer.
- B. Epidural access (CPT codes 63750, 63780)
1. Administration of analgesia for control of severe, intractable pain of the terminally ill secondary to malignancy;
 2. Control of spasticity with low dose morphine;
 3. Control of physically disabling spasticity of spinal origin (i.e., resulting from Multiple Sclerosis or spinal cord injury) with intrathecal baclofen (Lioresal®) in patients who:
 - a. are refractive to various pharmacologic (i.e., oral baclofen) and exercise therapies, and
 - b. have a significant functional component that is expected to improve with this therapy.

Note: We will pay for services associated with infusion pumps only when the pump is FDA approved. These associated services include implantation surgery and hospitalization. Infusion pumps provided on an outpatient basis require prior authorization. Infusion pumps associated with inpatient services are covered as part of the DRG payment and cannot be billed separately.

- ▷ Interleukin 2 - for malignant melanoma - considered investigative for all indications *except* renal cell carcinoma.
- ▷ Intracoronary Stents - (92980) single vessel
- ▷ Intracoronary Stents - (92981) additional vessel

Intravaginal Conception (IVC)

Iontophoresis Devices for Hyperhidrosis

IV Vitamins and Minerals - investigative when administered in the office setting for allergies, candidiasis, chronic fatigue syndrome, Epstein-Barr virus, and multiple sclerosis.

Keratimilusis - (65760, 65765, 65767) investigative *except* for:

1. for a person with congenital cataracts;
2. for a patient with keratoconus;
3. rarely for patients who cannot wear any type of corrective lenses and are not suitable for an implant and for patients whose occupation is not conducive to other forms of corrective lenses;
4. for patients with significant corneal scarring associated with severe visual impairment in whom a corneal graft is functionally less desirable.

- ▷ Knee Cartilage (Meniscus) Transplants
- Laparoscopic Hiatal Hernia Repair (Nissen Fundoplication)
- Laparoscopic Selective Vagotomy
- ▷ Laser Assisted Uvulopalatopharyngoplasty (LAUP) (42299)
- Laser Bullectomy (32999)
- Laser Corneal Sculpturing
- Laser Transurethral Resection of the Prostate
- Light Reflection Rheography
- Limb Perfusion (isolated)
- ▷ Lithotripsy for Treatment of Gallstones (50590)
- Lyme Borreliosis Antigen Testing
- Lymphokine Activated Killer Cells (LAK)

Magnetic Resonance Imaging - MRI of the chest (71550), myocardium (75552), breast (71550, 76093, 76094), glenoid labral abnormalities (73221), humeral head fractures (73221), glenoid fractures (73221), glenoid capsular stripping (73221), and arthritic shoulders (73221) are considered investigative. MRI for angiography is also considered investigative (70541, 71555, 72159, 72198, 73225, 73725, 74185).

▷ **Magnetic Source Imaging**

Methyl Test - Butyl Ether (MTBE) (43265)

- ▷ **Monoclonal Antibodies** - (78800, 78990) investigative *except* for patients with possible recurrent colorectal cancer who are being considered for surgery and who have a rising CEA level coupled with a negative, imaging workup (i.e. CT scan) where findings from the MAb scan will determine the need for surgery.

Nerve Expansion

Neutron Beam Therapy - investigative *except* for treatment of an unresectable cerebral aneurysm. (77399, 77499)

Omental Transposition to Spinal Cord

Ortho Scan (CT generated orthopedic model)

Partial Ileal Bypass - (44131) investigative *except* when performed for patients with:

1. diagnosis of heterozygous type IIa hypercholesterolemia (defined as LDL 190 with normal triglycerides), and
2. failure of diet and drug treatment. Treatment failure must be defined by a specialized center in lipid disorders.

Percutaneous Cardiopulmonary Support (PCPS) (33960, 33999, 36822, 92970, 92971)

Percutaneous Nephrectomy

Perrymeter (51785)

Photodensitometry (Bone Mineralization Studies) (78350, 78351, 76070, 76075)

Photodynamic Therapy

Photopheresis - (36522) investigative *except* for the treatment of cutaneous T-cell lymphoma. (The use of photopheresis for the treatment of scleroderma is considered investigative.)

Phototherapy Lights - investigative for Seasonal Affective Disorders

Platelet Derived Wound Healing Factor (PDWHF)

Plethysmography, Bioelectric Impedance

Positron Emission Tomography (PET Scan) - investigative *except* when used for localization of epileptogenic focus in patients with complex partial epileptic seizures who have failed to respond to medical therapy and who are being considered for surgery.

Posturography

Prolastin™ - see alpha-1 antitrypsin deficiency for indications for coverage.

Prolotherapy (20550, 20600, 20606, 20610)

Promontory Test

Prostate Specific Antigen (PSA) - investigative *except* when used in follow-up of documented diagnosis of prostate cancer. (84153, 86316)

Prostatron (55899)

Prostatic Acid Phosphatase (PAP) - investigative *except* when used in follow-up of documented diagnosis of prostate cancer. (84066)

Proton Beam Therapy (77299, 77399, 76499, 77499)

Protropin

Quantitative Computed Tomography (Bone Mineralization Studies)

- ▷ **Radiogrammetry (Bone Mineralization Studies) (78350, 78351, 76070, 76075)**

Red Blood Cell Substitutes

Official Notices

Rhinomanometry (92512)

Rhizotomy - investigative *except* for the treatment of patients with cerebral palsy, spinal cord injury, and selected cases of traumatic brain injury. Prior authorization is required for eligible indications. (63185, 63190)

Rotating Chair Test

Sclerotherapy - investigative as a stand-alone treatment for varicose veins of the lower extremities. Sclerotherapy used in conjunction with surgical ligation or stripping, up to four months postoperatively, is considered accepted medical practice. Prior authorization is required. (36468 - 36471)

Seismocardiogram (93799)

Signal-Averaged ECG (93278)

Sleep Studies, Home (85828)

Somatostatin Analog - investigative *except* for the treatment of metastatic carcinoid tumors and vasoactive intestinal peptide-secreting (VIP) tumors, and pancreatic fistulas.

SPECT Imaging - (78205, 78320, 78607, 78647, 78710, 78803) investigative *except* when used for the following indications:

1. heart (cardiovascular functions);
2. lymphoma.

SpineTrak

Stereotactic Interstitial Irradiation of Malignant Brain Tumors (77432)

Stereotactic Radiosurgery - investigative *except* when it is used as an alternative to open surgery, when the device being used is FDA approved specifically for stereotactic radiosurgery, and when one of the following conditions exist: (61793)

1. patient's lesion is located in a deep, inaccessible, or complex brain region where the risk of surgical removal is deemed unacceptable; or
2. patient's medical condition poses unacceptable risk for conventional surgical removal.

Tai Chi Ch'uan

Temporomandibular Joint (TMJ) Disorder and Craniomandibular Joint - the following are considered investigative when used in the diagnosis and treatment of TMJ and craniomandibular disorders:

1. electromyography (EMG) (95867, 95868)
2. computerized mandibular scanner (97752)
3. computerized jaw tracking/motion analysis (97752)
4. doppler auscultation
5. sonography/ultrasound (76066, 76999, 78380)
- ▷ 6. electrovebratiography

Therastim

Thermography (93760 - 93762, X2080)

▷ **Topical Hyperbaric Oxygen Treatment** - for home use.

Topographic Brain Mapping

Transcranial Doppler Ultrasound - investigative *except* when provided for the following indications:

1. detecting severe stenosis in the major basal intracranial arteries;
2. assessing patterns and extent of collateral circulation in patients with known regions of severe stenosis or occlusion;
3. evaluating and following patients with vasoconstriction of any cause especially after subarachnoid hemorrhage;
4. detecting arteriovenous malformations and studying their supply arteries and flow patterns;
5. assessing patients with suspected brain death.

Transrectal Ultrasound - investigative *except* for preoperative staging of known colorectal carcinomas. It is accepted medical practice, but not medically necessary, when used to guide a prostate biopsy, therefore, separate reimbursement for the ultrasound is not eligible, as it is considered part of the biopsy procedure. (76872)

Tubal Cannulation - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy. (58345)

Tumor Cell Sensitivity Assay

Tumor Markers:

1. CA 15-3
2. CA 19-9
3. CA 125
4. CEA
5. PAP
6. PSA
7. CA 50
8. CA 242

Ultra Fast CT

▷ **Ultrasonic Valvuloplasty (76999, 93799)**

Uterine Lavage for Preembryo Transfer

Variance Cardiography (93278)

Vascular Surgery for Impotence - surgical correction of organic impotence by either venous or arterial procedures is considered investigative. (55899)

Ventricular Assist Pumps (92970, 92970)

III. INVESTIGATIVE LIST

NUMERIC ORDER

This list does not contain all procedures that are considered investigative because not all procedures have CPT/HCPCS codes. Refer to the alpha list for the complete list of investigative procedures.

Some of the codes listed end in "99". In these cases, the procedure listed following the code refers to the specific procedure that is considered investigative.

15780, 15783, 15786 - 15791 - Dermabrasion for Acne (considered cosmetic or investigative, depending on clinical stage of acne).

20550, 20600, 20606, 20610 - Prolotherapy

29800, 29804 - Arthroscopy/Arthroscopic Surgery for treatment of TMJ - when used for diagnosis only

31631 Airway Stents - The use of short term stents in the treatment of acute traumatic injury is considered accepted medical practice. The use of long term endobronchial stents in the treatment of severe airway tracheal and/or bronchial malacia is considered investigative.

32999 - Laser Bullectomy

▷ **33945, 33999 - Artificial Heart Implant**

33960, 33999, 36822, 92970, 92971 - Percutaneous Cardiopulmonary Support (PCPS)

33999 - Cardiomyoplasty

36260, 36261 - Infusion pumps - arterial access

36468, 36469, 36470, 36471 - Silicone Injection - when used for pediatric procedures.

36520 - Apheresis - Apheresis includes plasmapheresis (P), erythrocytapheresis (E), leukocytapheresis (LE), lymphocytapheresis (LY), and thrombocytapheresis (T).

36522 - Photopheresis - investigative *except* for the treatment of cutaneous T-cell lymphoma. (The use of photopheresis for the treatment of scleroderma is considered investigative.)

Official Notices

- 37788, 55899 - **Impotence** - surgical correction of organic impotence by either venous or arterial procedures is considered investigative.
- 37799 - **Bone Graft (Bovine)**
- 43265 - **Methyl Test - Butyl Ether (MTBE)**
- 44131 - **Partial Ileal Bypass** - investigative *except* when performed for patients with:
- ▷ 50590 - **Lithotripsy for Treatment of Gallstones**
- 51785 - **Perrymeter**
- 52510 - **Balloon Transurethral Divulsion of Prostate Gland**
- 55899 - **Vascular Surgery for Impotence** - surgical correction of organic impotence by either venous or arterial procedures is considered investigative.
- 55899 - **Prostatron**
- 58345 - **Fallopian Tube Catheterization**
- 58345 - **Tubal Cannulation** - investigative when used for performing assisted reproductive procedures and managing ectopic pregnancy.
- 61711 - **Extracranial - Intracranial Arterial Bypass (Anastomosis)** - investigative *except* when used to treat patients requiring either extended temporary or permanent proximal occlusion of major intracranial vessels while treating other types of pathology.
- 61793 - **Stereotactic Radiosurgery** - investigative *except* when it is used as an alternative to open surgery, when the device being used is FDA approved specifically for stereotactic radiosurgery
- 63185, 63190 - **Rhizotomy** - investigative *except* for the treatment of patients with cerebral palsy, spinal cord injury, and selected cases of traumatic brain injury.
- 63750, 63780 - **Infusion pumps** - epidural access
- 64999 - **Brain Graft for treatment of Parkinson's Syndrome**
- 65760, 65765, 65767 - **Keratimilusis**
- 65760, 65765, 65767 - **Epikeratophakia Lens**
- 69930, 69710 - 69711, L8614 - **Cochlear Implantation**
- 70541, 71555, 72159, 72198, 73225, 73725, 74185 - **Magnetic Resonance Imaging — MRI for angiography**
- 71550 - MRI of the chest, breast
- 71555 - MRI of chest
- 73221 - glenoid labial abnormalities, humeral head fractures, glenoid fractures, glenoid capsular stripping, and arthritic shoulders are considered investigative.
- 75552 - myocardium,
- ▷ 76093 - MRI breast, unilateral
- ▷ 76094 - MRI breast, bilateral
- 76872 - **Transrectal Ultrasound** - investigative *except* for preoperative staging of known colorectal carcinomas. It is accepted medical practice, but not medically necessary, when used to guide a prostate biopsy, therefore, separate reimbursement for the ultrasound is not eligible, as it is considered part of the biopsy procedure.
- 77299, 77399, 76499, 77499 - **Proton Beam Therapy**
- 77399, 77499 - **Neutron Beam Therapy** - investigative *except* for treatment of an unresectable cerebral aneurysm.
- 77432 - **Stereostatic radiation of cerebral lesions**
- 76070, 76075 - **Bone density study**
- 76999, 93799 - **Ultrasonic Valvuloplasty**
- 77600 - 77620 - **Hyperthermia Therapy** - investigative *except* for local hyperthermia in combination with radiation therapy in patients who have failed previous therapy or are not candidates for conventional treatment.
- 78205, 78320, 78607, 78710, 78803 - **SPECT Imaging**

- ▷ **76075, 78350, 78351 - (Bone Mineralization Studies)** - considered not medically necessary and ineligible for reimbursement.
- 78800, 78990 - Monoclonal Antibodies**
- 82175, 83015, 83018 - Hair Analysis**
- 82378 - CEA (Carcinoembryonic Antigen)** - investigative *except* when used in follow-up of a documented diagnosis of colorectal cancer.
- 83912, 83913 - DNA Probes**
- 84066 - Prostatic Acid Phosphatase (PAP)** - investigative *except* when used in follow-up of documented diagnosis of prostate cancer.
- 84153, 86316 - Prostate Specific Antigen (PSA)** - investigative *except* when used in follow-up of documented diagnosis of prostate cancer.
- 84600 - Volatiles**
- 85828 - Sleep Studies, Home**
- 86316 - Cancer Antigen 15-3 (CA 15-3)**
- 86316 - Cancer Antigen 19-9 (CA 19-9)**
- 86316 - Cancer Antigen 125 (CA 125)** - investigative *except* when used in follow-up of documented diagnosis of ovarian cancer.
- 86343 - Leukocyte Histamine Release Testing; (Allergy testing and treatment)**
- 86950 - Immunotherapy and Immunological Testing** - immunological testing in the treatment of RSA is considered investigative.
- 87178, 87179 - DNA Probes**
- 90799, 90784 - Alpha- 1 Antitrypsin Deficiency Replacement Therapy**
- 90880 - Hypnotherapy for Anesthesia**
- 91010 - 91020 - Gastric Motility Studies** - this includes gastrointestinal manometry, electrogastronomy, intraoperatively or surgically implanted electrodes.
- 91033 - Esophageal pH Monitoring**
- 91560, 91561, 90799 - Immunoglobulin Therapy** - investigative for the treatment of multiple sclerosis, chronic fatigue syndrome, and demyelinating polyneuropathy. Not considered investigative for acute inflammatory demyelinating polyneuropathy (Guillan Barre).
- 91660 - Histamine Therapy** - investigative *except* when used for treatment of cluster headaches.
- 92512 - Rhinomanometry**
- 92970, 92970 - Ventricular Assist Pumps**
- 92970, 92971 - Assist Pumps, Ventricular**
- ▷ **92980 - Intracoronary Stents, single vessel**
- ▷ **92981 - Intracoronary Stents, additional vessels**
- 92982, 92984 - Angioscopy, Laser**
- 92990 - 92986 - Balloon Valvuloplasty** - investigative *except* when used to dilate the pulmonic valve to improve pulmonary circulation, or mitral valve.
- 92995, 93365 - Tissue Type Plasminogen Activator (TPA)** - investigative *except* when used as intravenous administration for cardiac thrombolysis during management of an evolving acute myocardial infarction.
- 93278 - Variance Cardiography**
- 93278 - ECG, Variance Electrocardiography**
- 93278 - Signal-Averaged ECG**
- 93650, 93651, 93652 - Ablation, (Catheter)**
- 93760 - 93762, X2080 - Thermography**

Official Notices

93784 - 93790 - Ambulatory Blood Pressure Monitoring

93799 - Impedance Cardiopathy

93799 - Balloon Expandable Intravascular Stent

93799 - Cardiokymography - investigative *except* when used to evaluate coronary artery disease in males with atypical angina pectoris or nonischemic chest pain and in females with either typical or atypical angina.

93799 - Seismocardiogram

95078 - Provocation - Neutralization Testing (sublingual, intracutaneous or subcutaneous);

99180 - 99182 - Hyperbaric Oxygen Therapy - home use

▷ J1660 - Histamine Therapy - investigative *except* when used for treatment of cluster headaches.

▷ J9070 - J9092 - Cytoxan for Neurological Disorders - investigative *except* in patients with progressive MS who have failed standard therapy.

M0300 - Chelation Therapy

Q0093, Q0094 - Colony-Stimulating Factors

Department of Human Services

Quality Services Division

Amended Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Administration of Community Social Services, *Minnesota Rules*, parts 9550.0010 to 9550.0093

The State Department of Human Services hereby gives notice that it seeks information or opinions from sources outside the agency in preparing to propose amendments to rules governing the administration of community social services. "Community social services" are services provided or arranged for by county boards to fulfill the responsibilities specified in *Minnesota Statutes*, section 256E.08 to the groups of persons specified in *Minnesota Statutes*, section 256E.03, subdivision 2.

Adoption of the amendments is authorized by *Minnesota Statutes*, section 256E.05, subdivision 1a, which permits the commissioner of human services to review requirements of social services rules and adopt amendments to simplify or streamline the rules.

The proposed amendments address such areas as county responsibility for community social services, the community social services plan, grants and purchase of service contracts, transactions when the county of service and the county of financial responsibility are not the same, social services fees, applications, individual service plans, and clients' appeal rights.

Individuals and groups likely to be affected by the proposed amendments are clients who receive county-administered social services and Minnesota counties, each of which provides community social services.

The department formed an advisory task force to aid in developing the rule. The task force members represented counties and advocacy groups for clients. The advisory group completed its work in 1993. The department anticipates that adopting the proposed amendments will take at least another five months.

The department requests information and opinions concerning the subject matter of the rules. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally and may request copies of the current draft of the proposed rules. Please address written statements or requests for drafts to: Alice Weck, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816.

She will receive oral statements or requests for drafts during regular business hours over the telephone at 612/297-4302 and in person at the above address.

The department will accept all statements of information and opinions 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 the department receives will 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: 2 October 1995

DHS Rules staff

Department of Health

Proposed Revisions to Plan for Use of Administrative Penalty Orders and Cease and Desist Orders

Notice of Intent to Finalize Revised Plan.

The Minnesota Department of Health, Division of Environmental Health, is finalizing revisions to its existing plan for the use of administrative penalty orders and cease and desist orders. A revised plan is now available for public comment.

Authority. Authority to use administrative penalty orders and cease and desist orders for all regulatory programs administered by the division was initially granted by the legislature in the Health Enforcement Consolidation Act of 1993. Authority to develop a plan for the use of these enforcement tools was granted by *Minnesota Statutes*, section 144.99, subdivision 7. The Commissioner of Health adopted the existing plan in November of 1993. The plan itself required review at least every two years.

Comment and agency contact. Interested parties are invited to submit written comment on the revised plan to:

Jane A. Nelson, rules coordinator
Environmental Health Division
Minnesota Department of Health
121 East 7th Place, P.O. 64975
St. Paul, Minnesota 55164-0975
(612) 215-0735 FAX (612) 215-0979

Comment on revisions to the plan needs to be received no later than 4:30 p.m., November 1, 1995. Questions about the content of the revised plan may be addressed to Ms. Nelson.

Copies of revised plan. If you wish to receive a copy of the revised plan, one may be obtained by calling Erin Fitzgerald at (612) 215-0729. A copy of the plan will be mailed to you.

Plan contents and revisions. The purpose of the administrative penalty order authority is to give the environmental health division a tool 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 and the examination of individuals operating x-ray equipment; enclosed sports arenas; sewage; public water supplies; lead hazards; plumbing; water conditioning; asbestos abatement; and manufactured home parks.

In the case of a violation that is neither serious nor repeated, 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 repeat violation, a nonforgivable penalty may 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 each violator for all violations by that violator 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 cease and desist order authority; and subsequent revision of the existing 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.

Revisions to the existing plan are designed to implement amendments to the Health Enforcement Consolidation Act of 1993 contained in *Laws of Minnesota* 1995, chapter 165, sections 1, and 5 to 10; *Laws of Minnesota* 1995, chapter 180, section 13; and *Laws of Minnesota* 1995, chapter 146, sections 1 and 2. Other revisions are designed to clarify existing plan provisions.

Adoption of revised plan. A revised plan will be adopted by the department by December 1, 1995. The revised plan may be modified as a result of public comment received. You are encouraged to submit comment on the revised plan. If you want to receive a copy of the adopted revised plan you may submit your request to Erin Fitzgerald at the agency address above.

Patricia A. Bloomgren, Director
Division of Environmental Health

Department of Health

Division of Family Health

Notice of Solicitation of Outside Information or Opinions Regarding Development of Rules Governing the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)

Introduction. NOTICE IS HEREBY GIVEN that the Minnesota Department of Health (the "Department") is seeking information or opinions from sources outside the Department in preparing to propose modifications to *Minnesota Rules* parts 4617.0002, and 4617.0060 through 4617.0174. The Department intends to propose the amendment of some of these rules, the repeal of some of these rules, and the adoption of new rules, hereinafter collectively referred to as "the modification of the WIC program rules." The modification of the WIC program rules is authorized by *Minnesota Statutes* section 145.894(k), which permits the Commissioner of Health to promulgate all rules necessary to carry out the provisions of sections 145.891 to 145.897, and by *Minnesota Statutes* section 144.11, which permits the Commissioner of Health to promulgate reasonable rules necessary to carry into effect the provisions of section 144.10.

Subject Matter. The modification of the WIC program rules will address the following subjects: definitions; prevention or reduction of fraud by WIC vendors; criteria for limitation and selection of WIC vendors; recordkeeping requirements for WIC vendors; effect on vendor eligibility of changes in vendor ownership, vendor management, vendor name, or vendor location; vendor application procedures; vendor eligibility requirements (including ownership and management requirements); vendor operating requirements (including whether the business site must be a fixed and permanent location); foods which pharmacy vendors are authorized to provide; vendor stamps; vendor guarantees; identification and monitoring of high risk vendors; vendor sanctions; bank-rejected vouchers; vendor payment for voucher overcharges; vendor and local agency appeal procedures; and the food approval processes. Other subjects may also be addressed.

Advisory Task Force. The Department has begun forming an advisory task force to review the modification of the WIC program rules. The Department hopes that the task force will complete its review of the modification of the WIC program rules by November 15, 1995.

Groups And Individuals Likely To Be Affected. The persons most likely to be affected by the Department's proposal to modify the WIC program rules are persons who own or manage a retail food store or pharmacy which is currently authorized or which may apply to be authorized to accept WIC vouchers. Other persons who may be affected by the Department's proposal are participants in the WIC program and food manufacturers.

When, Where, and How to Comment. Interested persons or groups may submit comments on the Department's proposal in writing or orally. Written comments should be addressed to:

Rick Chiat
WIC Vendor Supervisor
Department of Health
717 SE Delaware Street
PO Box 9441
Minneapolis, MN 55440
Fax: (612) 623-5442

Oral comments will be received during regular business hours over the telephone at (612) 623-5747 and in person at the above address. TDD users may call the Minnesota Department of Health at (612) 623-5522. Interested persons may also contact Mr. Chiat regarding the current status of the WIC program rule modification effort. All comments will be accepted until further notice is published in the *State Register* that the Department intends to modify the WIC program rules.

How To Obtain Drafts Of Any Proposal. Interested persons may obtain a copy of the most recent draft of the Department's proposal by contacting Rick Chiat at the address or telephone numbers listed above.

Dated: 6 September 1995

Anne M. Barry
Commissioner
Department of Health

Department Of Health

Health Care Delivery Policy Division

Notice Of Solicitation Of Outside Information Or Opinions Regarding Implementation of *Minnesota Statutes*, section 62J.54, subdivisions 1 through 3, Concerning Unique Identifiers for Health Care Providers and Group Purchasers

Introduction. NOTICE IS HEREBY GIVEN that the Minnesota Department of Health (MDH) is seeking information or opinions from sources outside the Department in preparing a report on implementing *Minnesota Statutes*, section 62J.54. This section requires use of unique identifiers for health care group purchasers, health care provider institutions, individual health care providers, and patients, for purposes of submitting and receiving claims, and in conjunction with other data collection and reporting functions.

Agency Contact Person. MDH requests information and opinions concerning the subject matter of the statute. Interested persons or groups may submit data or views in writing or orally. Written statements should be addressed to Kathleen Kuha at the Minnesota Department of Health, Health Care Delivery Policy Division, 121 East Seventh Place, P.O. Box 64975, St. Paul, Minnesota 55164-0975, fax 612/282-5628, and Internet at kathleen.kuha@health.state.mn.us. Oral statements will be received during regular business hours over the telephone at 612/282-3822 and in person at the above address. TDD users may call the Minnesota Department of Health at 612/623-5522.

Summary Of Issues. The statute requires use of unique identifiers and specifies which identifiers are to be used, beginning January 1, 1998. MDH is exempt from the rulemaking process for section 62J.56, subdivisions 1, 2, and 3.

For health care provider organizations, section 62J.56, subdivision 1, requires use of the federal tax identification number assigned to each health care provider organization by the Internal Revenue Service of the Department of the Treasury. For individual health care providers, section 62J.56, subdivision 2, requires use of the uniform provider identification number (UPIN) assigned by the Health Care Financing Administration.

For group purchasers, section 62J.56, subdivision 3, requires use of the federal tax identification number assigned to each group purchaser by the Internal Revenue Service until a code system, based upon the company codes issued by the National Association of Insurance Commissioners, is available and feasible to use, as determined by the commissioner.

For patients, section 62J.56, subdivision 4, requires use of the social security number of the patient, except for patients who do not have or refuse to provide a social security number. The commissioner of health shall develop an alternate numbering system for these patients. This provision does not require that patients provide their social security numbers and does not require group purchasers or providers to demand that patients provide their social security numbers. Group purchasers and health care providers shall establish procedures to notify patients that they can elect not to have their social security number used as the unique patient identification number. MDH is not exempt from the rulemaking process for section 62J.56, subdivision 4, and will address these issues in a separate solicitation.

Since the enactment of section 62J.56, advances have been made by national organizations in unique numbering systems. For instance, the UPIN will be phased out and replaced by a National Provider Identifier. The Department of Health seeks information and advice on current changes in identifiers, how adoption of such will affect participants in the health care system, and how the statute may need to change to remain current and appropriate regarding available identifiers.

Advisory Work Groups. MDH intends to form two advisory work groups, one for the group purchaser identifier and one for the provider identifiers (both institutional and individual). The patient identifier work group will be formed under a separate solicitation at a later date. For the work groups, MDH is looking for persons who are technically qualified to advise on identifiers and their use in data collection and claims processing. MDH will also notify persons who served on related advisory work groups in 1994-95, persons who have indicated an interest in the rules to MDH, and other potentially interested persons that MDH has identified. MDH will also send notice to the Minnesota Health Care Commission, the Minnesota Health Data Institute, and professional associations that work with or are interested in health care financial and statistical data. If you are interested in being a work group member, call or fax to Kathleen Kuha at the telephone number listed above. MDH will select the work group members from the list of interested persons. MDH will try to accommodate all interested persons. Please note that financial restrictions do NOT allow MDH to reimburse expenses for work group members to attend meetings.

Work Group Meetings. The work groups will meet during October, November and December of 1995, and may continue as needed. Each work group will have approximately 3 to 7 meetings occurring every three weeks. Most or all meetings will be held in the Twin Cities area. The first work group meeting has been set for Thursday, October 19, from 2:00 p.m. to 4:00 p.m. in Room LL57 of the MDH offices at the Metro Square Building, 121 E. 7th Place, St. Paul, MN 55101. The first meeting will be a joint meeting for both work groups for a discussion of the role and time lines of the work groups; if enough time is available, some iden-

Official Notices

tifiers will be discussed. A notice containing directions, details of the first meeting and background materials will be sent the week before the meeting to persons selected as work group members.

Likely Timetable For Work Group Process. As stated earlier, the work groups will meet during October, November and December 1995. In early January the work group will provide a report to the commissioner.

Dated: 18 September 1995

Anne M. Barry, Commissioner
Department of Health

Minnesota Comprehensive Health Association

Notice of Continuing Education Courses for Insurance Agents

The Minnesota Department of Commerce and the Minnesota Comprehensive Health Association (MCHA-the state's health risk pool for individuals with preexisting conditions), are sponsoring three hours of continuing education for insurance agents regarding the purpose and operations of MCHA. There is no charge for the course and no preregistration. The dates and locations are listed below.

For additional information, call MCHA Customer Service Department: (800) 531-6674 or (612) 456-5290.

WHERE	DATE/LOCATION	TIME
Rochester	Monday, October 9, 1995 Best Western Apache 1517 16th Street S.W. Rochester, Minnesota 55902	2:00 p.m.
Duluth	Tuesday, October 10, 1995 Holiday Inn 200 West First St. Duluth, Minnesota 55802	2:00 p.m.
Fergus Falls	Wednesday, October 11, 1995 Best Western/Fergus Falls Interstate 94 and Highway 210 Fergus Falls, Minnesota 56538	2:00 p.m.
Redwood Falls	Thursday, October 12, 1995 Redwood Inn 1305 East Bridge Street Redwood Falls, Minnesota 56283	2:00 p.m.
Worthington	Tuesday, October 17, 1995 Holiday Inn 2015 Humiston Avenue Worthington, Minnesota 56187	2:00 p.m.
Mpls/ St. Paul	Wednesday, October 25, 1995 Holiday Inn/ Metrodome 1500 Washington Avenue South Minneapolis, Minnesota 55454	2:00 p.m.

Minnesota Comprehensive Health Association

Notice of Informational Meetings

NOTICE IS HEREBY GIVEN that the executive director of the Minnesota Comprehensive Health Association and a representative of the Minnesota Department of Commerce will hold a series of meetings across the State of Minnesota, as indicated below. The purpose of these meetings is to review legislative and administrative benefit changes that effect MCHA Qualified Plan One, Qualified Plan Two, and Medicare Supplement benefit coverage.

For additional information, call the MCHA Executive office at (612) 593-9609

WHERE	DATE/LOCATION	TIME
Rochester	Monday, October 9, 1995 Best Western Apache 1517 16th Street S.W. Rochester, Minnesota 55902	6:30 p.m.
Duluth	Tuesday, October 10, 1995 Holiday Inn 200 West First St. Duluth, Minnesota 55802	6:30 p.m.
Fergus Falls	Wednesday, October 11, 1995 Best Western/Fergus Falls Interstate 94 and Highway 210 Fergus Falls, Minnesota 56538	6:30 p.m.
Redwood Falls	Thursday, October 12, 1995 Redwood Inn 1305 East Bridge Street Redwood Falls, Minnesota 56283	6:30 p.m.
Worthington	Tuesday, October 17, 1995 Holiday Inn 2015 Humiston Avenue Worthington, Minnesota 56187	6:30 p.m.
Mpls/ St. Paul	Wednesday, October 25, 1995 Holiday Inn/ Metrodome 1500 Washington Avenue South Minneapolis, Minnesota 55454	6:30 p.m.

Minnesota Comprehensive Health Association

Notice of Meeting of the Ad Hoc Committee on Benefit Design

NOTICE IS HEREBY GIVEN that a meeting of the Minnesota Comprehensive Health Association (MCHA), Ad Hoc Committee on Benefit Design will be held at 8:00 a.m. on Wednesday, October 4, 1995 at MidAmerica Mutual Life Insurance Company, 1801 West County Road B, Roseville, Minnesota. The meeting will be in the conference room.

For additional information please call Lynn Gruber at (612) 593-9609.

Pollution Control Agency

Air Quality Division

Notice Requesting Outside Information or Opinions Regarding Proposed Amendments to Minnesota Rules Chs. 7002, 7005, 7007, and 7019 Governing Air Emission Fees, Definitions, Permit Requirements, Notification and Emission Inventory Requirements

The Minnesota Pollution Control Agency (MPCA) requests comments on its planned amendments to rules governing the following:

1. How emissions are calculated for purposes of the emission inventory.
2. What pollutants a facility is required to report for the emission inventory.
3. How the target fee and a facility's fee are calculated, and what fee a new facility will be assessed.

The most significant revisions being considered by the MPCA include:

1. Inclusion of additional pollutants such as particulate matter, sulfuric acid mist, hydrogen chloride and total reduced sulfur to the existing list of pollutants a facility is required to report in their emission inventory.
2. Inclusion of additional pollutants such as sulfuric acid mist, hydrogen chloride and total reduced sulfur to the list of pollutants for which a fee is assessed.
3. Changing the calculation method for the total fee target to include total particulate matter rather than particulate matter with an aerodynamic diameter less than or equal to a nominal ten micrometers (PM10).
4. Adoption of customized fee and inventory requirements for registration permits.
5. Basing new facility fees on the source's estimate of actual emissions as provided in the permit application for that facility.

The planned rule also includes recordkeeping requirements for small users of volatile organic compounds that are exempt from permit requirement and miscellaneous changes to Chapter 7007 regarding insignificant activities and application content.

The amendments to the rules would likely affect any business that owns or operates a facility that must obtain an air emission permit under *Minnesota Rules* ch. 7007, since these facilities are also subject to emission inventory requirements and to air emission fees under *Minnesota Rules* chs. 7002 and 7019.

Minnesota Statutes § 116.07, subd. 4, which authorizes the MPCA to adopt rules and standards for the prevention, abatement, or control of air pollution, and in *Minnesota Statutes* § 116.07, subd. 4d, which authorizes the MPCA to adopt rules to collect air emission fees.

Interested persons or groups may submit comments or information on this planned rule in writing or orally until 4:30 p.m. on November 1, 1995. The MPCA has prepared a draft of the planned rule amendments. Written comments, requests for a draft of the proposed rule amendments and requests for more information on this proposed rule should be addressed to:

Michael Mondloch
Air Quality Division
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4195

The MPCA will receive oral statements and questions during regular business hours over the telephone at (612) 297-5847 and in person at the above address.

Any written material received by the MPCA will 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.

The MPCA plans to complete this rule by Spring of 1996.

Charles W. Williams
Commissioner

Pollution Control Agency

Air Quality Division

Notice of Intent to Solicit Outside Information Regarding Proposed New Rules Governing the Removal of Lead Paint from Steel Structures, *Minnesota Rules* Chapter 7025

The Minnesota Pollution Control Agency (MPCA) requests comments on its planned adoption of proposed new rules governing the use of abrasive blasting and other paint removal methods to remove lead paint from steel structures, including fuel and chemical storage tanks, bridges, water towers, and grain storage bins. The proposed rules address definitions, compliance, identification of lead in paint, notification, conditions for pollution control on individual structures, and general restrictions. The rules include a variety of engineering controls that combine different methods of paint removal with methods of containment. There are no monitoring requirements in the rules that require media sampling. Provisions of the regulation are apportioned to bridges, storage structures, and other steel structures. Storage tanks include water tanks of all kinds, fuel storage tanks, grain storage bins, and other storage structures.

The rules specifically regulate owners and contractors who remove lead paint from the exterior surfaces of steel structures. Other affected parties would be the Minnesota Department of Transportation, county highway departments, townships, municipalities, some farming operations, industrial facilities, and some consultant companies. The rules would likely affect small businesses. In the context of the proposed rules, small businesses include some owners of steel structures who remove lead paint and also contractors who remove lead paint from steel structures.

Minnesota Statutes § 116.07, subd. 4, authorizes the MPCA to adopt rules and standards for the prevention, abatement and control of air pollution.

Interested persons or groups may submit comments or information on this planned rule in writing or orally until 4:30 p.m. on November 1, 1995. The MPCA has prepared a draft of the proposed rule. Written comments, requests for a draft of the proposed rule and requests for more information on this proposed rule should be addressed to:

Gordon Anderson
Air Quality Division
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

The MPCA will receive oral statements and questions during regular business hours over the telephone at (612) 296-7667 and in person at the above address.

The MPCA plans to complete this rule by Spring of 1996.

Charles W. Williams
Commissioner

Pollution Control Agency

Air Quality Division

Notice Requesting Outside Information or Opinions Regarding Proposed Amendments to *Minnesota Rules Chapter 7011 Governing Hot Mix Asphalt Plants*

The Minnesota Pollution Control Agency (MPCA) requests comments on its planned amendments to rules governing hot mix asphalt plants formally called asphalt concrete plants. The MPCA is considering rule amendments to the following parts of the rule:

1. Recordkeeping and monitoring requirements for asphalt concrete plants.
2. Performance test requirements for asphalt concrete plants.
3. Emission standards control equipment and maintenance requirements for asphalt concrete plants.
4. Materials processed by asphalt plants.

The intent of this rulemaking is to improve the performance standard for asphalt plants to ensure the MPCA's goal of environmental protection, and at the same time streamline the methods asphalt plants use to show compliance with applicable rules. In addition, the MPCA will be proposing to streamline the permit process for asphalt plants by making them eligible for registration permits. The amendments to the rule would affect asphalt plant owners and operators and persons who live in the vicinity of asphalt plants.

Minnesota Statutes § 116.07, subd. 4, authorizes the MPCA to adopt rules and standards for the prevention, abatement and control of air pollution.

Interested persons or groups may submit comments or information on this planned rule in writing or orally until 4:30 p.m. on November 1, 1995. The MPCA has prepared a draft of the planned rule amendments. Written comments, requests for a draft of the proposed rule and requests for more information on this proposed rule should be addressed to:

Mary Jean Fenske
Air Quality Division
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

The MPCA will receive oral statements and questions during regular business hours over the telephone at (612) 296-8107 and in person at the above address.

Any written material received by the MPCA 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.

The MPCA plans to complete this rule by February 1996. If the rule becomes controversial the MPCA anticipates the completion date to be July 1, 1996.

Charles W. Williams
Commissioner

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. In accordance with the Minnesota Open Appointments Law, the Secretary of State acts as an administrator in publishing vacancies, receiving applications, and recording appointments. Applications will be reviewed and appointments made by the Appointing Authorities for these various agencies. Completed applications are to be submitted to the Secretary of State by October 24, 1995. Appointing Authorities for these agencies may also choose to review applications received by the Secretary of State after that date. Applications are kept on file for a one year period.

The 1994 Annual Compilation and Statistical Report is now available from the Minnesota Bookstore. This publication includes a complete listing of state boards and councils that follow the Open Appointments process, descriptions of these agencies and their memberships, and statistical information about appointments and vacancies made during the 1994 fiscal year. The 1994 Annual Compilation also indicates members with terms that ended in January 1995 as open for application; many of these positions may still be open. To order copies of the 1994 Annual Compilation please call the Minnesota Bookstore at 297-3000 or 1-800-657-3757.

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 (01).

COMPENSATION: \$55 per diem plus expenses.

VACANCY: Five vacancies: One licensed physician & surgeon residing in the fourth congressional district; two public members residing in the second, third, fourth, fifth or eighth congressional district; one licensed physician & surgeon residing in the sixth congressional district; and one licensed medical doctor from congressional district 5.

The board examines, licenses, and registers medical doctors and doctors of osteopathy, physician assistants, midwives, respiratory care practitioners, physical therapists, acupuncturists 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. Members shall not serve more than eight years consecutively. 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. The board does not expire.

BOARD OF PEACE OFFICER STANDARDS AND TRAINING Suite 200, 1600 University Ave., St. Paul, MN 55104-3828. 612-643-3060. *Minnesota Statutes* 626.841.

APPOINTING AUTHORITY: Governor (01).

COMPENSATION: \$55 per diem.

VACANCY: Two vacancies: One municipal peace officer who is a chief of police for a term expiring in January, 1996; and one peace officer who is a member of the Minnesota State Patrol Association for a term expiring in January, 1996.

The board licenses peace officers and part-time peace officers, establishes minimum qualifications and standards of conduct, and regulates professional peace officer education and continuing education for peace officers. The board consists of fifteen members, including two sheriffs, four municipal police officers (at least two chiefs of police), two peace officers, one who is a member of the Minnesota Trooper's Assn.; the superintendent of the Bureau of Criminal Apprehension is an exofficio member; two members from peace officers or former peace officers currently employed in a professional peace officer education program; one member from among administrators of Minnesota colleges or universities that offer professional peace officer education; one member from among elected city officials from cities of under 5,000; two members from among the general public. Monthly meetings. Members must file with the Ethical Practices Board. The board does not expire.

CITIZENS' ADVISORY COMMITTEE - ENVIRONMENT & NATURAL RESOURCES TRUST FUND 65 State Office Bldg., St. Paul, MN 55155. 612-296-2406. *Minnesota Statutes* 116P.06.

APPOINTING AUTHORITY: Governor (01), with advise and consent of senate.

COMPENSATION: \$55 per diem plus expenses.

VACANCY: One vacancy: Representative from Congressional district 4.

The committee advises the Legislative Commission on Minnesota Resources (LCMR) on a strategic plan for the Environment and Natural Resources Trust Fund. The committee consists of eleven citizen members, appointed by the Governor (at least one

Official Notices

from each congressional district) and three at large. Meetings held as authorized by the chair of the LCMR as consistent with budget and work program approved by the LCMR. (No regular meeting schedule.) The committee expires June 30, 1997 per *Minnesota Statutes* 15.059 subd. 5 as amended by *Laws of 1993*.

CODE ENFORCEMENT ADVISORY COUNCIL Dept. of Labor and Industry, Workplace Services Division, 443 Lafayette Rd., St. Paul, MN 55155-4308. 612-296-6529. *Minnesota Statutes* 175.008.

APPOINTING AUTHORITY: Commissioner of Labor and Industry (18).

COMPENSATION: \$55 per diem plus expenses.

VACANCY: One vacancy: Public member.

The council advises the Commissioner on matters pertaining to code issues. The council consists of eleven members. Meetings are at the call of the chair. The meetings last two hours. The council shall not expire before June 30, 1995 per *Minnesota Statutes* 175.008.

HAZARDOUS WASTE MANAGEMENT PLANNING COUNCIL Minnesota Office of Environmental Assistance, 520 Lafayette Rd. N., 2nd. Fl. St. Paul, MN 55155. 612-215-0200. *Minnesota Statutes* 115A.12.

APPOINTING AUTHORITY: Minnesota Office of Environmental Assistance (29).

COMPENSATION: Reimbursed for expenses.

VACANCY: Two vacancies: One representative of local government, and one citizen representative.

The council makes recommendations to the Minnesota Office of Environmental Assistance on industrial waste management planning, waste management facility development, and industrial waste reduction issues and programs. The council may have up to eighteen members and includes public members, representatives of local government units, hazardous waste generators and private hazardous waste management firms. Meetings once a month. The council expires June 30, 1997 per *Laws of 1994*, Chpt. 480, Sec. 8.

MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION (MMJUA) Dept. of Commerce, 133 E. 7th St., St. Paul, MN 55101. 612-297-1118. *Minnesota Statutes* 62F.02.

APPOINTING AUTHORITY: Commissioner of Commerce (08)/Governor (01).

COMPENSATION: \$150 per diem plus expenses.

VACANCY: Three vacancies: Public member vacancies.

The board provides medical malpractice insurance coverage to any licensed health care provider unable to obtain this insurance through ordinary methods. The board consists of eleven members including three public members appointed by the Governor, three health care providers appointed by the Commissioner of Commerce, and five members elected by members of the Association. Every personal injury liability insurer in the state shall be a member as a condition for obtaining and retaining a license to write insurance in Minnesota. The board does not expire.

METROPOLITAN AIRPORTS COMMISSION 6040 28th Ave. S., Mpls., MN 55450. 612-726-8100. *Minnesota Statutes* 473.603.

APPOINTING AUTHORITY: Governor (01).

COMPENSATION: \$50 per diem.

VACANCY: One vacancy: A person representing a city with a key airport.

The commission promotes air transportation locally, nationally, and internationally by developing the Twin Cities as an aviation center. The commission consists of fifteen members including the chair and twelve members appointed by the Governor, which include eight commissioners who reside in the eight MAC districts and four who reside outside the metro area, two from cities, towns or counties containing a key airport, and two from cities, towns or counties containing an intermediate airport. The Mayors of Minneapolis and St. Paul, or designees, are ex-officio members. The chair receives \$20,226. per year plus expenses and serves at the pleasure of the governor. Monthly meetings. Members must file with the Ethical Practices Board. The commission does not expire.

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS PEER REVIEW COMMITTEE 2700 University Ave. W., Suite 20, St. Paul, MN 55114-1089. 612-642-0591. *Minnesota Statutes* 148.106.

APPOINTING AUTHORITY: Executive Director, Minnesota Board of Chiropractic Examiners (07).

COMPENSATION: \$55 per diem.

VACANCY: One vacancy: Professional member; must be available to attend first meeting on Tuesday, December 12, 1995 at 12:30p.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 one year in length. Members may serve two full terms. Applications may be submitted at any time and are retained and considered for two years. The committee meets on the second Tuesday of every month at 12:30 p.m. at the Minnesota Board of Chiropractic Examiners' office. The committee does not expire.

MINNESOTA BOARD OF SOCIAL WORK 2700 University Ave W. #225., St. Paul, MN 55114. 612-643-2580. *Minnesota Statutes* 148B.19.

APPOINTING AUTHORITY: Governor (01).

COMPENSATION: \$55 per diem plus expenses.

VACANCY: One vacancy: Licensed social worker employed by a private agency.

The board adopts and enforces rules for licensure of social workers and for regulation of their professional conduct. The board consists of eleven members including eight licensed social workers (two licensed independent clinical social workers, two licensed independent social workers, and four licensed social workers); and three public members as defined in *Minnesota Statutes* 214.02. The social workers shall be engaged in the practice of social work in Minnesota in the following employment settings: one in a state agency, one in a county agency, two in private agencies, one in a private clinical social work setting, one educator engaged in regular teaching duties at an accredited program of social work, & one engaged in the practice of social work in an elementary, middle, or secondary school & licensed by the Board of Teaching, & one employed in a hospital or nursing home licensed under ch. 144 or 144A. In addition, at least three members shall be persons of color, & at least four members shall reside outside the seven-county metropolitan area. Members must file with the Ethical Practices Board. Eight meetings per year at the Minnesota Board of Social Work office. Dates of meetings can be obtained by contacting the board office. The board does not expire.

MINNESOTA CRIME VICTIM AND WITNESS ADVISORY COUNCIL Dept. of Public Safety, 211 Transportation Bldg., St. Paul, MN 55155. 612-296-6642. *Minnesota Statutes* 611A.70.

APPOINTING AUTHORITY: Commissioner of Public Safety (23).

COMPENSATION: None.

VACANCY: One vacancy: Should be a male crime victim or crime victim service provider, preferably from a rural county.

The council reviews on a regular basis the treatment of victims by the criminal justice system and the need and availability of services to crime victims. The council consists of sixteen members, including two members of the Minnesota legislature who have demonstrated expertise and interest in crime victim issues, one appointed by the Senate, one appointed by the House of Representatives, one district court judge recommended by the Chief Justice of the Supreme Court; one county attorney recommended by the Minnesota County Attorney's Association; one public defender recommended by the State Public Defender; one peace officer; one medical or osteopathic physician licensed to practice in this state; five members who are crime victims or crime victims assistance representatives; three public members; and a member appointed by the Minnesota General Crime Victims Coalition. The appointments should take into account sex, race and geographic distribution. The council meets quarterly. The council expires June 30, 1997 per *Minnesota Statutes* 611A.70.

MINNESOTA WORKERS COMPENSATION ASSIGNED RISK PLAN REVIEW BOARD 133 E. 7th St., St. Paul, MN 55101. 612-297-1118. *Minnesota Statutes* 79.251.

APPOINTING AUTHORITY: Commissioner of Commerce (08).

COMPENSATION: None.

VACANCY: Five positions: One representative of a licensed workers' compensation insurance company; one representative of a licensed workers' compensation insurance company; and three insured members.

The board will audit the reserves established for individual cases and the total book of business arising under workers' compensation policies and contracts of coverage issued pursuant to *Minnesota Statutes* 79.25 and 79.252. The board consists of six members including three insured holding workers' compensation policies issued by the Assigned Risk Plan and two representatives of licensed workers' compensation insurance companies. The sixth member is the Commissioner of Commerce. Term of office is three years. Meetings held at variable times in St. Paul. The board does not expire.

Official Notices

PIPELINE SAFETY ADVISORY COUNCIL Dept. of Public Safety, Suite 1000, NCL Tower, 445 Minnesota St., St. Paul, MN 55101. 612-296-6642. *Minnesota Statutes 299J.06.*

APPOINTING AUTHORITY: Commissioner of Public Safety (23).

COMPENSATION: \$55 per diem plus expenses.

VACANCY: One vacancy: Pipeline industry member.

The council advises the Commissioner, Director and other appropriate federal, state, and local government agencies and officials on matters relating to pipeline safety and operation. The council consists of nine members including one member from the hazardous liquid pipeline industry, one member from the gas pipeline industry, one member from personnel who design or construct pipelines, three members who are state or local government employees, and three members who are state residents unaffiliated with state or local government or the pipeline or utility industries. The council expires June 30, 1997 per *Minnesota Statutes 15.059 subd. 5* as amended by *Laws of 1993*.

REGENT CANDIDATE ADVISORY COUNCIL 85 State Office Bldg. St. Paul, MN 55155 612-296-1121. *Minnesota Statutes 137.0245.*

APPOINTING AUTHORITY: Speaker of the House of Representatives.

COMPENSATION: None.

VACANCY: Twelve positions: Please see the agency description for membership requirements.

Assist the legislature in determining criteria for, and identifying and recruiting candidates for the board of regents. The council shall consist of 24 members. No more than 2/3 of the same political party; geographical representation considered. The meetings will take place at the State Office Building. The council expires June, 1997.

STATE BOARD OF EDUCATION 550 Cedar St., 714 Capitol Square Bldg., St. Paul, MN 55101. 612-297-1925. *Minnesota Statutes 121.02.*

APPOINTING AUTHORITY: Governor (01). Senate confirmation.

COMPENSATION: \$55 per diem plus expenses.

VACANCY: One vacancy: Representative of congressional district four.

The board sets statewide education policies for the Department of Education and elementary and secondary schools. The board consists of nine members, including one from each congressional district, one at-large member, and three who have previously served as school board members. Monthly meetings. Members must file with the Ethical Practices Board. The board does not expire.

STATE CURRICULUM ADVISORY COMMITTEE 607 Capitol Square Bldg., 550 Cedar St., St. Paul, MN 55101. 612-296-0351. *Minnesota Statutes 126.665.*

APPOINTING AUTHORITY: Commissioner of Education (11).

COMPENSATION: None.

VACANCY: One vacancy: Should have experience with the planning, evaluating and reporting (PER) process and role of local curriculum advisory committee. This position will serve region 10.

The committee advises the State Board and Department of Education on the planning, evaluation, and reporting process. The committee consists of eleven members including nine members, one appointed from each educational cooperative service unit, and two at-large members. Membership on or experience with local curriculum advisory committees is required. The committee expires June 30, 1996 per *Minnesota Statutes 126.665* as amended by the *Laws of 1993*.

Department of Veterans Affairs

Request for Comments for Planned Amendment to Rules Governing the State Soldiers Assistance Program and the County Veterans Service Officer Operational Improvement Grant Program, *Minnesota Rules* 9055.0010 to 9055.0610

The Minnesota Department of Veterans Affairs requests comments on its planned amendments to rules governing the State Soldiers Assistance Program and the County Veterans Service Officer Operational Improvement Grant Program. The Department is considering rule amendments that would bring the state definition of the term veteran into compliance with the existing federal definition, and would simplify and streamline the County Veterans Service Officer Operational Improvement Grant Program application process.

The amendment to these rules would likely affect all veterans in general, by expanding the current definition of the term veteran and County Veterans Service Officers who apply for available grant funds. The Department does not contemplate appointing an advisory committee to comment on the planned rules.

Minnesota Statutes, section 196.04, subdivisions 1 and 2 and section 197.608, subdivision 2, require the Department to adopt rules to govern the procedure of the divisions of the department and to regulate and provide for the nature and extent of the proofs and evidence and the method of taking and furnishing the same, in order to establish the right to benefits provided for by the law.

Interested persons or groups may submit comments or information on these planned rules in writing or orally until 4:30 p.m. on December 1, 1995. The Department has prepared a draft of the planned rule amendments. Written or oral comments, questions, requests for a draft of the proposed amendments and requests for more information on these planned rule amendments should be addressed to:

Terrence A. Logan
Director, Veterans Programs
Minnesota Department Of Veterans Affairs
Phone: (612) 296-6728

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

Bernie Melter
Commissioner

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.

Higher Education Service Office

Notice of Availability of Request for Proposals for Grants Under the Federal Dwight D. Eisenhower Professional Development Program

The Higher Education Service Office is requesting proposals for grants to support sustained, and intensive high-quality inservice programs to improve mathematics and science content knowledge and teaching skills of elementary and secondary school teachers.

Eligible applicants include institutions of higher education and nonprofit organizations of demonstrated effectiveness, located in Minnesota and presenting documented written evidence of cooperative planning and agreement for professional development with schools or school districts.

No individual grant may exceed \$45,000.

Proposals must be submitted no later than 4:30 p.m., December 20, 1995.

Those interested in receiving requests for proposals should contact:

Eisenhower Grants Coordinator
Higher Education Services Office
550 Cedar Street, Suite 400
St. Paul, MN 55101
(612) 296-9777

Pollution Control Agency

Public Facilities Authority

Application Requests Accepted for Placement on the Funding List for the Individual Sewage Treatment Systems Grants Program

NOTICE IS HEREBY GIVEN that the Minnesota Public Facilities Authority (PFA) is accepting application requests for placement on the funding list for the Individual Sewage Treatment Systems Grant Program. This program was created to provide grants to municipalities to assist owners of individual sewage treatment systems to upgrade or replace their failed individual sewage treatment systems. (*Minnesota Statutes* Sec. 116.18, subd. 3c(1990)). The Minnesota Pollution Control Agency (MPCA) will perform the necessary review for certification to the PFA for the placement of projects on the funding list.

Application requests for placement on the funding list must be received no later than 4:30 p.m. on Wednesday, January 31, 1996. Once application requests for placement on the funding list are received and ranked, those projects placed on the funding list will be required to submit a complete application before a grant is awarded.

Six workshops have been scheduled to provide additional information about the program and assist those who intend to request placement of a project on the funding list. The time and location of these meetings are as follow:

Brainerd
October 4, 1:00 - 4 p.m.
Brainerd Public Library
416 5th Street South

Duluth
October 12, 1:00 - 4 p.m.
Government Services Center
302 W. 2nd Street, Rm. 704

St. Paul
October 9, 1:00 - 4 p.m.
MN Pollution Control Agency
520 Lafayette Road

Marshall
October 19, 1:00 - 4 p.m.
MN Dept. of Transportation Bldg.
1800 E. College Drive

Detroit Lakes
October 11, 1:00 - 4 p.m.
City Council Chambers
1025 Roosevelt Avenue

Rochester
October 24, 1:00 - 4 p.m.
Riverland Technical College
1926 College View Road SE

Professional, Technical & Consulting Contracts

This program is governed by *Minnesota Rules* parts 7077.0700 to 7077.0765, which are available from the MPCA. For an application request packet for placement on the funding list, or additional information, please contact:

Victoria Cook, ISTS Grants Coordinator
Minnesota Pollution Control Agency
Water Quality Division
520 Lafayette Road
St. Paul, Minnesota 55155
(612) 296-7248 or Toll-Free 1-800-657-3864

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 Employee Relations

Request for Proposals (RFP) for Provision of Work Force Analysis Telephone Survey Research Services

The Minnesota Department of Employee Relations (DOER) is soliciting proposals from qualified vendors to complete a state-wide work force telephone survey of persons with disabilities. DOER's goal is to identify the percentage of persons with disabilities in the recruiting area population who have the necessary skills in order to:

- Assure that positions in the executive branch of the civil service are equally accessible to all qualified persons; and
- To eliminate under utilization of qualified persons with disabilities

These services must comply with all applicable laws and administrative rules and must meet all specifications provided as part of this RFP. A complete statement of the state's requirements and other terms and conditions governing this RFP may be obtained by contacting:

Kathe Stark
Minnesota Department of Employee Relations
200 Centennial Building
658 Cedar Street
St. Paul, MN 55155
(612) 297-8849

or leave a message with Amy Trumble (612) 297-1184

Proposals must be submitted no later than 4:00 P.M. on 10/27/95. Late proposals will not be accepted. Fifteen (15) copies of the proposal must be submitted in a sealed mailing envelope or package with the vendor's name and address written on the outside.

Professional, Technical & Consulting Contracts

Department of Health

Division of Disease Prevention and Control

AIDS/STD Prevention Services Section

Request for Proposals for an Agency to Provide Program Evaluation Consultation Services to State-Funded HIV/STD Prevention Programs

NOTICE IS HEREBY GIVEN that the AIDS/STD Prevention Services Section, Division of Disease Prevention and Control, Minnesota Department of Health, is seeking proposals from qualified agencies to provide program evaluation consultation services to state-funded HIV/STD prevention programs.

Background

The Minnesota Department of Health (MDH) has up to \$35,000 of federal funds for a qualified agency to provide consultation services to state-funded HIV/STD prevention programs and assist them to develop evaluation methodologies to assess program effectiveness. The contract period for this 12 month project will be from January 1 through December 31, 1996. Continuation funding will be dependent upon the availability of HIV/STD prevention funds to the MDH and satisfactory performance by the agency selected to provide consultation services during the contract period.

Eligibility

Applicants must demonstrate administrative, organizational, programmatic, and fiscal capability to provide evaluation consultation services to HIV/STD prevention programs. Other desirable qualifications include experience with public or government-supported health programs and working with community-based organizations targeting diverse audiences.

Minimum Expectations

The selected agency for this contract will be required to provide consultation services to continue the current level of technical assistance provided to MDH-funded HIV/STD prevention programs, and to provide select evaluation services. The specific activities include: assessment of program evaluability; technical assistance with MDH and agencies to formulate evaluation objectives, implementation plans, evaluation plans, data collection totals, and methodology for newly-funded agencies; development of a system of evaluating program implementation for community-based organizations; provision of on-going technical assistance to agencies and MDH to ensure program implementation and evaluation plans are carried out appropriately; analysis, summarization and interpretation of evaluation findings; communication of methodological, statistical, and evaluation concepts; provision of training, if warranted, to MDH staff and/or community-based organizations; and collaboration to develop long-range evaluation plans that address the wider context of HIV prevention in Minnesota.

Procedure for Submitting Proposals

Proposals are due to the Minnesota Department of Health by 4:00 p.m. on Friday, October 27, 1995. Late or faxed proposals will not be accepted. Notice of awards will be made on or after November 20, 1995. The complete Request for Proposals is available from:

Kim Rosenwinkel, Epidemiologist Senior
Evaluation and Surveillance Unit
AIDS/STD Prevention Services Section
Minnesota Department of Health
717 S.E. Delaware Street
P.O. Box 9441
Minneapolis, Minnesota 55440-9441
(612) 623-5698

Right of Refusal

The MDH reserves the right to reject any and all proposals in whole or in part if, in the Health Commissioner's judgement, the best interests of the State of Minnesota will be served.

Higher Education Services Office

Notice of Availability of Request for Proposal for Videotape Development Project

The Higher Education Services Office is requesting proposals from qualified firms to develop a videotape that highlights success stories due to the benefits of post-secondary education by families of color, low incomes and families with no previous post-secondary education.

Proposals must be submitted no later than October 25, 1995.

Copies of the Request for Proposal are available from:

Communications
Higher Education Services Office
550 Cedar Street, Room 400
St. Paul MN 55101
(612) 296-9678

Housing Finance Agency

Notice of Request for Proposals for Administrators for the Foreclosure Prevention and Rental Assistance Program (FPRAP)

The Minnesota Housing Finance Agency (MHFA) announces that it is accepting Requests for Proposals for funding available under the Foreclosure Prevention and Rental Assistance Program (FPRAP), formerly known as the Emergency Mortgage and Rental Assistance Program (EMRAP). The Legislature has authorized MHFA to apply \$697,800 for the purpose of assisting individuals facing foreclosure or eviction due to temporary financial crises by providing case management services and, in some cases, mortgage payment, rental or other financial assistance on an emergency basis. The program will also help preserve the integrity of neighborhoods by preventing properties from becoming vacant, abandoned, and blighted.

Proposals are hereby solicited from community-based nonprofit organizations as defined in *Minnesota Statutes* 1992, section 462A.03, subdivision 22. The administrator may not be affiliated with a mortgage lender or provide assistance to a recipient who occupies a housing unit owned or managed by the administrator.

The Foreclosure Prevention and Rental Assistance Program allows an eligible administrator to provide a variety of services including screening and assessment, referral services, case management and advocacy, financial counseling and financial assistance to homeowners and/or renters on an area specific basis. Financial assistance is expected to be repaid by the recipient and secured by a promissory note or, for mortgage assistance, a second mortgage or other lien against the property. For mortgage assistance, repayment of the mortgage or lien would be triggered if the property is sold or transferred or is no longer the recipient's principal place of residence. In the case of rental assistance, repayment would be structured with consideration given to the recipient's financial situation. All repayments by the recipients would be made directly to MHFA and the monies would be put into a revolving fund to be redistributed.

Proposals must include, but are not limited to, the following information:

1. Prior experience of the administrator with regard to financial and foreclosure counseling and rental assistance.
2. Documented familiarity with foreclosure procedures, foreclosure prevention methods, and landlord and tenant procedures.
3. Budget for administering the program. Not more than one-half of the total program funding may be used for mortgage or financial counseling services.
4. Documented ability of the administrator to provide program services.
5. The service area for purposes of this program.

Funding preference will be given to applicants who demonstrate the greatest ability to leverage program money with other sources of funding or organizations serving areas without access to foreclosure and/or rental assistance.

The deadline for receipt of proposals is 4:00 p.m., Monday, November 6, 1995. All proposals will be evaluated by the Agency in accordance with *Minnesota Statutes*, section 462A.207. Interested applicants should request a proposal packet that contains specific information and instructions for proposal submission from the Minnesota Housing Finance Agency, 400 Sibley Street, Suite 300, St. Paul, Minnesota 55101-1998, Attention: Autumn Schlegel, Loan Administration Supervisor, or by calling (612) 296-9818 or 1-800-657-3802. The TDD number is (612) 297-2361.

Professional, Technical & Consulting Contracts

Department of Human Services

Notice of Cancellation for Recruitment of Child Foster Care and Adoptive Families

The Request for Proposals for Recruitment of Child Foster Care and Adoptive Families published in the September 11, 1995 edition of the *State Register* is hereby canceled.

Department of Human Services

Recruitment of Child Foster Care and Adoptive Families

The Family and Children's Services Division, Minnesota Department of Human Services is soliciting proposals from county social service agencies, private non-profit agencies and community organizations to develop and implement statewide recruitment and education efforts to increase the number of families willing and able to foster or adopt Minnesota's children needing placement. The Department prefers to contract with one vendor for recruitment efforts which will develop an adequate pool of families capable of promoting each child's development and case goals.

The Commissioner of Human Services has allocated an annual total of \$59,000 for this project. Projects will begin December 18, 1995 and will continue through June 30, 1997.

Proposals in response to this RFP must be submitted according to the RFP application instructions and must comply with provisions of the Multiethnic Placement Act which takes effect October 21, 1995.

To obtain a copy of the application, please contact the Family and Children's Services Division, Minnesota Department of Human Services, (612) 297-3635. Upon request, the information will be made available in alternative format such as Braille, large print or audiotape.

A pre-application meeting for prospective applicants will be conducted in Room 2B of the Department of Human Services, 444 Lafayette Road, Saint Paul, Minnesota on October 16, 1995. The meeting will begin at 9:00 a.m. and will end at 1:00 p.m. Attendance at the pre-application meeting is not mandatory.

All applicants must provide six (6) copies of the completed proposal to the Family and Children's Services Division, attention:

Mr. Charles Hawkins
Department of Human Services
Family and Children's Services Division
444 Lafayette Road North
Saint Paul, Minnesota 55155-3832

Applications will be due November 9, 1995 and accepted until 4:00 p.m. Selection of the contractor will be completed by November 20, 1995.

This RFP does not obligate the STATE to complete the project. The STATE reserves the right to cancel the solicitation if it is considered to be in its best interests.

AFFIRMATIVE ACTION

In accordance with the provisions of *Minnesota Statutes*, Section 363.073 for all contracts estimated to be in excess of \$50,000, all responders having more than 20 full time employees at any time during the previous twelve (12) months must have an affirmative action plan approved by the Commissioner of Human Rights before a proposal may be accepted. Your proposal will be rejected unless it includes one of the following:

- 1) A copy of your firm's current certificate of compliance issued by the Commissioner of Human Rights; or
- 2) A letter from Human Rights certifying that your firm has a current certificate of compliance; or
- 3) A notarized letter certifying that your firm has not had more than twenty (20) full time employees in Minnesota at any time during the previous twelve (12) months.

Notice of Cancellation

Please note: on September 11, 1995, a similar Request for Proposal was published, that request was canceled. The above Notice includes language from the Multiethnic Placement Act, a federal law which takes effect October 21, 1995. This Request for Proposals, therefore, replaces the Notice published on September 11, 1995.

Legislative Coordinating Commission

Proposals Sought for Job Classification and Compensation Evaluation

The Legislative Coordinating Commission (LCC) of the Minnesota Legislature is requesting proposals to contract for an evaluation of its job classifications and compensation of employees under its jurisdiction. The LCC is seeking expert assistance to undertake a comprehensive review of its compensation system and policies. The Minnesota House of Representatives and the Minnesota Senate have created non-partisan joint agencies and commissions to serve specific functions. The LCC provides administrative support and oversight for these joint agencies and commissions.

It is estimated that the total cost of this contract will not exceed \$40,000. The deadline for receipt of proposals is 4:30 p.m., Friday, October 20, 1995. Copies of the RFP are available from:

Legislative Coordinating Commission
Room 85, State Office Building
100 Constitution Avenue
St. Paul, MN 55155
(612) 296-9002

Department of Trade and Economic Development

Southern Minnesota Regional Office of Tourism

Request for Proposal for Audio Cassette Production

The Minnesota Office of Tourism is seeking proposals/applications from individuals/businesses interested in producing an audio cassette tape series. The estimated contract is \$20,000-\$25,000, beginning November 30, 1995-June 30, 1996. Required format is eight (8) 60 minute audio cassette tapes packaged for mail distribution, quantity of approximately 1,500-2,000 tapes. Included in the packaging requirements are color trap-in covers with four color cover, printing of approximately 5,000 comment cards, and envelopes for mail return.

Proposal Submissions

Proposals must be received by October 23, 1995, 4:00 p.m. To obtain a complete Request for Proposal that offers details, please contact:

Marsha Danielson, Regional Services Manager
Minnesota Office of Tourism
P.O. Box 289
Mankato, MN 56001
(507) 389-2683

Potential vendors are cautioned that only Marsha Danielson or her successor is empowered to discuss and provide information on this project.

Deadline for submissions: October 23, 1995 4:00 p.m.

Non-State Public Bids, Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector.

It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact the editor for further details.

Metropolitan Council

Request for Proposal (RFP) for Professional Services for Facilitating a Transition Process

The Metropolitan Council Environmental Services' Management Services Department intends to acquire professional services for the purpose of facilitating a transition process.

The services provided are expected to assist with the analysis recommendation for improving business systems within the context of the Metropolitan Council Services Division organization changes and the overall Metropolitan Council restructuring.

This RFP describes background, context and general expectations of services being contracted.

Copies of the proposal can be obtained or inquiries can be directed by calling the Purchasing Section at (612) 229-2032.

Proposals will be accepted by the Metropolitan Council until 5:00 p.m., TUESDAY, OCTOBER 10, 1995.

The Metropolitan Council reserves the right to reject any or all proposals and to waive any minor irregularities and deviations from requirements outlined in the Request for Proposal.

BY ORDER OF THE METROPOLITAN COUNCIL

Helen Boyer, Division Director

Environmental Services Division

Metropolitan Council

Mears Park Centre, 230 East 5th Street

St. Paul, Minnesota 55101

(612) 222-8423



Minnesota's Bookstore

117 University Avenue St. Paul, MN 55155

Open 7am-5:30pm, Mon-Thurs and 7am-4:30pm, Fri

Phone:

8am-4:30pm, M-F
612/297-3000
1-800/657-3757

TDD: telecommunications
device for the deaf

612/282-5077
1-800/657-3706

Fax:

24 hour
612/296-2265

Online Service:

24-hour, free access
612/821-4096
Parameters: 8-N-1
1200-2400 bps

Volunteer Program Development Tools

The Power and Potential of Youth in Service to Communities

Comprehensive guide to developing and sustaining a successful and meaningful youth volunteer program. Learn what it takes--- from developing a mission, vision and management philosophy to identifying skill and ability experiences suitable for youth age 5-24; from defining a program structure and outcomes to understanding common concerns and issues. Includes information on model programs throughout the state. 96pp. (MOVS, 1993)
Stock No. 10-48 \$16.00



Planning it Safe: How to Control Liability & Risk in Volunteer Programs

Offers concrete suggestions, clear definitions, and a preventive approach to managing legal risk and liability concerns of volunteer programs. Discusses liability for personal injury, business liability, possible protection from liability, basic concepts of risk management, and specific risks your organization may face. 112pp. (MOVS, 1992)
Stock No. 10-45 \$17.95

Promise of the Future/Responsibility Today

Report sites findings of the Governor's Blue Ribbon Committee on Mentoring and Your Community Service (1989-90). Includes recommendations for mentoring programs/youth community service as a means to match caring responsible individuals with youth to encourage and guide their personal growth and development. 56pp. (MOVS, 1991)
Stock No. 10-16 \$15.00

Bridging the Gap: A Training Manual for Respite Care Volunteers

Program assistance for the project director, coordinator of volunteers, or anyone associated with the training of volunteers in a respite care program for caregivers of chronically ill, frail, and elderly individuals. The manual offers ideas, plans, and resources to recruit, train, place and retain volunteers in a respite care program. Provides flexibility/options that enable the trainer to pick and choose training activities that are appropriate for the participants, the time available, and the trainer's skills. Topics covered include:

- * Recruiting volunteers
- * Orientation
- * Resources
- * Handouts and forms
- * Practical tips
- * Guidelines for trainers
- * Ice breaker activities
- * Understanding the caregiver
- * Communications skills
- * Dealing with grief and loss

Looseleaf, 200pp. (MN Dept. of Human Services, 1994) Stock No. 10-50 \$35.00





Print Communications Division

117 University Avenue • St. Paul, Minnesota 55155
 Metro Area 612-297-3000
 Toll Free 1-800-657-3757
 FAX 612-297-8260
 TDD Metro Area 612-282-5077 Greater MN 1-800-657-3706

Second Class
 U.S. Postage
 Paid
 Permit No.
 326630
 St. Paul, MN

Please notify us of any address changes so that we can continue to give you our best service. Include your old mailing label to speed your service.

Printed on recycled paper
 20% post-consumer waste

(51)
 7950 S

Legislative Reference Library
 Kim Hanson
 645 State Office Bldg
 INTEROFFICE

TO ORDER:

Complete attached order blank. Include either your VISA/MasterCard, American Express or Discover credit card number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your credit card. Please include a phone number where you can be reached during the day in case we have questions about your order.

Please include sales tax and \$3.00 postage and handling.

PREPAYMENT REQUIRED.

Merchandise may be returned if it is in resalable condition.

NOTE:

STATE REGISTER and other subscriptions do not require sales tax or postage and handling fees.

Shipping Charges	
Subtotal	Add:
Up to \$25.00	\$3.00
\$25.01 - \$50.00	\$5.00
Over \$50.00	\$7.00

For Your Convenience, photocopy this order blank

Code No.	Quantity	Description	Item Price	Total
Name or Company			Subtotal	
Attention			6½ % tax MN residents 7% St. Paul residents Add Shipping Charges from chart at left.	
Address				
City	State	Zip		
American Express/VISA/MasterCard/Discover No.			TOTAL	
Signature		Expiration Date	Telephone (During Day)	



Prices subject to change without notice.
 Please allow about 6 weeks for delivery.
 In a hurry? Stop by our Bookstore.
 Bookstore hours: 8:00-5:00 Monday-Friday

If tax exempt, please provide ES number or send completed exemption form. SR-20