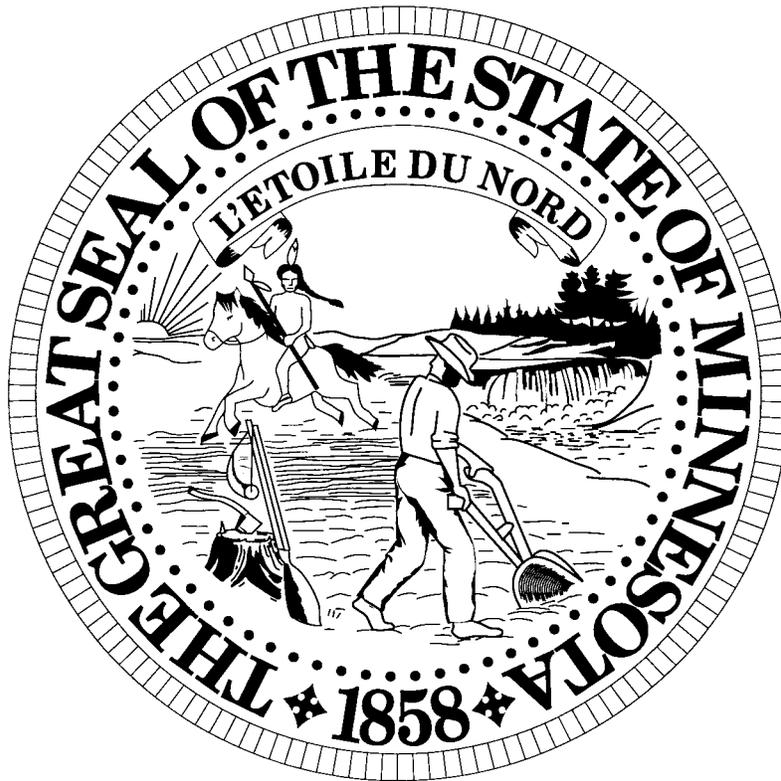


Minnesota

State Register

Rules and Official Notices Edition



Published every Monday (Tuesday when Monday is a holiday) by the
Department of Administration – Communications Media Division

Monday 22 December 2003
Volume 28, Number 25
Pages 801 - 834

State Register

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

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

- proposed, adopted, exempt, expedited emergency and withdrawn rules
- executive orders of the governor
- appointments
- proclamations and commendations
- commissioners' orders
- revenue notices
- official notices
- state grants and loans
- contracts for professional, technical and consulting services
- non-state public bids, contracts and grants
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Printing Schedule and Submission Deadlines

Vol. 28 Issue Number	PUBLISH DATE	Deadline for: Emergency Rules, Executive and Commissioner's Orders, Revenue and Official Notices, State Grants, Professional-Technical-Consulting Contracts, Non-State Bids and Public Contracts	Deadline for Both Adopted and Proposed RULES
#25	Monday 22 December	Noon Tuesday 16 December	Noon Wednesday 10 December
#26	Monday 29 December	NOON MONDAY 22 DECEMBER	Noon Wednesday 17 December
#27	Monday 5 January 2004	NOON MONDAY 29 DECEMBER	Noon Wednesday 24 December
#28	Monday 12 January 2004	Noon Tuesday 6 January, 2004	Noon Wednesday 31 December

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Publication Number: 326630 (ISSN 0146-7751)

THE STATE REGISTER IS PUBLISHED by Communications Media Division, Department of Administration, State of Minnesota, pursuant to *Minnesota Statutes* § 14.46 and 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; the Legislative Reference Library; State Law Library; Minnesota Historical Society Library; and the Library Development Service at the State Department of Children, Families and Learning.

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House Information Office (651) 296-2146: State Office Building, Room 175,
Rev. Dr. Martin Luther King Jr Blvd., St. Paul, MN 55155
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U.S. Government Printing Office – Fax: (202) 512-1262
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St. Paul, MN 55155 Website: www.courts.state.mn.us

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Commodity, Service and Construction Contracts are published Tuesday and Friday in a bulletin, the **Solicitation Announcements**. Award results are available from the Materials Management Helpline (651) 296-2600. **Website:** www.mmd.admin.state.mn.us

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Minnesota Rules: Amendments and Additions

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

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 80 state agencies have the authority to issue rules. Each agency is assigned specific **Minnesota Rule** chapter numbers. Every odd-numbered year the **Minnesota Rules** are published. The current 1999 set is a 13-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Generally speaking, proposed and adopted exempt rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

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

When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or a notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as Proposed Rules. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the most current edition of the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues #1-13 inclusive; issues #14-25 inclusive; issue #26 cumulative for issues #1-26; issues #27-38 inclusive; issue #39, cumulative for issues #1-39; issues #40-51 inclusive; and issues #1-52 (or 53 in some years), cumulative for issues #1-52 (or 53). An annual subject matter index for rules was separately printed usually in August, but starting with Volume 19 now appears in the final issue of each volume. For copies or subscriptions to the *State Register*, contact Minnesota's Bookstore, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000, or toll-free 1-800-657-3757.

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Proposed Rules

Comments on Planned Rules or Amendments

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

Rules to be Adopted After a Hearing

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

Rules to be Adopted Without a Hearing

Pursuant to *Minnesota Statutes* § 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing. An agency must first solicit **Comments on Planned Rules** or **Comments on Planned Rules Amendments** from the public. The agency then publishes a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Veterans Homes Board

Proposed Permanent Rules Relating to Procedural Changes

DUAL NOTICE: Notice of Intent to Adopt Rules Without a Public Hearing Unless 25 or More Persons Request a Hearing, and Notice of Hearing If 25 or More Requests for Hearing are Received

Proposed Permanent Rules Relating to Procedural Changes, *Minnesota Rules*, 9050.0040, 9050.0055, 9050.0070, 9050.0200, 9050.0220, 9050.0230, 9050.0500, 9050.0550, 9050.0560, 9050.0600, 9050.0650, 9050.0710, 9050.0720, 9050.0750, 9050.0800, 9050.0900, 9050.1070

Introduction. The Minnesota Veterans Homes Board intends to adopt rules without a public hearing following the procedures set forth in the rules of the Office of Administrative Hearings, *Minnesota Rules*, parts 1400.2300 to 1400.2310, and the Administrative Procedure Act, *Minnesota Statutes*, sections 14.22 to 14.28. If, however, 25 or more persons submit a written request for a hearing on the rules by 4:30 p.m. on January 28, 2004, a public hearing will be held in the Auditorium, Building #15, Minneapolis Veterans Home, 5101 Minnehaha Avenue South, Minneapolis, Minnesota 55155, starting at 1:30 p.m. on Thursday, February 19, 2004. To find out whether the rules will be adopted without a hearing or if the hearing will be held, you should contact the agency contact person after January 28, 2004 and before February 19, 2004.

Agency Contact Person. Comments or questions on the rules and written requests for a public hearing on the rules must be submitted to the agency contact person. The agency contact person is: Marc Natelsky, Director of Legal and Regulatory Services, at Minnesota Veterans Homes Board Office, 20 W. 12th Street, Room 122, St. Paul, MN 55155, **phone:** (651) 215-9010, **FAX:** (651) 296-6177, and **email:** manatels@mvhmail.mvh.state.mn.us.

Subject of Rules and Statutory Authority. The proposed rules are about procedures pertaining to admission to and ongoing residency at the Minnesota Veterans Homes. The statutory authority to adopt the rules is *Minnesota Statutes*, Section 198.003, Subdivision 1. A copy of the proposed rules is published in the *State Register* and attached to this notice as mailed.

Comments. You have until 4:30 p.m. on Wednesday, January 28, 2004, to submit written comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comments should identify the portion of the proposed rules addressed, the reason for the comment, and any change proposed. You are encouraged to propose any change desired. Any comments that you would like to make on the legality of the proposed rules must also be made during this comment period.

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 Wednesday, January 28, 2004, by hand delivery to the agency contact person, mail, e-mail or facsimile only. Your written request for a public hearing must include your name and address. You must identify the portion of the proposed rules to which you object or state that you oppose the entire set of rules. Any request that does not comply with these requirements is not valid and cannot be counted by the agency when determining whether a public hearing must be held. You are also encouraged to state the reason for the request and any changes you want made to the proposed rules.

Proposed Rules

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

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

Modifications. The proposed rules may be modified, either as a result of public comment or as a result of the rule hearing process. Modifications must be supported by data and views submitted to the agency or presented at the hearing and the adopted rules may not be substantially different than these proposed rules, unless the procedure under *Minnesota Rules*, part 1400.2110, has been followed. If the proposed rules affect you in any way, you are encouraged to participate in the rulemaking process.

Cancellation of Hearing. The hearing scheduled for February 19, 2004, will be canceled if the agency does not receive requests from 25 or more persons that a hearing be held on the rules. If you requested a public hearing, the agency will notify you before the scheduled hearing whether or not the hearing will be held. You may also call the agency contact person at (651) 215-9010 after January 28, 2004 to find out whether the hearing will be held.

Notice of Hearing. If 25 or more persons submit valid written requests for a public hearing on the rules, a hearing will be held following the procedures in *Minnesota Statutes*, sections 14.131 to 14.20. The hearing will be held on the date and at the time and place listed above. The hearing will continue until all interested persons have been heard. Administrative Law Judge Allan W. Klein is assigned to conduct the hearing. Judge Klein can be reached at the Office of Administrative Hearings, 100 Washington Square, Suite 1700, Minneapolis, Minnesota 55401-2138, **telephone** (612) 341-7609, and **FAX** (612) 349-2665.

Hearing Procedure. If a hearing is held, you and all interested or affected persons, including representatives of associations or other interested groups, will have an opportunity to participate. You may present your views either orally at the hearing or in writing at any time before the close of the hearing record. All evidence presented should relate to the proposed rules. You may also submit written material to the Administrative Law Judge to be recorded in the hearing record for five working days after the public hearing ends. This five-day comment period may be extended for a longer period not to exceed 20 calendar days if ordered by the Administrative Law Judge at the hearing. Following the comment period, there is a five-working-day rebuttal period during which the agency and any interested person may respond in writing to any new information submitted. No additional evidence may be submitted during the five-day rebuttal period. All comments and responses submitted to the Administrative Law Judge must be received at the Office of Administrative Hearings no later than 4:30 p.m. on the due date. All comments or responses received will be available for review at the Office of Administrative Hearings. This rule hearing procedure is governed by *Minnesota Rules*, parts 1400.2000 to 1400.2240, and *Minnesota Statutes*, sections 14.131 to 14.20. Questions about procedure may be directed to the Administrative Law Judge.

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

Statement of Need and Reasonableness. A statement of need and reasonableness is now available from the agency contact person. This statement contains a summary of the justification for the proposed rules, including a description of who will be affected by the proposed rules and an estimate of the probable cost of the proposed rules. The statement may also be reviewed and copies obtained at the cost of reproduction from the agency.

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

Adoption Procedure if No Hearing. If no hearing is required, the agency may adopt the rules after the end of the comment period. The rules and supporting documents will then be submitted to the Office of Administrative Hearings for review for legality. You may ask to be notified of the date the rules are submitted to the office. If you want to be so notified, or want to receive a copy of the adopted rules, or want to register with the agency to receive notice of future rule proceedings, submit your request to the agency contact person listed above. You may also comment on the legality of the rules, but must do so during the 30 day comment period.

Adoption Procedure After a Hearing. If a hearing is held, after the close of the hearing record, the Administrative Law Judge will issue a report on the proposed rules. You may ask to be notified of the date when the Administrative Law Judge's report will become available, and can make this request at the hearing or in writing to the Administrative Law Judge. You may also ask to be notified of the date on which the agency adopts the rules and the rules are filed with the Secretary of State, and can make this request at the hearing or in writing to the agency contact person stated above.

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

Dated: 9 December 2003

Stephen J. Musser
Executive Director

9050.0040 DEFINITIONS.

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

Subp. 5a. Admissions committee. “Admissions committee” means the committee appointed by the administrator to review admissions.

[For text of subps 6 to 11, see M.R.]

Subp. 11a. Basic financial information. “Basic financial information” means the financial information requested on the Minnesota veterans homes admission application.

Subp. 12. Basic needs. “Basic needs” means food, clothing, shelter, utilities, personal hygiene items, and other subsistence items, as referenced in part 9050.0750, subpart 2.

[For text of subps 13 to 20, see M.R.]

Subp. 21. Care plan review. “Care plan review” means an assessment of a resident’s physical and mental condition and treatment needs by the care plan team. Care plan review includes:

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

- E. a review and appropriate revision of the treatment and care recommendations of the multidisciplinary staff.

[For text of subps 22 to 26, see M.R.]

Subp. 26a. Child allowance. “Child allowance” means the amount necessary to provide the basic needs of a dependent child including clothing, food, and education.

[For text of subps 27 to 30, see M.R.]

Subp. 31. Dependent. “Dependent” means an individual whom a person is entitled to claim as a dependent on the Minnesota or United States income tax return. An individual may not be claimed as a full unallocated dependent by more than one person. When two or more persons are entitled to claim the dependent, the dependent must be allocated equally among the persons unless the persons choose another allocation.

A “dependent” must be an unmarried person who is:

A. either living with or receiving support contributions from the applicant or resident;

B. a child by birth, a stepchild, an adopted child, or a child for whom the applicant or resident has been appointed legal guardian; and

C. under 18 years of age or over 18 years of age and incapable of self-support because of physical or mental disability. A child who reaches the age of 18 while still enrolled in high school or its equivalent is considered a dependent child until the dependent is no longer enrolled in the school.

Unless specifically noted otherwise, “children” means more than one dependent child.

[For text of subps 32 to 37, see M.R.]

Subp. 38. Educational expenses. “Educational expenses” means the actual amounts paid for a person’s nonskilled resident or dependent child’s tuition, mandatory fees, transportation to and from school, supplies and equipment required for coursework, and child care while the person is in school or in transit. For a nonskilled resident to be eligible for educational expenses, the educational program must be part of the resident’s approved care plan. If there is a dispute over whether or not an item is an educational expense, the administrator may issue a final determination on the issue.

[For text of subps 39 and 40, see M.R.]

Subp. 40a. Expenses. “Expenses” means basic subsistence expenses, including current expenses for the following:

A. rent or mortgage for primary residence;

B. vehicle payment for one vehicle;

C. food for the resident’s spouse or dependents;

D. education for the applicant or resident’s dependents as limited by subpart 58a;

E. court-ordered payments for the applicant or resident’s spouse or dependents, such as spousal maintenance and child support; and

F. the average monthly expenses during the past year for the following:

(1) utilities and insurance for the primary residence;

(2) out-of-pocket medical care costs not otherwise covered by insurance for the applicant or resident spouse and dependents for medical assistance spend down;

(3) taxes paid on income or personal property; and

(4) spousal or dependent basic or personal needs as defined by subparts 12 and 115a respectively.

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Subp. 41. **Goal.** “Goal” means the desired medical alleviation or behavioral outcome of an activity that can be observed and reliably measured by two or more independent observers multidisciplinary team members.

[For text of subs 42 to 53, see M.R.]

Subp. 54. **Income.** “Income” means cash or in kind benefits, whether earned or unearned, received by or available to an individual and not established as property under part 9050.0700, subpart 1, and any other income not otherwise defined as earned or unearned income.

[For text of subs 55 to 57, see M.R.]

Subp. 58. **Individual care plan.** “Individual care plan” means a written plan developed for implementing and coordinating a resident’s care and treatment that is developed and maintained by the multidisciplinary staff on the basis of assessment results for each resident. The purpose of the individual care plan is to integrate care, identify and meet the service and care needs of the resident, set treatment goals and objectives, identify outcomes or resolution of treatment for the resident, and identify responsibilities of the multidisciplinary staff for the resident’s care and treatment.

Subp. 58a. **Initial admission.** “Initial admission” means the first time an individual is admitted for residency at any of the Minnesota veterans homes (MVH) facilities for services such as skilled care or domiciliary care. If a resident is admitted to a MVH facility within one calendar year of being discharged from the same or another MVH facility, the admission to the first facility is the resident’s “initial admission” for the purposes of residency at both facilities.

[For text of subs 59 to 61, see M.R.]

Subp. 62. **Level of care.** “Level of care” means the licensure level of the board-operated facility in which a person resident lives or the case mix classification assigned to the person under parts 9549.0058, subpart 2, and 9549.0059 and is assigned an appropriate bed through the use of a patient classification system.

[For text of subs 63 to 79, see M.R.]

Subp. 80. **Multidisciplinary staff.** “Multidisciplinary staff” means the health care professionals and mental health practitioners ~~or~~ and mental health professionals employed by or under contract to the board to provide clinical and evaluative services in the treatment of conditions of the residents.

[For text of subs 81 to 87, see M.R.]

Subp. 88a. **Patient.** “Patient” means a resident.

[For text of subs 89 and 90, see M.R.]

Subp. 90a. **Personal needs.** “Personal needs” means items upon which the resident, spouse, or dependent child makes a personal choice about whether or not to spend money.

[For text of subs 91 to 98, see M.R.]

Subp. 100. **Reporting year.** “Reporting year” means the period from ~~April 1 to~~ March 31 to the last day of February immediately preceding the rate year, for which the nursing home or boarding care home calculates its costs, and which is the basis for the determination of the cost of care for the following rate year.

[For text of subp 101, see M.R.]

Subp. 102. **Reserved bed.** “Reserved bed” ~~has the meaning given it in part 9050.0150, subpart 6~~ means a bed that has been held at the request of an applicant approved for admission, prior to admission to a facility under part 9050.0055, subpart 4.

[For text of subs 103 to 106, see M.R.]

Subp. 106a. **Spousal allowance.** “Spousal allowance” means the amount necessary to meet the basic needs of the dependent spouse or household that is deducted from the resident’s gross monthly income.

[For text of subs 107 to 112, see M.R.]

Subp. 113. **Unearned income.** “Unearned income” means any form of gross income that does not meet the definition of earned income. Unearned income includes an annuity, retirement, pension, or disability benefit, including veteran’s or worker’s compensation, social security disability, railroad retirement benefits, ~~or~~ unemployment compensation, or black lung payments; benefits under a federally funded or state-funded categorical assistance program including supplemental security income, or other assistance programs, tort settlement payments, court-mandated payments, inheritance amounts, gifts, rents, dividends, interest and royalties, support and maintenance payments, pension payments, return on capital investment, insurance payments or settlements, severance payments, employment benefits, and rewards for past employment; and educational grants, deferred payment loans, and scholarships. Unearned income must be calculated according to part 9050.0710, subpart 5.

[For text of subs 114 and 115, see M.R.]

Subp. 115a. **Utilization review committee.** “Utilization review committee” means the committee appointed by the administrator to conduct utilization reviews.

[For text of subps 116 to 120, see M.R.]

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.

Subp. 1a. **Preadmission screening.** The ~~social services~~ staff of the board-operated facility shall 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 these requirements 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.** Prior to admission, the ~~social services~~ staff shall obtain the following information from about an applicant. Any deviation from these procedures must be approved by the administrator. If the procedures are deviated from, the administrator must obtain information that is equivalent to the following items:

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

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~~

F. Bureau of Criminal Apprehension reports or criminal background information or reports, as appropriate; ~~and~~

G. basic financial information on the applicant and the applicant's spouse and dependents. The data is limited to the information requested on the Minnesota veterans homes admission application. The financial information must not be used to determine eligibility for admission to the facility.

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.

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

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 currently 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~~ or who have not yet met the established criteria for admission.

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~~ the application form. As part of the preadmission screening, the applicant's indicated preference for the waiting lists must be reviewed and amended if appropriate. 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 form is 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~~ patient classification system and level of care needs as determined by the admissions committee. A person offered admission has 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 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.

A bed must be held without charge for an approved applicant for up to three working days from the date of acceptance of the offer of admission. The bed may be held open for an additional period of time at the discretion of the administrator. A bed held under this subpart is a reserved bed.

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

Subp. 6. **Initial financial status review.** The facility financial staff shall evaluate the financial status of a person who has either been approved for admission or who is anticipated to be within 60 days of reaching the top of the waiting list. The purpose of the initial financial status review is to determine the person's ability to pay toward the cost of care and to calculate the person's maintenance charge. The financial status review must be conducted according to parts 9050.0800 to 9050.0900. The maintenance charge calculation must be according to part 9050.0560.

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.

A. The person must have or be assigned ~~a case mix classification of A, B, D, or E under the case mix system established by parts 9549.0058, subpart 2, and 9549.0059 and Minnesota Statutes, section 144.072~~ to an appropriate bed through the use of a patient classification system.

[For text of items B to 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.

A. The person must have or be assigned ~~a case mix classification of A to K under the case mix system established by parts 9549.0058, subpart 2, and 9549.0059 and Minnesota Statutes, section 144.072~~ to an appropriate bed through a patient classification system.

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

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 F, see M.R.]

G. the resident or resident's legal representative:

(1) falsifies or ~~fraudulently~~ improperly represents information on income disclosure and verification forms required in parts 9050.0800 to 9050.0900;

(2) refuses to provide information or releases; or

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

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

Subp. 5. **Contents of notice.** The notice must:

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

D. state that the resident has the right to appeal the discharge and a description of the appeal procedures.

If the involuntary discharge is immediate, the resident must be provided with a written notice of discharge and information regarding how to appeal the discharge. Any reconsideration hearing may be conducted via telephone if the resident requests it or the parties mutually decide it would be advisable. If a telephone reconsideration hearing is held, the parties must document the resident's consent for the telephone hearing and why the hearing was held via the telephone.

If the resident is to be discharged under subpart 3, item F, a notice of involuntary discharge must be sent to the resident's address, if it is known, or to the resident's last known address and to the address of a person listed by the resident as the person to be contacted during an emergency. The notice of discharge must be signed by the administrator or administrator's designee and sent by certified mail within a reasonable amount of time, following the determination that the resident is absent without notice.

Subp. 6. [See repealer.]

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

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

Subp. 2. **Initial Notice, review of recommendation.** An ~~initial~~ notice for involuntary discharge must be issued by the administrator of the board-operated facility or administrator's designee if, after review of the recommendations and documentation from the utilization review committee or finance department, the administrator agrees with the recommendations.

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. The resident may waive the reconsideration hearing and the resident may proceed directly to an appeal. The appeal must be made in writing within ten days of receipt of the notice of involuntary discharge. Any such appeal must otherwise follow the procedures in subpart 6.

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

Subp. 5. **Administrator's decision and preliminary order.** The administrator, within 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~~ an administrator's order supporting or reversing the ~~initial~~ involuntary discharge notice and state the reasons for the involuntary discharge.

Subp. 6. **Appeals process.** A resident or the resident's legal representative may appeal ~~a preliminary~~ an administrator's discharge or transfer order. A resident or the resident's legal representative has ~~30~~ ten working days after issuance of the ~~preliminary~~ administrator's discharge or transfer order to request an administrative appeal.

If a resident is voluntarily or involuntarily discharged from a facility while an appeal is pending and fails to notify the administrator in writing as to whether or not the appeal is to continue, the steps in items A to D must be taken.

A. The appeal must be placed on hold.

B. The administrator shall send the resident a written notice via certified mail to the resident's forwarding address informing the resident that if no written response is received within 30 days of the date of the letter, the appeal must be dismissed. If the resident wishes the appeal to proceed, the resident must notify the administrator in writing.

C. If the resident has left no forwarding address, the facility shall document its good faith efforts to attempt to locate the resident.

D. If the resident fails to respond to the certified letter or cannot be located despite good faith efforts, the appeal must be dismissed 30 days after the certified letter has been sent or the location efforts were commenced. If the resident notifies the facility of a desire to continue with the appeal, the appeal hearing must be scheduled as soon as feasible for all parties.

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 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 executive director of the Veterans Homes Board following the Office of Administrative Hearings' review remains in effect pending 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 executive director of the Veterans Homes Board following review of the ~~preliminary~~ administrator's discharge order under *Minnesota Statutes*, chapter 14, or the discharge order issued by the administrator of a board-operated facility if no review was requested. A final discharge order is the final agency 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 decision, the administrator may seek enforcement of the final discharge order by applying to the district court for an order enforcing the ~~administrative discharge~~ 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.]

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Subp. 2. **Composition.** The utilization review committee consists of ~~two physicians~~ one physician and at least one of each of the following 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 dietitian. The administrator or the administrator's designee, one other committee member, and at least ~~two physicians~~ one physician must be in attendance to hold a meeting and to take action.

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

9050.0500 COST OF CARE; BASIS FOR MAINTENANCE CHARGE; BILLING.

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

Subp. 3. **Method of calculating average daily per resident cost of care.** The cost of care for a nursing home or boarding care home must be calculated as follows:

- A. total the direct costs for a particular campus or board-operated facility for a reporting year;
- B. divide item A by ~~365~~ the number of days in the reporting year;

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

- E. divide item D by ~~365~~ the number of days in the reporting year;

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

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

9050.0550 MAINTENANCE CHARGE; RESOURCES CONSIDERED.

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

Subp. 4. **Chargeable income.** The applicant's or resident's chargeable income is the income remaining after deductions from gross income have been made according to part 9050.0720 and after deductions from net income have been made according to part 9050.0755. The applicant's or resident's entire chargeable income must be considered available to pay the cost of care. If an applicant or resident qualifies for governmental benefits or reimbursements or other benefits, the benefits must be included as income in determining the maintenance charge payable by or on behalf of a resident, unless an assignment of benefits naming the board-operated facility as representative payee has been executed in favor of the board-operated facility. Residents not paying the maximum maintenance fee who receive retroactive increases in income must have their maintenance fee recalculated and the part of the increase owed to the home must be paid. The maintenance fee must be recalculated for the period of the resident's stay that coincides with the period for retroactive payment of income to the resident. If the applicant or resident has applied for government benefits and is awarded a retroactive lump sum amount after admission to a facility, but the retroactive lump sum is not received by the resident prior to death or discharge, the maintenance charge must be recalculated for the period of the resident's stay that coincides with the period for retroactive payment of income to the resident.

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

9050.0560 MAINTENANCE CHARGE DETERMINATION; TIME AND CALCULATION METHOD.

Subpart 1. **Time of determination.** The amount of the maintenance charge must be determined if:

- A. a person is admitted to a board-operated facility and at least annually after admission;
- B. there is a substantial change in the applicant's or resident's financial status or the financial status of the spouse of the applicant or resident;
- C. a change in the applicant's or resident's living status requires recalculation of the benefits provided by the United States Department of Veterans Affairs or other source;
- D. the resident is transferred from one level of care to another for 30 days or more; and
- E. the resident is being discharged.

For purposes of the subpart, "substantial change" in financial status means a change that increases the person's net worth above the \$3,000 limit or a plus or minus ten percent change in the person's total monthly expenses or income. An expense that would constitute a substantial change includes a major vehicle expense, major medical or dental expenses not covered by insurance, major home repair not covered by homeowner's insurance, or major appliance failure that requires repair or replacement. A substantial change must be reported to the facility financial officer ten days after the applicant or resident, legal representative, or spouse of the applicant or resident learns of the change. The administrator shall make the final determination of whether the change is a substantial change.

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

9050.0600 PROPERTY LIMITATIONS.

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

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Subp. 2. **Real property limitations.** Real property owned by an applicant or resident must be excluded from consideration as an available resource, subject to the limitations in items A and B.

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

E. Real property that is not salable must be excluded. If the property is an asset that must be liquidated for the resident or applicant to meet the financial needs established by the maintenance charge calculations, the property must be sold within six months of the determination of financial need or within six months of the date of initial admission, whichever is later, unless the property is not salable. For purposes of this item, “not salable” means:

(1) ~~two sources~~ neutral licensed professionals agree that the property is not salable due to a specified condition; if the non-salable condition is due to an action taken by the applicant or resident within the 12 months prior to the initial admission, there is a presumption that the action was an improper transfer pursuant to part 9050.0650, subpart 3, and is subject to the considerations listed in that subpart; or

(2) an actual good faith sale attempt was made at a price not more than an estimate of the highest current market value obtained within six months of application for admission or since the last determination of the maintenance charge, but no offer to purchase was received. The market value price estimate must be based upon the written estimates from two licensed real estate professionals. If a purchase offer of at least 90 percent of the lowest professional market value price estimate was received but was rejected by the seller, it is presumed that the failure to sell the property was due to an improper action on the part of the seller. The 90 percent of the lowest market price estimate must be the figure taken into account in determining the resident’s maintenance charge or the spousal allowance.

For purposes of subitems (1) and (2), the source of information must be from the same geographic area as the property and knowledgeable about the value of the type of property offered for sale. For purposes of subitem (2), “an actual sale attempt” means the individual has listed the property with a licensed real estate broker or salesperson or, if the property is offered for sale by the owner, the owner has affixed to the property a readable prominently posted, conspicuous sign that includes is readable from the road or driveway entrance. The sign must include in large, legible type a notice of the sale and the address or phone number of the owner and. The owner ~~has advertised~~ must prominently advertise the property for sale in the official newspaper of the county, the newspaper of largest circulation in the county, or the local shopper. The minimum period of an actual sale attempt is 90 consecutive days. If a property has been determined to be nonsalable, the owner of the property must offer it for sale again or establish it is still nonsalable within two years after the date of the last determination of nonsalability.

F. Other real property must be excluded if required by federal law, federal regulations, or state law.

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. The motor vehicle must be kept for the primary use of the resident, spouse, or dependent child. The person for whom the vehicle is intended must have a valid driver’s license. The administrator has discretionary authority to permit a waiver on the driver’s license requirement;

B. the value of a prepaid burial account, burial plan, burial contract, or burial trust up to ~~\$5,000~~ an amount set by the board or the entire amount of an investment made prior to the date of initial admission, whichever is greater; The board shall establish and annually review the items categorized under “burial account,” “burial plan,” “burial contract,” and “burial trust” and establish maximum value allowance limits on those items;

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

E. the value of personal property needed to produce income for a business or farm, including tools, implements, farm animals and inventory, or capital and operating assets of a trade or business necessary to income production, and if the property is sold, the proceeds must be treated as lump sum payments; and

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

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

9050.0650 TRANSFERS OF PROPERTY.

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

Subp. 3. **Fraudulent Improper transfers.** A transfer or sale of property for less than market value within 12 months before admission or during the resident’s stay in a board-operated facility, unless permitted under subpart 2, is presumed to be for the purpose of establishing or maintaining eligibility for admission to or continued residence in a board-operated facility or to avoid payment of the maintenance charge, unless the person furnishes convincing evidence to show that the transfer was for another purpose. Convincing evidence must include evidence that the person had no health or economic reasons to believe that nursing home or boarding care would be needed. Upon discovery of an improper transfer, a retroactive adjustment must be made in the maintenance charge assessed to the resident. If the property that was improperly transferred was in the resident’s name, the maintenance charge must be increased to the full cost of care until the facility has been paid the value of the property that was improperly transferred in addition to the maintenance charge that would have otherwise been received. If the property that was improperly transferred was in the spouse’s name only,

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the spousal allowance must be eliminated for the number of months which, when multiplied by the amount of the spousal allowance that would have been granted but for the improper transfer, equals the value of the property that was improperly transferred.

If a resident's maintenance charge or a spousal allowance is adjusted because of a transfer for less than fair market value, the resident, spouse, dependent, or their legal representative may request from the administrator a waiver if the adjusted maintenance charge or spousal allowance will cause undue hardship resulting in an imminent threat to the individual's health or well-being. In evaluating a request for a waiver, the administrator shall take into account whether the individual was the victim of financial exploitation, whether the individual has made reasonable efforts to recover the transferred property or resource, and other factors relevant to a determination of hardship. If the administrator does not approve a waiver, the administrator shall issue a written notice to the individual stating the reasons for the denial and the process for appealing the decision. The decision may be appealed to the executive director of the board. An appeal to the executive director must be handled in the same manner as a hearing under part 9050.0580.

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

9050.0710 CALCULATION OF GROSS INCOME.

Subpart 1. Items included. The facility financial staff shall calculate gross income by adding together the amounts of income from sources in subparts 4 ~~1a~~ to 6 plus any income defined in part 9050.0040, subpart 54, that is not otherwise included in the calculations.

~~Subpart 1. Subp. 1a. Earned income.~~ Earned income is treated according to items A to C.

A. Sick leave and vacation payments for earned or accrued leave time are earned income.

B. Earned income received by persons employed on a contractual basis must be prorated over the period covered by the contract even when the payments are received over a lesser period of time.

C. The earned income tax credit, whether received from an employer or from the federal government, is earned income. An applicant or resident or spouse of an applicant or resident who is eligible for the earned income tax credit is required to apply for it. An applicant or resident may choose to apply for the credit either when the applicant or resident files an income tax return for the year in which the applicant or resident was eligible or in advance through the applicant's or resident's employer. A tax refund received due to earnings from a work therapy program must not be considered a means of support.

[For text of subs 2 to 4, see M.R.]

Subp. 5. **Unearned income.** Unearned income is treated according to items A and B.

A. An amount must be deducted for costs necessary to secure payments of unearned income. These costs include legal fees, medical fees, and mandatory deductions such as federal and state income taxes.

B. Payments for illness or disability, except those payments described as earned income in ~~part 9050.0710~~, subpart 4 ~~1a~~, item A, must be considered unearned income whether the premium payments are made wholly or in part by an employer or by an applicant or resident.

~~Subp. 6. Lump sums. Lump sums received by or on behalf of an applicant or resident must be considered earned income under subparts 1 to 4 or unearned income according to subpart 5. A lump sum is considered income in the month received and property if retained beyond the month of receipt, an asset immediately upon receipt unless it is a contractual payment or retroactive payment of benefits. Rebates of federal taxes and state taxes are not considered a means of support.~~

9050.0720 CALCULATION OF NET INCOME; ~~DEDUCTION FOR EXPENSES~~ EXCLUSIONS FROM INCOME.

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

Subp. 2. ~~Deduction for expenses~~ **Exclusions from income of applicant or resident.** The facility financial staff shall deduct the expenses in this part and parts 9050.0730 and 9050.0740 from gross income to determine net income. Deductible items include:

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

G. health and dental insurance premiums, whether mandatory or voluntary, and supplemental health care premiums for the resident or applicant if cost effective;

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

O. payment of documented ~~debts~~ medical expenses not related to long-term care, incurred prior to the person's admission to the board-operated facility, for which the person is legally responsible. For the purposes of this item, long-term care expense or debt includes expenses incurred for nursing homes, hospice care, home health care, foster care, adult day care, or similar nonacute care, that were incurred more than 30 days prior to the resident's admission;

P. educational expenses actually paid by the person that are not covered by United States Department of Veterans Affairs educational expense benefits or other government or private scholarships, loans, or grants if there is demonstrated progress by the person towards completion of an educational program as part of the person's individual care plan. If there is a dispute over whether or not an item is an educational expense, the administrator may issue a final determination of the issue;

Q. guardianship or conservatorship fees to the extent allowed by Minnesota law or by court order; and

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R. ~~hospital and medical insurance premiums and supplemental health care premiums for the resident or applicant, if cost effective; and~~

~~S. cost of transportation related to employment. For the person who uses public transportation or takes part in a car pool, the facility financial staff shall deduct the fare or fee the person actually pays. For the person who uses a private motor vehicle, the facility financial staff shall deduct the amount per mile allowed on the most recent federal income tax return for actual miles driven for business purposes.~~

9050.0750 DEDUCTION FOR VOLUNTARY SUPPORT OF DEPENDENT SPOUSE OR HOUSEHOLD.

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

Subp. 1a. Eligibility of dependent spouse for spousal allowance. A spouse being considered for a maintenance allowance must disclose any asset, income, or expense information that is requested at the time of application or admission, at the time the maintenance allowance is requested, or at any subsequent time the maintenance is adjusted.

Subp. 1b. Board authority to establish, review, and revise spousal allowance basic needs and personal needs expenditures. The board shall establish and annually review the items categorized under “basic needs” and “personal needs” and maximum allowance limits on categories of expenses covered within those definitions. The board shall revise the maximum allowances as necessary to reflect a reasonable sum for the average person. If the board does not take action to review the allowance, the allowance must be adjusted by multiplying it by the percentage of change of the Consumer Price Index (CPI) on the first day of each calendar year. The initial recommendations presented to the board by the executive director must be based upon a review of the actual allowances currently being used at each home, data from the Bureau of Labor Statistics, or a combination of the two. Future recommendations must be based upon the current allowances, requests for increased allowances that have been received by the homes, and data from the Bureau of Labor Statistics.

If a spouse believes that an allowance as based upon the maximum allowance limits is insufficient to meet the spouse’s needs, the spouse or a legal representative may submit a written request to the administrator for a waiver. If the administrator determines, based upon the facts presented in the request, that a waiver is appropriate, the reasons for granting or denying the waiver must be put in writing and delivered to the spouse or the legal representative. If the waiver is granted, the administrator shall indicate the amount of the revised spousal allowance and the duration of the waiver. No waiver may be granted for more than one calendar year. A spouse may apply for an additional waiver upon the expiration of an existing waiver.

Subp. 1c. Spousal benefit applications. If a spouse or dependent wishes to obtain spousal allowance payments, the spouse, dependent, or legal representative must apply for the maximum of every benefit for which the spouse or dependent may be eligible that will increase the income of the spouse or dependent. The benefit must be applied for only if the spouse or dependent is eligible to receive the full amount of the benefit, without penalty for making the claim or withdrawal at that time. The board-operated facility staff shall provide a spouse, dependent, or legal representative information about possible available benefits or programs of assistance and shall assist in applying for those benefits.

Subp. 2. **Determination of spouse’s or dependent’s monthly expenses.** 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:

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

(2) costs of supporting a dependent child or children residing with the spouse. Allowances for education of the child beyond high school or the equivalent of high school must not be considered. Student loans must not be considered as an allowance expense. If there is a dispute over whether or not an item is an education expense, the administrator has the authority to issue a final determination on the issue;

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

(5) home maintenance and repair costs in a reasonable amount. Allowances are provided for home maintenance to keep the homestead presentable and in good working order. Allowances are not provided for improvements such as adding space or remodeling, except as necessary for handicapped access for the spouse or dependent;

[For text of subitems (6) to (10), see M.R.]

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

E. medical insurance for the spouse and the applicant’s or resident’s dependent child or children residing with the spouse and long-term care insurance premiums for the spouse if the policy was purchased at least 12 months before the resident’s initial admission date;

F. medical expense payments, except for expenses related to long-term care treatment. For the purposes of this item, long-term care expense includes expenses incurred for nursing homes, hospice care, home health care, foster care, adult day care, or similar

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nonacute care;

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

H. payments for documented consumer debts incurred before the resident's admission to a board-operated facility for which the spouse is legally responsible. The payments may be limited to the minimum monthly payment due; and

I. support payments actually paid by the spouse to a former spouse or dependents who do not reside with 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:

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

D. the value of personal property used to produce business or farm 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 purchased prior to the date of initial admission for residency;

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; and

I. savings accounts or other monetary investment instruments that are income producing.

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.

Available resources must be calculated to include assets belonging to the spouse as of 12 months before the date of admission. Asset transfers to the applicant are permissible. Any action by a spouse within the 12 months before the initial admission for residency that defers income from an asset, limits the liquid value of an asset, or makes an asset unusable is presumed to be improper. If property or resources have been improperly transferred, the spousal allowance will be adjusted in accordance with part 9050.0650, subpart 3b. Any asset transfer or sales after the date of initial admission by a spouse to anyone other than the resident is an improper transfer and part 9050.0650, subpart 3b applies, unless the proceeds of the transfer or sale are used by the spouse or dependent for normal living expenses.

If a maintenance charge or a spousal allowance is adjusted because of an improper transfer, the resident, spouse, or dependent or their legal representative may request from the administrator a waiver if the adjusted maintenance charge or spousal allowance will cause undue hardship resulting in an imminent threat to the individual's health and well-being. In evaluating a waiver, the administrator shall take into account whether the individual was a victim of financial exploitation, whether the individual has made reasonable efforts to recover the transferred property or resource, and other factors relevant to a determination of hardship. If the administrator does not approve a waiver, the administrator shall issue a written notice to the individual stating the reasons for the denial and the process for appealing the decision. The decision may be appealed to the executive director. An appeal to the executive director must be handled in the same manner as a hearing under part 9050.0580.

Subp. 3. **Calculation of amount of deduction.** The facility financial staff shall calculate the amount to be deducted from the applicant's or resident's monthly income for support of a dependent spouse or household as follows:

A. calculate the spouse's gross monthly income using the method for calculation of the applicant's or resident's gross income in part 9050.0710; then subtract the following deductible items:

(1) state and federal income tax payments and withholdings consistent with the number of allowable exemptions;

(2) FICA payments;

(3) mandatory retirement fund payments;

(4) voluntary retirement fund payments. The payment amounts must not exceed the average of the monthly sums paid by the spouse during the 12 to 24 months prior to the resident's initial admission;

(5) actual reasonable unreimbursed expenses of child care necessary to earn an income and paid to anyone other than a parent of the child;

(6) union dues;

(7) professional association dues if they are required to obtain or retain employment;

(8) cost of uniforms, tools, and equipment used on the job that are required to retain a job but are not furnished by the employer;

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(9) public liability insurance premiums if they are required by the employer when an automobile is used in employment and the premiums are not paid by the employer; and

(10) Medicare insurance payments;

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

9050.0800 FINANCIAL INFORMATION AND INTERVIEW.

Subpart 1. **General conduct.** An applicant or resident must be present at an interview held to determine the applicant's or resident's ability to pay or to obtain financial information from the applicant or resident ~~unless the applicant's or resident's presence is medically contraindicated by the attending physician of the applicant or resident. If the applicant's or resident's participation in the interview is medically contraindicated.~~ If the applicant or resident is unable to participate in the meeting, the person's legal representative or the secondary source of information in part 9050.0810, subpart 2, must be present. The signed statement of the applicant's or resident's attending physician that attests to the medical contraindication If the legal representative or secondary source of information attends the meeting instead of the applicant or resident, the reason that the resident or applicant was not personally present must be placed in the applicant's or resident's financial information file.

Subp. 1a. Disclosure of all assets, property, and income. Prior to admission and whenever the resident's maintenance charge or the spousal allowance is recalculated, the applicant or resident, spouse and dependent, if any, shall disclose all of their assets, property, and income and any change in the known valuation of those items.

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 facility financial staff shall provide the following information to the applicant or resident, spouse or dependent as applicable:

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

B. inform the person that the requested information will be used to determine ability to pay and to calculate the resident's maintenance charge or the spousal allowance;

C. inform the person that financial information obtained from or about the applicant or resident, spouse or dependent may not be released without the ~~applicant's or resident's~~ person's written consent, except pursuant to *Minnesota Statutes*, chapter 13, to specific state and federal agencies including the Minnesota Department of Veterans Affairs, Legislative Auditor, and United States Department of Veterans Affairs;

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

E. inform the person that failure to supply the requested information must result in a determination that the person is able to pay the full cost of care and that if a person supplies false information the resident may be subject to discharge or the spousal allowance may be subject to a decrease or elimination;

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

9050.0820 VERIFICATION OF FINANCIAL INFORMATION.

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

Subp. 3. **Time of verification.** The facility financial staff must request verification of the required information no earlier than 60 days before the applicant is anticipated to reach the top of the waiting list, if one exists or admission if no waiting list exists and no later than 30 days ~~from~~ following the date of admission or date of financial status review or other review of financial status as provided in part 9050.0560, subpart 1.

9050.0900 AUTHORIZATION FORMS.

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

Subp. 3. **Refusal to sign authorization forms; consequences.** The applicant or resident, applicant's or resident's legal representative, or spouse must complete the following tasks within 30 days of the financial interview or other authorized request. Failure to complete and sign authorization forms on or by the day of admission must result in the resident being refused admission to the facility:

- A. complete and sign a financial information or authorization form;
- B. apply for insurance or other benefits for which an applicant, resident, or spouse of an applicant or resident may be eligible;
- C. complete assignment of benefits forms required by third-party payers;
- D. sign authorizations for release of medical records; and
- E. provide verification of information given on financial disclosure forms.

Providing false information relating to items A to E results in disqualification of an application for admission or in discharge of a resident under part 9050.0200, subpart 3, item E. The maintenance charge must be redetermined or the application for admission must be reinstated or the discharge proceeding discontinued if the applicant, resident, or spouse takes the required action.

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9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

[For text of subps 1 to 18, see M.R.]

Subp. 19. **Resident vehicles.** Nonskilled care residents may keep one passenger vehicle, motorcycle, or motorized bicycle on the grounds of the board-operated facility in which the resident resides. "Passenger vehicle" means a passenger automobile as defined in *Minnesota Statutes*, section 168.011, subdivision 7; a pickup truck as defined in *Minnesota Statutes*, section 168.011, subdivision 29; or a van as defined in *Minnesota Statutes*, section 168.011, subdivision 28. "Motorcycle" has the meaning given in *Minnesota Statutes*, section 168.011, subdivision 26. "Motorized bicycle" has the meaning given in *Minnesota Statutes*, section 168.011, subdivision 27.

A resident who wants to maintain a vehicle on the grounds of the facility shall register the make, model, color, year, and license number of the vehicle with the transportation service of the facility. The resident shall comply with applicable state statutes, including *Minnesota Statutes*, chapter 169, regarding payment of taxes, registration of vehicles, and safety standards; *Minnesota Statutes*, chapter 171, regarding operators' licenses and driving privileges; *Minnesota Statutes*, chapter 65B, regarding insurance coverage; and relevant rules.

Resident vehicles must be parked in designated parking areas with properly displayed facility identification decals.

A resident vehicle that is an abandoned vehicle as defined in *Minnesota Statutes*, section 168B.02, subdivision 2, must be handled in a manner consistent with *Minnesota Statutes*, chapter 168B.

[For text of subps 20 and 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 E.

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

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 of \$100 or more must not draw be credited with interest directly to residents earned from the investment of resident accounts. Interest must be credited to each resident's account on a quarterly basis. The board is not required to pay interest on any resident accounts of less than \$100. If the board does not pay interest on a resident account of less than \$100, 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 may not draw interest directly to the resident, if the account balance is less than \$100.

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.

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

[For text of subps 23 to 36, see M.R.]

Subp. 37. **Contraband.** A resident may not possess contraband items at the facility campus. Contraband includes all illegal articles, firearms, weapons, ammunition, alcoholic beverages, nonprescribed prescription drugs, including narcotics and controlled substances.

Contraband is subject to seizure according to *Minnesota Statutes*, section 198.33, and must be disposed of according to applicable laws. A receipt must be given to the resident and the information must be documented in the resident's chart. No weapons are allowed in a facility vehicle or at a facility campus except for peace officers carrying firearms, other dangerous weapons, and explosives or blasting agents in the conduct of their official duties. The sole exception is for weapons used for official ceremonial purposes, as approved by the administrator.

[For text of subps 38 and 39, see M.R.]

REPEALER. *Minnesota Rules*, parts 9050.0150, subpart 6; and 9050.0200, subpart 6, are repealed.

EFFECTIVE DATE. The amendments to *Minnesota Rules*, part 9050.0600, subpart 3, item A, are effective for residents admitted to a Veterans Homes Board facility after the effective date of those amendments. The amendments to *Minnesota Rules*, part 9050.0600, subpart 3, item B, are effective for each resident's next annual maintenance charge review following the effective date of those amendments. The amendments to *Minnesota Rules*, part 9050.0720, subpart 2, item O, are effective for residents admitted to a Veterans Homes Board facility after the effective date of those amendments. The amendments to *Minnesota Rules*, part 9050.0750, subpart 2b, are effective one year from the effective date of *Minnesota Rules*, part 9050.0750, subpart 1a. The amendments to *Minnesota Rules*, part 9050.1070, subpart 19, are effective for residents admitted to a Veterans Homes Board facility after the effective date of those amendments.

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

Minnesota Agricultural and Economic Development Board

Notice of Public Hearing on the Proposed Project and the Issuance of Bonds Under Minnesota Statutes 1986, Chapter 116M and Minnesota Statutes, Chapter 41A

NOTICE IS HEREBY GIVEN that the Minnesota Agricultural and Economic Development Board (the "Board") or its designated representative, shall meet on January 14, 2004, at 9:00 a.m., at 500 Metro Square, 121 7th Place East, Saint Paul, Minnesota, for the purpose of conducting a public hearing on a proposed issue of bonds (the "Bonds") and the provision of other financial assistance under *Minnesota Statutes* 1986, Chapter 116M, and *Minnesota Statutes*, Chapter 41A, as amended (the "ACT"), to undertake and finance a project on behalf of Minnesota Beef Industries, Inc., a Minnesota corporation (the "Applicant"). Such persons as desire to be heard with reference to said issue of Bonds will be heard at this public hearing.

The project to be financed consists of the acquisition, construction and equipping of a new manufacturing plant to be used primarily for the slaughter, packaging, processing and fabrication of beef and related office facilities located at 53050 U.S. Highway 212 in the City of Buffalo Lake, Minnesota (the "Project"). The initial owner and operator of the Project will be the Applicant or a related entity. The estimated amount of the Board's proposed Bond issue is an amount not to exceed \$4,000,000. The Bonds shall be limited obligations of the Board, the Bonds and the interest thereon shall be payable solely from the revenue pledged to the payment thereof, and a mortgage or security interest or other security arrangements to be established by or on behalf of the Applicant. In addition, the Bonds and the Project may be subsequently considered by the Board for financial assistance to be provided by the Economic Development Fund created and established under *Minnesota Statutes* 1986, Chapter 116M or other financial or special assistance from the Board. Notwithstanding the foregoing, no holders of any such Bonds shall ever have the right to compel any exercise of the taxing powers of the State of Minnesota or any political subdivision thereof to pay the Bonds or the interest thereon nor to enforce payment against any property of said State or said political subdivision.

A copy of the Application to the Board for approval of the Project, together with all attachments and exhibits thereto and a copy of the Board's resolution accepting the Application and accepting the Project is available for public inspection at the offices of the Board at 500 Metro Square, 121 7th Place East, Saint Paul, Minnesota from the date of this notice to the date of the public hearing hereinabove identified, during normal business hours.

By the Order of the Members of the
Minnesota Agricultural and
Economic Development Board
Paul Moe
Executive Director
Minnesota Agricultural and
Economic Development Board

Department of Agriculture

Rural Finance Authority

Notice of Meeting Schedule, Meeting via Conference Call

Future monthly meetings of the Rural Finance Authority Board are scheduled for 1:00 P.M. at 90 West Plato Blvd. on the following dates in 2004: January 7, February 4; March 3; April 7; May 5; June 2; July 7; August 4; September 1; October 6; November 3; December 1.

Some Members may participate in certain of these meetings by electronic means. In accordance with *Minnesota Statutes* Sec. 471.705 (1997), the Agency, to the extent practicable, will allow a person to monitor those certain meetings electronically from a remote location. If such monitoring shall occur, the Agency may require the person making such a connection to pay for documented marginal costs that the Agency incurs as a result of the additional connection. For additional information, contact Wayne Marzolf, MN Dept. of Agriculture, 90 W. Plato Blvd., St. Paul, MN 55107 or call (651) 296-1748.

Wayne W. Marzolf
Interim Director

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Emergency Medical Services Regulatory Board

NOTICE OF COMPLETED APPLICATION: In the Matter of the License Application of the Paynesville Area Ambulance Service, Paynesville, Minnesota

PLEASE TAKE NOTICE that the Emergency Medical Services Regulatory Board (hereinafter EMSRB) has received a completed application from the **Paynesville Area Ambulance Service, Paynesville, Minnesota**, for a new license, part-time advanced ambulance.

NOTICE IS HEREBY GIVEN that, pursuant to *Minnesota Statutes* section 144E.11, subdivision 3, each municipality, county, community health board, governing body of a regional emergency medical services system, ambulance service and other person wishing to make recommendations concerning the disposition of the application, shall make written recommendations or comments opposing the application to the EMSRB within 30 days or by January 22, 2004, 4:30 p.m.

Written recommendations or comments opposing the application should be sent to: Mary Hedges, Executive Director, EMSRB, 2829 University Avenue S.E., Suite 310, Minneapolis, Minnesota 55414-3222.

If fewer than six comments opposing the application are received during the comment period, and the EMSRB approves the application, the applicant will be exempt from a contested case hearing, pursuant to *Minnesota Statutes* section 144E.11, subdivision 4. If six or more comments in opposition to the application are received during the comment period or the EMSRB denies the application, the applicant may immediately request a contested case hearing, or may try to resolve the objections of the public and/or the EMSRB within 30 days, pursuant to *Minnesota Statutes* section 144E.11, subdivision 5(a), (b). If the applicant is unable to resolve the objections within 30 days, or if the applicant initially requests a contested case hearing one will be scheduled and notice of the hearing given pursuant to *Minnesota Statutes* section 144E.11, subdivision 5(c), (e).

Dated: 3 December 2003

Mary F. Hedges, Executive Director

Department of Health

Drinking Water Protection

Public Notice of a Methodology for Designating Areas Sensitive to Class 5 Motor Vehicle Waste Disposal Wells

NOTICE IS HEREBY GIVEN that the Drinking Water Protection Section within the Minnesota Department of Health (MDH), in cooperation with the United States Environmental Protection Agency (EPA), is seeking comment regarding the proposed methodology for designating areas that are sensitive to Class 5 motor vehicle waste disposal wells. The EPA has primacy for implementing federal underground injection control regulations that relate to Class 5 wells in Minnesota. A subset of these, termed motor vehicle waste disposal wells, consists of disposal practices that inject automotive fluids directly into groundwater. The proposed methodology will help define areas of the state where motor vehicle waste disposal wells present an endangerment to underground sources of drinking water and are illegal under federal regulations.

The MDH and EPA are soliciting public comment regarding the proposed methodology prior to conducting a statewide analysis of sensitive areas during 2004. The two agencies are cooperating in this effort to address public health concerns over illegal motor vehicle waste disposal practices.

All comments for this proposed methodology must be submitted by 4:00 p.m., Central Time, January 21, 2004.

For a complete copy of the proposed methodology or to provide comment, please contact:

Bruce M. Olsen, Supervisor
Minnesota Department of Health
Source Water Protection Unit
121 East Seventh Place
P.O. Box 64975
St. Paul, MN 55164-0975
Telephone: (651) 215-0796
Fax: (651) 215-0775
E-mail: bruce.olsen@health.state.mn.us

To provide comment to the EPA, please contact:

Ross C. Micham
U.S. Environmental Protection Agency
Region 5 (WU-16J)
77 West Jackson Boulevard
Chicago, IL 60604
Telephone: (312) 886-4237
E-mail: micham.ross@epa.gov

John C. Taylor
U.S. Environmental Protection Agency
Region 5 (WU-16J)
77 West Jackson Boulevard
Chicago, IL 60604
Telephone: (312) 886-4299
E-mail: taylor.johnc@epa.gov

A complete copy may be accessed from the Drinking Water Protection Web Site at:

<http://www.health.state.mn.us/divs/eh/water/>

Department of Human Services

Request for Comment on Waiver Amendment

The Department of Human Services is submitting an amendment to its Medical Assistance Home and Community Based Services Waiver programs including; The Mental Retardation and Related Conditions (MR/RC) waiver; Elderly Waiver (EW); Community Alternatives for Disabled Individuals (CADI) waiver; Traumatic Brain Injury (TBI) waiver; and Community Alternative Care (CAC) Waiver. The waiver amendment revises the current Consumer Directed Community Supports (CDCS) service in the MR/RC waiver and adds CDCS as a service in the EW, CADI, TBI, and CAC waivers.

The Department of Human Services is requesting public comment on the waiver amendment. To access the waiver amendment and instructions for submitting comments go to <http://www.dhs.state.mn.us/Contcare/disability/default.htm>. Or if you need a paper copy sent or faxed to you, call Jolayne Lange at (651) 582-1904.

Department of Human Services

Health Care Administration

Request for Information for Implementation of Legislation to Integrate Long Term Care Services With Managed Care for Seniors

I. BACKGROUND AND PURPOSE OF REQUEST FOR INFORMATION (RFI)

Summary

The Minnesota Department of Human Services is seeking interested partners for implementation of legislation passed in 2003 that requires the integration of home and community based Elderly Waiver (EW) services and additional nursing facility (NF) services into the Prepaid Medical Assistance Program (PMAP).

The new legislation now provides that those seniors (age 65 and over) required to enroll in PMAP who are eligible for EW will receive their EW services through the managed care organization (MCO), increases the managed care liability for nursing home placements for community members under PMAP from 90 to 180 days, provides for a geographic phase in to be determined by the Commissioner, and allows DHS to change purchasing arrangements for PMAP for the senior population in order to tailor contract requirements and MCO specifically to seniors. See *Minnesota Statutes* section 256B.69, subdivisions 4(b), 5, 5a(a), 6a, 6b(c), and 8 (See attached). The new policy also assumes additional efficiencies in State Plan home care and EW services, and includes a discount to EW costs of 7%.

Through this RFI, DHS seeks to identify those MCOs and counties that are most interested in entering into partnership arrangements for implementation in order to begin the geographic phase in for this new policy. This RFI will be followed by a formal Request for Proposal (RFP) based on viable responses to this RFI. Additional RFPs will follow to accomplish statewide implementation as required. DHS intends to pursue several complementary approaches to implementation of this policy including:

- A. **Implementation by July 1, 2004, in current County Based Purchasing (CBP) areas via contract amendment.** This approach does not require response to this RFI or to subsequent RFPs. This approach, however, does require amendment of the State's section 1915(c) waiver and a new section 1915(b) waiver, as described more fully below.
- B. **Encouragement of County and MCO Partnerships (CMPs), particularly in areas of the State not already covered by arrangements listed in I.A and I.C.** DHS has received some suggestions that it might be possible for counties and PMAP plans to partner in new ways to address the policy issues underlying this legislation. For example, MCOs and counties might share risk for service provision, and/or enter into cooperative agreements around the design of networks and case

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management systems to ensure improved coordination of both State Plan and EW services and communication links to primary care providers and Medicare services. They might also involve community organizations specializing in working with senior populations. This RFI is specifically seeking innovative proposals for such partnerships between MCOs and counties. Collaboration on a regional basis is highly encouraged. Assuming viable responses to this RFI are received, DHS intends to issue an appropriate RFP tailored to these arrangements and will provide some technical assistance to those geographical areas.

- C. **Expansion of the Minnesota Senior Health Options (MSHO) program.** This program operates under a Medicare payment demonstration and already includes EW and 180 days of nursing home care as well as all Medicare benefits. A voluntary enrollment alternative for seniors in place of PMAP, MSHO currently serves about 5,400 seniors. Three MSHO plans (Medica, Metropolitan Health Plan and UCare Minnesota) currently participate in 10 counties: Anoka, Carver, Dakota, Hennepin, Mille Lacs, Ramsey, Scott, Sherburne, Washington, and Wright.

DHS has proposed to the Centers for Medicaid and Medicare (CMS) that MSHO be expanded to 10 additional counties: Benton, Chisago, Clay, Crow Wing, Isanti, Kandiyohi, Morrison, Ottertail, Stearns, and St. Louis. Expansion to additional counties requires CMS approval. A separate RFP will be issued for this expansion, therefore MSHO MCOs do not need to respond to this RFI.

- D. For those counties which are not already covered by County Based Purchasing arrangements or counties where MSHO is not **currently in operation** (items I. A and I.C above), and where no CMP responses of interest under I B above are received, DHS intends to issue an RFP for “re-purchasing managed care for seniors” including the additional long term care services required by the legislation. That RFP will seek those MCOs best qualified to serve seniors and will outline additional requirements for those plans tailored to senior needs. Timing of that RFP will be dependent on progress made under Sections I A., B. and C. above.

Background and History of Policy

The general concept of this legislation was originally proposed by DHS and passed in 1997 during the Carlson administration as a means to improve the efficiency of long term care services and to address the lack of coordination between acute and long term care that often results in nursing home placements and less than optimal management of chronic care conditions. For example, hospitals and physicians have incentives to discharge Medicaid eligible seniors to nursing homes quickly rather than taking the time needed to make more complex arrangements for home care services. If one entity had some risk for both kinds of services it could reduce incentives to place people in nursing homes. The legislation was repealed in 1998 at the department's request, due to both DHS and county administrative issues. However, in the meantime, the State has had success with a similar policy under the MSHO program, which has been in place for 7 years.

In 2003, the legislature initiated and passed similar legislation. The rationale used for raising the policy again includes the following:

- PMAP MCOs provide the State Plan home care services such as home health aide and personal care attendants (PCA) but counties arrange for the Elderly Waiver (EW) services. Frail seniors usually must use both sets of services. Coordination between counties and MCOs is not always consistent and the fiscal incentives for coordination are poor. Counties are not at risk and therefore may lack incentives for fiscal management of EW services. MCOs are at risk for State Plan home care services and therefore may have incentives to shift costs to EW. Providers used by the counties and the MCOs are not always the same, making it more difficult to coordinate home health and personal care services in the home. There is also overlap between State Plan services and EW services so that both sets of services substitute for each other, making it impossible to assign clear responsibilities to either party. This system results in additional costs, administrative inefficiencies and confusion for the consumer.
- Current case management systems have been largely based on a “social” model of care, and have not typically been designed to systematically address the medical needs of frail elderly that underlie and often exacerbate long-term care costs. However, seniors with chronic care needs have both long term care and medical needs. As the State faces cost challenges from the increased number of seniors with chronic care needs, it is critical to ensure that “social” long term care case management is better linked to the primary and acute care systems to address the entire spectrum of interrelated medical and long-term care needs of each individual. Case management is the second largest expenditure in EW and represents a significant and valuable resource. New models of case management that coordinate more closely with primary and acute care have been developed in Minnesota and in other states. Redesigning and purchasing case management that links long term care and medical services could improve cost effectiveness.
- There are few provisions specific to seniors in PMAP contracts. Some PMAP MCOs appear to be more effective than others in addressing and managing the needs of seniors. Purchasing for a managed care product designed for seniors provides the opportunity to refine requirements specific to their needs and improve management of their services.
- Other States, such as Wisconsin and Texas have implemented managed long term care programs that integrate State Plan

and EW services on a risk basis with some success. Arizona has had such a program in place for many years. Wisconsin and Texas are in the process of expanding their programs. The Wisconsin program is administered by certain counties while the Texas program uses MCOs, however CMS is requiring Wisconsin to open its bidding to MCOs in the next couple of years. Wisconsin reports being able to serve more people with the same money due to cost efficiencies in bringing State Plan and various home and community based waiver services together.

Waiver Authority

A major consideration in planning for MN is which federal waiver authority is used for implementation. Currently most seniors are required to enroll in managed care under PMAP's 1115 waiver. On average, approximately 40,000 of the State's 52,000 Medicaid eligible seniors are currently enrolled in PMAP each month. The PMAP waiver needs to be renewed by July 2005. There is concern that at the time of renewal CMS/OMB intends to place a budget neutrality ceiling on expenditures for all populations included in the waiver. (Currently expenditures for seniors under PMAP are not subject to a ceiling.) States are wary of such ceilings for populations that are highly subject to demographic growth, such as seniors.

There are other waiver options that allow mandatory enrollment of seniors including those dually eligible for both Medicare and Medicaid in managed care along with provision of a broad array of benefits similar to PMAP. The State is currently exploring switching seniors to a Section 1915(b) waiver which would continue to provide authority for seniors to enroll in managed care. Some states have in place a Sections 1915(b)(c) "combo" which simply means that their managed care waiver under Section 1915(b) has been structured to work with their Section 1915(c) waiver for home and community based services.

DHS expects to pursue this Section 1915(b)(c) arrangement to continue service to the Medicaid eligible population age 65 and over in managed care. It is expected that the new Section 1915(b) waiver will initially replace PMAP's Section 1115 waiver for seniors in CBP counties and will be expanded as the geographic implementation continues. It is expected that eventually the 1915(b) waiver will replace the 1115 waiver for seniors statewide. The current 1915(c) waiver will be amended as needed to integrate community-based services into these revised managed care options for seniors. DHS expects to have these waiver changes approved by CMS in time for the CBP county implementation in July 2004 or shortly thereafter.

In the meantime, Congressional action on a new drug benefit in Medicare could also substantially impact DHS purchasing strategies for senior services. Starting in 2006, dually eligible seniors will receive their drug coverage through various types of Medicare plans. As the Medicare market place evolves in response to the new coverage it may change the State's purchasing for Medicaid seniors, for example providing more opportunity for simplifying or integrating Medicare and Medicaid services through joint purchasing arrangements. These opportunities will be taken into consideration as implementation of managed long-term care for seniors proceeds.

II. PROJECT PARTNERS

Through this RFI, DHS seeks to identify those MCOs and counties that are most interested in creating partnerships (CMPS) for implementation of integration of the additional long term care services (EW and nursing facility (NF)) as required by the legislation.

ELIGIBLE PARTICIPANTS

Counties not covered currently by CBP or MSHO are eligible to respond to this RFI in partnership with MCOs. Licensed MCOs currently serving seniors under MSHO and PMAP as well as other licensed MCOs not currently participating are also eligible. Regional collaboration is highly encouraged. MCOs are not limited to their current PMAP service areas for seniors under this response, and may propose partnerships to serve additional or different counties.

REQUIRED PARTICIPANTS

Preferred Respondents: Joint responses from counties and MCOs interested in pursuing a CMP model for implementation in counties not included in County Based Purchasing (I.A.) or where MSHO plans are not currently operating (I.C.) will be given priority at this time. **For the time being, DHS will not proceed with an MCO-only model as described in Section I. D. of this RFI in geographic areas where joint responses are received.**

Other Respondents: DHS is also interested in innovative ideas from individual MCOs or counties for implementation of these new policies.

III. POPULATION SERVED

Medicaid eligible people age 65 and over who are already required to enroll in the Prepaid Medical Assistance Program (PMAP) will be served under this program. This includes seniors dually eligible for both Medicare and Medicaid and non dually eligible seniors in all settings and care levels (i.e. community, nursing home residents and Elderly Waiver recipients.) Those with waiver obligations who are currently enrolled or required to enroll in PMAP are included in this group. Those who are eligible only for Medicare cost sharing programs or other State programs such as Alternative Care and the State Prescription Drug Program but are NOT eligible for full Medicaid coverage are not included in this program. This RFI does not address any expansion of senior enrollment into managed care. While the legislation does give DHS the authority to enroll seniors with medical spend downs who have

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not been required to enroll in PMAP in the past, that provision will be implemented at a later date.

IV. REQUIRED PROGRAM ELEMENTS AND EXPECTATIONS

The following section outlines the expectations for required program elements that will be included in future RFPs and contract amendments for senior managed care under the new legislation. These expectations will be applicable to entities providing services under A., B., and D. above.

CARE MANAGEMENT SYSTEM

*Case Manager Requirements

Case managers must meet the requirements outlined in the EW waiver document. The contracting entity may contract for case management with clinics, community organizations care systems, utilize existing county case managers, or any combination of these.

*Care Management for Community Elderly Waiver Recipients

- Contracting entities will be required to provide EW case management per the Home and Community Based Waiver requirements.
- Each waiver recipient must be assigned a case manager to assist with EW and other health care services.
- Entities may jointly propose how EW case management will be provided, outlining in detail the roles of various entities (counties, MCOs, care systems or subcontractors) in the process.
- Models must include integration of both EW and State plan services under the same case manager.
- Models must provide for communication of HCBS care plans to primary care clinicians.
- Annual comprehensive face to face assessments and reassessments for all waiver eligibles must continue to be performed.
- There must be a regular schedule of case management contacts with each waiver eligible throughout the year based on both medical and long-term care needs according to a written and established triage protocol.
- There must be a system of communication of significant health events, ER use, hospital and NF admissions, between primary care and managed LTC.
- Care management must be provided to facilitate communication and services through transitions, i.e. through hospitalizations, discharges to home and nursing home placements, etc.
- Consumer and family involvement in care plans must be facilitated with client choices preserved as required under the waiver.
- The care management system must continue to facilitate and coordinate with informal supports, address preservation of community relationships.
- The care management system must provide caregiver supports and facilitation of caregiver respite to assist enrollees to remain at home.
- PCA Choice and the Consumer Directed Option under the waiver must be offered.
- Special cultural needs of enrollees must be identified, addressed and accommodated.

*Care Management for Community Well

- Risk screening for all community enrollees via phone, mail or face to face will be required within 60 days of enrollment and annually using an accepted screening tool. Follow-up mechanisms for those who don't respond must be included.
- The care management system must provide that a relationship with a primary care physician (PCP) is established and that an annual visit to the PCP occurs.
- There must be a system of communication of significant health events, ER use, hospital and NF admissions, between primary care and managed LTC.

*Care Management for Nursing Home Residents

The care management system must assist with transition during placement of enrollees in nursing homes, and discharges to community. When enrollees are placed by the contracting entity in the nursing home, the care management system checks back **periodically within the first 180 days of placement to determine whether discharge to the community is feasible. NF residents** ready to be discharged to the community with support services may be eligible for relocation case management under EW.

*Long Term Care Consultation (LTCC)

LTCC and OBRA screens for nursing home placements and for EW eligibility must be conducted as required, using the State's standardized LTCC tool and Screening Document (SD). No additional funding is provided for this function, however, counties do have existing funding for this function. MCOs and counties interested in CMP partnerships may be able to work out mutual arrangements to build on this current function.

In counties where there are no CMPs or MSHO plans, MCOs will be expected to provide this function.

Screening documents establishing waiver spans will continue to be required. Counties already submit these electronically. DHS is working on capacity for MCOs to submit screening documents electronically as well.

SERVICES

- All EW services must be provided under the new program. (See Attachment D).
- 180 days of nursing home services will be covered by the plans.
- State plan services as currently required under PMAP will continue to be included, including all state plan home care services such as PCA and home health aide, private duty nursing and skilled nurse visits.

NETWORKS

***Acute and Primary Care:** PMAP requirements will continue to apply. In addition the contracting entity should provide access to geriatric assessment when needed. Contracts with geriatric care systems encouraged where possible.

***EW HCBS:** The contracting entity must have capacity to cover all EW services. For more information about EW services, visit the DHS website at: <http://www.dhs.state.mn.us/Agingint/lrc/EWServPS.htm>. The contracting entity can use either an open network based on county waiver contracts along with care manager approval or may contract for a network. The contracting entity must provide assistance to small individual EW providers (“Mom and Pops”) for billing. To the extent possible the contracting entity must include current approved EW providers and should avoid disruption in services to existing eligibles. Provisions and accommodations must be made for those enrollees with special cultural needs.

***NF:** As under current PMAP/MSHO contracts the MCO can use an open network or may use a contracted network. Provisions and accommodations must be made for those enrollees with special cultural needs.

QUALITY ASSURANCE AND OVERSIGHT

*DHS is particularly interested in models that share oversight responsibilities between counties and MCOs. Seniors will be considered a special needs population for the purpose of contracting. There will be requirements for a senior-specific Performance Improvement Project. Implementation of at least one prevention protocol using care management techniques will also be required after one year. The External Quality Review Organization will conduct reviews specific to seniors.

DESCRIPTION OF RATE SETTING STRUCTURE AND METHODS

Rates will be actuarially determined and will be based on current MSHO rate methodologies. Nursing home liability add-ons (currently at 90 days) will be increased to incorporate the additional days of nursing home coverage. Separate rate “cells” will be set for Community and EW participants based on historical costs and trend for each group of counties involved along with a 7% discount. The legislation requires that payment for EW services not be made until 30 days after the services are provided. Procedures for tracking nursing home eligibles will be similar to those currently used under PMAP. Additional procedures for tracking EW eligibles will be detailed at a later time.

*FINANCIAL ARRANGEMENTS

MCOs and counties may develop their own risk and payment arrangements and financial relationships within state and federal requirements.

REPORTING

Encounter data for the additional EW and nursing home services will be required. Screening documents and waiver spans will continue to be submitted and will be used to trigger payment for elderly waiver services.

WAIVER OBLIGATIONS

People with waiver obligations will continue to be enrolled in managed care under the new program. Waiver obligations will be deducted from the rates. Waiver obligations will continue to be collected at the provider level.

SPOUSAL IMPOVERISHMENT

Counties and MCOs will need to continue to coordinate screening and financial eligibility for cases subject to spousal impoverishment eligibility provisions.

CERTIFICATE OF COVERAGE (COC)

New COCs will need to be issued for all enrollees covered in the new programs.

PRIMARY CARE NETWORK LISTINGS (PCNLS)

PCNLS must be revised to identify how nursing home and home and community based services will be accessed.

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V. RESPONSE REQUIREMENTS

Responses will be accepted in a two-step process.

Step 1. Initial Response Letters:

- Counties and MCOs interested in participating in CMPs under Section I. B. above must provide a letter indicating their interest in a proposed CMP model signed jointly by appropriate representatives of both parties.
- Other counties and MCOs may also submit letters of response summarizing their ideas and interest.

An original and three copies of letters of response must be received by mail or hand delivery by 4:00 p.m., Monday, February 9, 2004. No fax or email responses will be permitted. Address responses to:

Pamela Parker
Purchasing and Service Delivery
444 Lafayette Road
St. Paul, MN 55155-3854

Step 2. Summary of Models: Counties and MCOs that have submitted joint responses indicating interest in a CMP model under Section I B. above in Step 1, will be given additional time to submit an additional summary of their proposed model. Summaries must provide a brief description of how each of the STARRED ITEMS (*) under required elements and expectations listed in Section IV above would be carried out. Failure to submit a summary will indicate that the county and MCO are no longer interested in a CMP. DHS will then plan to proceed to implement the new policies under the MCO model under Section I. D. above.

Summaries are due by mail, hand delivery, or email by 4 p.m., Monday, March 15, 2004. Provide summaries to:

Pamela Parker
Purchasing and Service Delivery
444 Lafayette Road
St. Paul, MN 55155-3854
Pam.Parker@state.mn.us

VI. INFORMATIONAL FORUMS

DHS is available to answer questions and provide technical assistance via video conference and in-person meetings. Regional meetings may be possible if there is interest. An initial informational forum is scheduled for: Tuesday, January 6, 2-4 p.m., in room 1A/B at the Minnesota Department of Human Services, 444 Lafayette Road, St. Paul. Additional forums may be scheduled as necessary.

Questions about this RFI may be directed to Pamela Parker at pam.parker@state.mn.us or (651) 296-2140.

Attachment

Legislation Creating Integrated Long-Term Care and Managed Care for Seniors:

Laws of Minnesota 2003, 1st Special Session, Chapter 14, Article 12. Amends *Minnesota Statutes*, section 256B.69.

Section 57 *Minnesota Statutes*, 2002, section 256B.69, subd. 4(b)(9) is amended to read:

The commissioner may enroll recipients in the prepaid medical assistance program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending down excess income.

Sec. 58 *Minnesota Statutes* 2002, section 256B.69, subdivision 5, is amended to read:

Beginning July 1, 2004, the commissioner may include payments for elderly waiver services and 180 days of nursing home care in capitation payments for the prepaid medical assistance program for recipients age 65 and older. Payments for elderly waiver services shall be made no earlier than the month following the month in which services were received.

Sec. 59. *Minnesota Statutes* 2002, section 256B.69, subdivision 5a, is amended to read:

Subd. 5a.

[MANAGED CARE CONTRACTS.] (a) Managed care contracts under this section and sections 256L.12 and 256D.03, shall be entered into or renewed on a calendar year basis beginning January 1, 1996. Managed care contracts which were in effect on June 30, 1995, and set to renew on July 1, 1995, shall be renewed for the period July 1, 1995 through December 31, 1995 at the same terms that were in effect on June 30, 1995. The commissioner may issue separate contracts with requirements specific to services to medical assistance recipients age 65 and older.

Sec. 62. *Minnesota Statutes* 2002, section 256B.69, subdivision 6a, is amended to read:

Subd. 6a. [NURSING HOME SERVICES.] (a) Notwithstanding *Minnesota Rules*, part 9500.1457, subpart 1, item B, up to ~~90~~ 180 days of nursing facility services as defined in section 256B.0625, subdivision 2, which are provided in a nursing facility certified by the Minnesota department of health for services provided and eligible for payment under Medicaid, shall be covered under the

prepaid medical assistance program for individuals who are not residing in a nursing facility at the time of enrollment in the prepaid medical assistance program. The commissioner may develop a schedule to phase in implementation of the 180-day provision.

Sec. 63. *Minnesota Statutes 2002*, section 256B.69, subdivision 6b, is amended to read: Subd. 6b. [HOME AND COMMUNITY-BASED WAIVER SERVICES.] (a) For individuals enrolled in the Minnesota senior health options project authorized under subdivision 23, elderly waiver services shall be covered according to the terms and conditions of the federal agreement governing that demonstration project. (b) For individuals under age 65 enrolled in demonstrations authorized under subdivision 23, home and community-based waiver services shall be covered according to the terms and conditions of the federal agreement governing that demonstration project.

(c) Notwithstanding *Minnesota Rules*, part 9500.1457, subpart 1, item C, elderly waiver services shall be covered under the prepaid medical assistance program for all individuals who are eligible according to section 256B.0915. The commissioner may develop a schedule to phase in implementation of these waiver services.

Sec. 65. *Minnesota Statutes 2002*, section 256B.69, subdivision 8, is amended to read: Subd. 8. [PREADMISSION SCREENING WAIVER.] Except as applicable to the project's operation, the provisions of section 256B.0911 are waived for the purposes of this section for recipients enrolled with demonstration providers or in the prepaid medical assistance program for seniors.

Published: December 22, 2003

State Contracts

Informal Solicitations: Informal solicitations for professional/technical (consultant) contracts valued at over \$5,000 through \$50,000, may either be published in the *State Register* or posted on the Department of Administration, Materials Management Division's (MMD) website. Interested vendors are encouraged to monitor the P/T Contract Section of the MMD website at www.mmd.admin.state.mn.us for informal solicitation announcements.

Formal Solicitations: Department of Administration procedures require that formal solicitations (announcements for contracts with an estimated value over \$50,000) for professional/technical contracts must be published in the *State Register*. Certain quasi-state agency and Minnesota State College and University institutions are exempt from these requirements.

Board of Accountancy

Request for Proposal for Administrative Services for Computer-based CPA Examination

The Minnesota State Board of Accountancy has prepared a Request For Proposal (RFP) for interested parties to provide administrative services for the Board relative to the computer-based CPA examination for a period of five years. It is the goal of the Board that the Minnesota CPA examination candidates will be provided with an efficient and uniform process with respect to the applying for the uniform computer-based CPA examination and that the Board receives services which ensures that the examination is given to candidates and administrated in accordance with *Minnesota Statutes*, Section 326A, and *Minnesota Rules*, Chapter 1105.

A complete detailed RFP including a draft copy of the State of Minnesota Professional And Technical Services Contract is available from the contact person listed below. A complete copy has been mailed to all known interested parties.

All proposals must be sent to:

Dennis J. Poppenhagen
Minnesota State Board of Accountancy
85 East Seventh Place, Suite 125
St. Paul, MN 55101
Phone: (651) 296-7937

All final proposals must be received not later than 1:30 p.m. Central Time, January 5, 2004, as indicated by a notation made by the Board's Receptionist.

Administration Department

Availability of Contract for Auctioneer Service

The FAX number was incorrectly listed last week. The correct FAX number is: (651) 639-4026.

Administration Department

State Register

Make Money, Not Trouble

Make BIG money on state contracts and grants. Have the *State Register* E-MAILED to you the afternoon it is published, on Friday. Be a step ahead of others, and ready with your phone calls on Monday morning. Also, receive TWO EXTRAS free-of-charge, available only to ON-LINE Subscriptions:

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Minnesota State Colleges and Universities

Minneapolis Community & Technical College

Notice of Solicitation of Bids for Use-of-force Laser System for Fire-arms

NOTICE OF INTENT to solicit bids for the purchase of a use-of-force interactive laser system for fire-arms, decision shooting and non-lethal weapons police training.

Description:

Bid will consist of six different parts (base bid plus five options) and each part should be priced separately. The final purchase will be for the base bid and may or may not also include one or more of the options.

Bid Copies/Questions:

Mike Smith - Associate Dean
Criminal Justice/Law Enforcement
Tel: (651) 999-7612
Email: Mike.Smith@minneapolis.edu

Deadline for Bids: December 26, 2003 - 1:00pm CST

Bids to be submitted to:

Kirsten Zerhusen - Office Manager
MCTC Criminal Justice & Law Enforcement Trng. Ctr.
1380 Energy Lane, Suite 104
St. Paul, MN 55108
Tel: (651) 999-7613
Email: Kirsten.Zerhusen@minneapolis.edu

Department of Commerce

Notice of Availability of Contract for the Commerce License Application and Examination Services Project

The Minnesota Department of Commerce requests proposals from qualified vendors for a five-year contract to provide the Department's licensing customers with simplified, one-stop services for license examinations, initial application processing, fee collection, initial license issuance, and licensing-related information. The Department will not pay the vendor. The vendor will recover its costs by charging examination fees to all candidates. The vendor's examination fees will be set by the contract. The contract will be effective from July 1, 2004 through June 30, 2009.

Proposed work start dates are as follows:

- a) The vendor's development of examinations and other services will commence on January 30, 2004, or immediately after a contract is executed, whichever is later.
- b) Implementation of all services will begin on July 1, 2004

A Request for Proposals will be available by mail from this office through Monday, January 5, 2004. **A written request (by direct mail or fax) is required to receive the Request for Proposals.** After Monday, January 5, 2004, the Request for Proposals must be picked up in person.

The Request for Proposals can be obtained from:

Judy Schmidt
Minnesota Department of Commerce
85 7th Place East, Suite 500
St. Paul, MN 55101
FAX: (651) 282-2568

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the above address no later **4:00 PM Central Time, on Monday, January 12, 2004. Late proposals will not be considered.** Fax or e-mailed proposals will not be considered.

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

Gambling Control Board

Request for Proposals for Testers of Gambling Products and Equipment

Request for Proposals to establish a certified list of vendors for the purpose of testing various gambling-related products and equipment. Vendors would be required to report testing results to the Gambling Control Board within 30 days after receiving equipment for testing. All costs of the testing must be paid by the manufacturer.

For more information contact:

Deb Hellenberg
Gambling Control Board
1711 W. County Road B Suite 300 South
Roseville, MN 55113
(651) 639-4083

This is the only person designated to answer questions regarding this request. Other personnel are NOT authorized to discuss this request for proposal with vendors, before the proposal submission deadline.

Minnesota Higher Education Services Office [MHESO]

Notice of Request for Proposals: Program Evaluation – Get Ready/GEARUP Program

The Minnesota Higher Education Services is requesting proposals from qualified professionals to conduct an evaluation of its Get Ready/GEARUP Program. Proposals must be submitted **no later than January 14, 2004.**

The Request for Proposals (RFP) does not obligate the Minnesota Higher Education Services Office to complete this project, and the MHESO reserves the right to cancel the solicitation if it is considered to be in its best interest.

The total cost of this proposal should not exceed \$60,000 in total.

Copies of the complete RFP are available from:

Mary Lou Dresbach
Director of Community Outreach, Human Resources and Agency Services
Minnesota Higher Education Services Office
1450 Energy Park Drive, Suite 350
St. Paul, MN 55108-5227
(651) 642-0530
dresbach@heso.state.mn.us

State Contracts

Department of Natural Resources

Division of Forestry

Notice of Request for Proposals for Developing a Timber Sales Information System

The Minnesota Department of Natural Resources is requesting proposals for designing, building, testing, and implementing an information system to support its timber sales program. Work is proposed to start after March 1, 2004.

The full Request for Proposals will be available by mail or by e-mail through January 23, 2004. A written request (by direct mail, e-mail, or fax) is required to receive the Request for Proposal. The request must include the direct mail and e-mail addresses of the requestor and be directed to:

Karl Olmstead
MIS Bureau - Box 11
500 Lafayette Road
St. Paul, MN 55155-4011
Fax: (651) 296-5954
E-mail: karl.olmstead@state.mn.us

Proposals submitted in response to the Request for Proposals must be received at the address above no later than January 27, 2004 at 4:00 p.m., CST. Late proposals will not be considered. Fax or e-mailed proposals will not be considered.

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

Solid Waste Management Coordinating Board

Notice of Request for Proposals for Technical Consultant for Source Separated Organics Management Feasibility and Recommendations

The Solid Waste Management Coordinating Board is seeking proposals for technical consulting services to evaluate the feasibility of SWMCB source separated organics management (SSOM) projects and food compost bin program and other similar local, regional and state projects; and to develop recommendations for potential management options, costs, and solid waste system modifications required for implementation. Additionally, the consultant will evaluate commercial SSOM options.

The Request for Proposals can be downloaded at www.swmcb.org, or by calling or writing Linda Gondringer, Solid Waste Management Coordinating Board, 477 Selby Avenue, St. Paul, Minnesota, 55102. **Phone:** (651) 222-7227. **Email:** lgondringer@richardsonrichter.com.

Proposals must be received no later than 12:00 noon, Central Standard Time, Friday, January 9, 2004. The SWMCB reserves the right to reject late proposals. Complete specifications and details concerning submission requirements are included in the Request for Proposals.

Department of Transportation

Program Support Group

Notice of Potential Availability of Contracting Opportunities for a Variety of Highway Related Technical Activities (the "Consultant Pre-Qualification Program")

This document is available in alternative formats for persons with disabilities by calling Robin Valento at (651) 284-3622 for persons who are hearing or speech impaired by calling the Minnesota Relay Service at (800) 627-3529.

Mn/DOT, working in conjunction with the Consultant Reform Committee, the Minnesota Consulting Engineers Council, and the Department of Administration, has developed the Consultant Pre-qualification Program as a new method of consultant selection. The ultimate goal of the Pre-Qualification Program is to streamline the process of contracting for highway related professional/technical services. Mn/DOT anticipates that most consultant contracts for highway-related technical activities will be awarded using this method, however, Mn/DOT also reserves the right to use RFP or other selection processes for particular projects. Nothing in this solicitation requires Mn/DOT to complete or use the Consultant Pre-qualification Program.

Mn/DOT is currently requesting applications from consultants. Refer to Mn/DOT's Consultant Services web site, indicated below, to see which highway related professional/technical services are available at this time. Following the advertisement of a particular category of services, applications will be accepted on a continual basis.

All expenses incurred in responding to this notice will be borne by the responder. Response to this notice becomes public information under the Minnesota Government Data Practices.

Consultant Pre-Qualification Program information, application requirements and application forms are available on Mn/DOT's web site at <http://www.dot.state.mn.us/consult>

Send completed application material to:

Robin Valento
Pre-Qualification Administrator
Minnesota Department of Transportation
Consultant Services
395 John Ireland Boulevard, Seventh Floor North, Mail Stop 680
St. Paul, MN 55155

Note: DUE DATE: APPLICATION MATERIAL WILL BE ACCEPTED ON A CONTINUAL BASIS.

Department of Transportation

Engineering Services Division

Notice Concerning Professional/Technical Contract Opportunities

NOTICE TO ALL: The Minnesota Department of Transportation (Mn/DOT) is now placing additional public notices for professional/technical contract opportunities on Mn/DOT's Consultant Services website at: www.dot.state.mn.us/consult.

New public notices may be added to the website on a daily basis and be available for the time period as indicated within the public notice.

Non-State Contracts & Grants

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *State Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector. It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact editor for further details.

City of Norwood Young America

Notice of Request for Proposals (RFP) for Engineering Services for Tacoma Avenue / Railroad Street Reconstruction

NOTICE IS HEREBY GIVEN that the City of Norwood Young America requests proposals to provide Engineering Services for improvements along Railroad Street and Tacoma Avenue in Norwood Young America, Minnesota. The project involves the reconstruction and realignment of approximately 1100 feet of Railroad Street and the reconstruction of approximately 400 feet of Tacoma Avenue. The project will include, but not be limited to, the preparation of the Final Design Plan & Specifications, Environmental Documentation, Right-of-Way Parcel Sketches, Wetland Mitigation Plan, Utility Coordination, and Project Management. The anticipated schedule for this project is as follows:

Issue Request for Proposals:	December 8, 2003
Proposals Due:	January 6, 2004
Award Contract:	January 13, 2004

All firms interested in being considered for this project and desiring to receive an RFP package free of charge are invited to submit a written request for the RFP to:

Kreg Schmidt
Bolten & Menk, Inc.
1107 Hazeltine Blvd, MD 52
Chaska, MN 55318
Phone No.: (952) 448-8838
Fax No.: (952) 448-8805
kregsc@bolton-menk.com

NOTE: The RFP is not available electronic form.

Non-State Contracts & Grants

University of Minnesota

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

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

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

University of Minnesota

Notice of Request for Proposal for Rehabilitation of Jones Hall

I. NOTICE OF REQUEST FOR PROPOSAL

The University of Minnesota is interested in the rehabilitation of Jones Hall. The project involves the rehabilitation of Jones Hall, a one hundred-year-old Renaissance Revival building. Jones Hall is two stories and has approximately 24,000 gross square feet (GSF) of office and classroom space. The work includes, but not limited to, an entire interior rehabilitation, which includes replacement of the roof structure, replacement of the skylight, installation of a new elevator, a new tunnel and new mechanical and electrical systems. The Predesign Preliminary Construction Estimate is approximately \$5.8 Million dollars. The delivery method will utilize Construction Manager at Risk, as stated in the AIA Document A121/CMc with AIA Document A201, University modified Supplementary General Conditions.

E-mail or call your request for the full RFP to Chip Foster, which will be sent free of charge to interested vendors.

II. CONTACT FOR RFP INQUIRIES:

Refer questions to:

PURCHASING SERVICES:

Chip Foster
Facilities Management
400 Donhowe Building
319 15th Ave. SE
Minneapolis, MN 55455-1082
E-Mail: fosterc@facm.umn.edu
Phone: (612) 626-8757
FAX: (612) 624-5796

III. TENTATIVE SCHEDULE OF EVENTS

(Be advised that these dates are subject to change as University deems necessary.)

<i>RFP issue</i>	December 22, 2003
<i>Mandatory Pre-Proposal Meeting on site @ 2PM</i>	January 5, 2004
<i>All Questions Mailed/Faxed to Purchasing Services by noon:</i>	January 16, 2004
<i>Responses due @ 3PM CST</i>	January 21, 2004
<i>Notification of Short-listed Finalist for Interviews</i>	January 27, 2004
<i>Interview of Short Listed Finalists</i>	February 5, 2004
<i>Anticipated date of Award</i>	February 6, 2004
<i>Substantial Completion Date</i>	October 1, 2005

The University reserves the right, in its sole discretion, to reject any and all proposals, accept any proposal, waive informalities in proposals submitted, and waive minor discrepancies between a proposal and these proposal instructions, as it deems to be in its best interest. Any waiver of the University with respect to the requirements of these proposal instructions shall apply only to the particular instance for which it was made or given, and no such waiver shall constitute a permanent or future waiver of such requirements.

University of Minnesota

Notice of Request for Proposal for Rehabilitation of Nicholson Hall

I. NOTICE OF REQUEST FOR PROPOSAL

The University of Minnesota is interested in the rehabilitation of Nicholson Hall. The project involves the rehabilitation of Nicholson Hall, a one hundred-year-old Richardsonian in character building. Nicholson Hall has three stories and has approximately 71,000 gross square feet (GSF) of office and classroom space. The work includes, but not limited to, a partial building demolition; replace all interior wood structural floors with concrete; windows; roof; elevator; complete mechanical and electrical. The Predesign Preliminary Construction Estimate is approximately \$17 Million dollars. The delivery method will utilize Construction Manager at Risk, as stated in the AIA Document A121/CMc with AIA Document A201, University modified Supplementary General Conditions.

E-mail or call your request for the full RFP to Chip Foster, which will be sent free of charge to interested vendors.

II. CONTACT FOR RFP INQUIRIES:

Refer questions to:

PURCHASING SERVICES:

Chip Foster

Facilities Management

400 Donhowe Building

319 15th Ave. SE

Minneapolis, MN 55455-1082

E-Mail: fosterc@facm.umn.edu

Phone: (612) 626-8757

FAX: (612) 624-5796

III. TENTATIVE SCHEDULE OF EVENTS

(Be advised that these dates are subject to change as University deems necessary.)

<i>RFP issue</i>	December 22, 2003
<i>Mandatory Pre-Proposal Meeting on site @ 2PM</i>	January 7, 2004
<i>All Questions Mailed/Faxed to Purchasing Services by noon:</i>	January 22, 2004
<i>Responses due @ 3PM CST</i>	January 28, 2004
<i>Notification of Short-listed Finalist for Interviews</i>	February 03, 2004
<i>Interview of Short Listed Finalists</i>	February 12, 2004
<i>Anticipated date of Award</i>	February 13, 2004
<i>Substantial Completion Date</i>	November 1, 2005

The University reserves the right, in its sole discretion, to reject any and all proposals, accept any proposal, waive informalities in proposals submitted, and waive minor discrepancies between a proposal and these proposal instructions, as it deems to be in its best interest. Any waiver of the University with respect to the requirements of these proposal instructions shall apply only to the particular instance for which it was made or given, and no such waiver shall constitute a permanent or future waiver of such requirements.

