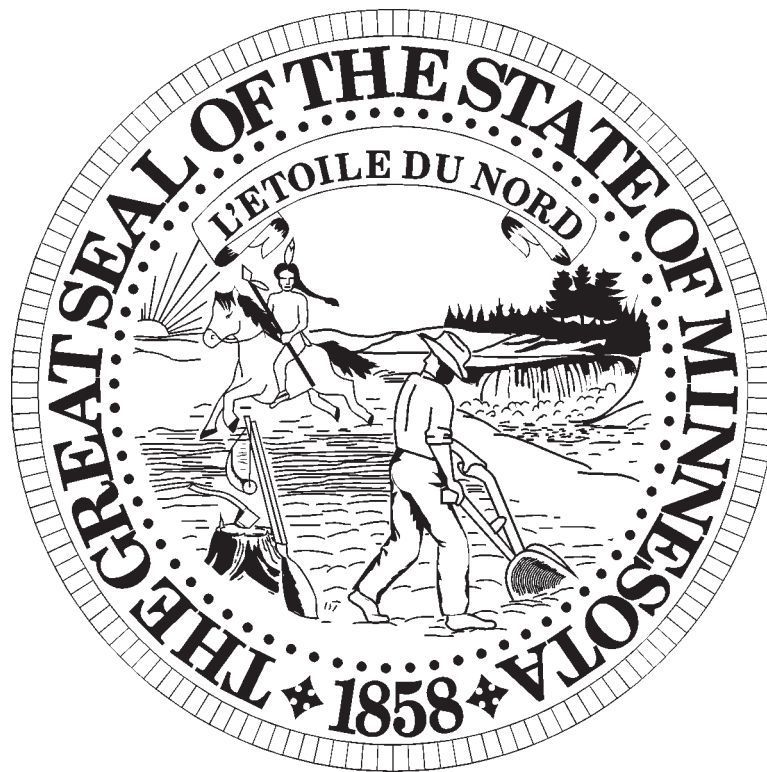


State of Minnesota

State Register



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State Register

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

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Vol. 29 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
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#6	Monday 9 August	Noon Tuesday 3 August	Noon Wednesday 28 July
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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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A rule becomes effective after the requirements of Minnesota Statutes §§ 14.05-14.28 have been met and five working days after the rule is published in the State Register, unless a later date is required by statutes or specified in the rule. If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous State Register publication will be printed. If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous State Register publication will be cited.

Department of Human Services

Adopted Permanent Rules Relating to Chemical Dependency Licensed Treatment Facilities

The rules proposed and published at State Register, Volume 28, Number 13, pages 360383, September 29, 2003 (28 SR 360), are adopted with the following modifications:

9530.6405 DEFINITIONS.

Subp. 1a. Administration of medications. "Administration of medications" means performing a task to provide medications to a client, and includes the following tasks, performed in the following order:

A. checking the client's medication record;

B. preparing the medication for administration;

C. administering the medication to the client;

D. documenting the administration, or the reason for not administering medications as prescribed; and

E. reporting information to a licensed practitioner or a nurse regarding problems with the administration of the medication or the client's refusal to take the medication.

Subp. 2. Adolescent. "Adolescent" means an individual under ~~19~~ 18 years of age.

Subp. 10. Cooccurring or cooccurring client. "Cooccurring" or "cooccurring client" means a diagnosis that indicates a client suffers both chemical abuse or dependency and a mental health problem, ~~or a client who suffers from both disorders.~~

Subp. 14a. Licensed practitioner. "Licensed practitioner" means a person who is authorized to prescribe as defined in Minnesota Statutes, section 151.01, subdivision 23.

Subp. 15a. Nurse. "Nurse" means a person licensed and currently registered to practice professional or practical nursing as defined in Minnesota Statutes, section 148.171, subdivisions 14 and 15.

Subp. 16. Paraprofessional. "Paraprofessional" means an employee, agent, or independent contractor of the license holder who performs tasks in support of the provision of treatment services. Paraprofessionals may be referred to by a variety of titles including technician, case aide, or counselor assistant. An individual may not be a paraprofessional employed by the license holder if the individual is a client of the license holder.

9530.6410 APPLICABILITY.

Subp. 4. Applicability of chapter 2960. Beginning July 1, 2005, residential adolescent chemical dependency treatment programs must be licensed according to chapter 2960.

9530.6417 CAPACITY MANAGEMENT AND WAITING LIST SYSTEM COMPLIANCE

~~A license holder must notify the department when it has reached 90 percent of its capacity to care for clients. A license holder need not report when capacity returns to under 90 percent capacity. The license holder must notify the placing county or tribal government when they are at 100 percent capacity and unable to accept a referral.~~

9530.6425 INDIVIDUAL TREATMENT PLANS.

Subpart 1. General. Individual treatment plans for clients in treatment must continually be updated, based on new information gathered about the client's condition and on whether planned treatment interventions have had the intended effect. Treatment planning must include a cycle, repeating until service termination, of assessment, priority setting, planning, implementation, and reassessment based on progress, revised priorities, and revised plan. The plan must provide for the involvement of the client's family and those people selected by the client as being important to the success of the treatment experience at the earliest opportunity, consistent with the client's

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

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treatment needs and written consent. The plan must be developed after completion of the comprehensive assessment and is subject to amendment until ~~the client's services to the client are discharged terminated~~. The client must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the individual treatment plan. The individual treatment plan must be signed by the client and the alcohol and drug counselor.

Subp. 2. Plan contents. An individual treatment plan must include:

A. ~~treatment goals in addressing each problem identified in the assessment summary prepared according to part 9530.6420 9530.6422, subpart 3 2, item B, in which a problem has been identified;~~

Subp. 3. Progress notes and plan review.

B. ~~Address weekly each goal in the treatment plan and whether the strategies to address the goals are effective, and if not, must include changes to the treatment plan. Treatment plan review must:~~

~~(1) occur weekly or after each treatment service, whichever is less frequent;~~

~~(2) address each goal in the treatment plan that has been worked on since the last review; and~~

~~(3) address whether the strategies to address the goals are effective, and if not, must include changes to the treatment plan.~~

9530.6430 TREATMENT SERVICES.

Subpart 1. Treatment services provided by license holder.

A. A license holder must provide treatment services including:

(4) services to address issues related to cooccurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from chemical abuse or dependency. ~~At least one group per week~~ Groups must address cooccurring mental illness issues, as needed. When treatment for mental health problems is indicated, it is integrated into the client's treatment plan.

Subp. 4. Location of service provision. ~~Except for services under subpart 2, items A, C, and F, a client of a license holder having multiple facility locations may only receive services at any of the license holder's licensed locations or at the client's home.~~

9530.6435 MEDICAL SERVICES.

Subpart 1. ~~Medical Health care~~ services description. An applicant or license holder must maintain a complete description of the medical health care services offered by the license holder including, nursing services, dietary services, and emergency physician services ~~offered by the license holder. An applicant must include a written copy of a medical services description with the license application.~~

Subp. 2. Consultation services. In addition to the requirements under subpart 1, the applicant or license holder must have a written procedure approved by ~~the medical director~~ a physician licensed under Minnesota Statutes, chapter 147, for obtaining medical interventions when needed for any client. The license holder must have access to and document the availability of a licensed mental health professional to provide diagnostic assessment and treatment planning assistance.

Subp. 3. Administration of ~~prescription~~ medications and assistance with selfmedication. A license holder must meet the ~~following~~ requirements in items A and B if services include medication administration:

A. A staff member, other than a ~~physician, registered nurse, licensed practitioner or licensed practical nurse~~, who is responsible for ~~medication delegated by a licensed practitioner or a registered nurse the task of administration of medication~~ or assistance with selfmedication must:

(1) ~~provide a certificate that must be placed in the staff member's personnel records verifying successful completion of a trained medication aide program through a document that the staff member has successfully completed a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. Completion of the course must be documented in writing and placed in the staff member's personnel file; or~~

(2) be trained according to a formalized training program which is taught ~~and supervised~~ by a registered nurse and offered by the license holder. Completion of the course must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity.

B. A registered nurse must ~~provide consultation and review the license holder's procedures for administration of medication at least monthly; be employed or contracted to develop the policies and procedures for medication administration or assistance with selfadministration of medication or both. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include monthly onsite supervision or more often as warranted by client health needs. The policies and procedures must include:~~

(1) a provision that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;

(2) a provision that each client's file must include documentation indicating whether staff will be administering medication or the client will be doing selfadministration or a combination of both;

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(3) a provision that clients may carry emergency medication such as nitroglycerin as instructed by their physician;

(4) a provision for medication to be selfadministered when a client is scheduled not to be at the facility;

(5) a provision that if medication is to be selfadministered at a time when the client is present in the facility, medication will be selfadministered under observation of a trained staff person;

(6) a provision that if the license holder serves clients who are parents with children, the parent must administer medication to the child under staff supervision;

(7) requirements for recording the client's use of medication, including staff signatures with date and time;

(8) guidelines for when to inform a registered nurse of problems with selfadministration, including failure to administer, client refusal of a medication, adverse reactions, or errors; and

(9) procedures for acceptance, documentation, and implementation of prescriptions, whether written, verbal, telephonic, or electronic.

Subp. 4. ~~Medication monitoring~~ Control of drugs. A license holder who monitors clients taking prescription medication must have a written procedure for medication monitoring that includes staff observation of the client taking the medication, locked medication storage, requirements that medication be in its original container labeled by a pharmacist, and a record of the resident's use of medication that is signed by staff, with the time and date. The procedure must be approved by an individual licensed to practice medicine or nursing under Minnesota Statutes, chapter 148. If the license holder serves clients who are parents with children, the parent must administer medication to the child under staff supervision. A license holder must have in place and implement written policies and procedures developed by a registered nurse that contains the following provisions:

A. a requirement that all drugs must be stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;

B. a system which accounts for all scheduled drugs each shift;

C. a procedure for recording the client's use of medication, including the signature of the administrator of the medication with the time and date;

D. a procedure for destruction of discontinued, outdated, or deteriorated medications;

E. a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and

F. a statement that no legend drug supply for one client will be given to another client.

9530.6440 CLIENT RECORDS.

Subp. 4. Electronic records. A license holder who intends to use electronic record keeping or electronic signatures to comply with parts 9530.6405 to 9530.6505 must first obtain written permission from the commissioner. The commissioner must grant permission after the license holder provides documentation demonstrating the license holder's use of a system for ensuring security of electronic records. Use of electronic record keeping or electronic signatures does not alter the license holder's obligations under state or federal law, regulation, or rule.

9530.6445 STAFFING REQUIREMENTS.

Subp. 5. ~~Unusual occurrences~~ Medical emergencies. When clients are present, a license holder must have at least one staff person on the premises who has a current American Red Cross standard first aid certificate or an equivalent certificate and at least one staff person on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. A single staff person with both certifications satisfies this requirement.

9530.6450 STAFF QUALIFICATIONS.

Subpart 1. Qualifications of all staff members with direct client contact. All staff members who have direct client contact must be at least 18 years of age. At the time of hiring, all staff members must meet the qualifications in item A or B.

A. Treatment directors, supervisors, nurses, ~~and~~ and counselors, and other professionals must be free of chemical use problems for at least the two years immediately preceding their hiring and must sign a statement attesting to that fact.

Subp. 2. Continuing freedom from chemical use problems employment requirement. Staff members with direct client contact must be free from chemical use problems as a condition of employment, but are not required to sign additional statements. Staff members with direct client contact who are not free from chemical use problems must be removed from any responsibilities that include direct client contact for the time period specified in subpart 1. The time period begins to run on the date the employee begins receiving treatment services or the date of the last incident as described in the list developed according to part 9530.6460, subpart 1, item E.

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Subp. 4. Alcohol and drug counselor supervisor qualifications. In addition to meeting the requirements of subpart 1, an alcohol and drug counselor supervisor must meet the following qualifications:

- A. the individual is competent in the areas specified in subpart 5, ~~with documented competency according to subpart 6 or 7;~~

9530.6485 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS SERVING ADOLESCENTS.

Subpart 1. License holders serving adolescents. A residential treatment program that ~~provides treatment services to~~ serves persons under ~~19~~ 18 years of age must be licensed as a residential program for children in outofhome placement by the department unless the license holder is exempt under Minnesota Statutes, section 245A.03, subdivision 2. ~~License holders providing residential treatment services must also obtain any additional certifications required by the department for those programs.~~

9530.6500 ADDITIONAL REQUIREMENTS FOR METHADONE PROGRAMS SERVING INTRAVENOUS DRUG ABUSERS.

Subp. 3. Waiting list. A program serving intravenous drug abusers must have a waiting list system. Each person seeking admission must be placed on the waiting list if the person cannot be admitted within 14 days of the date of application, unless the applicant is assessed by the program and found not to be eligible for admission according to parts 9530.6405 to 9530.6505, and Code of Federal Regulations, title 42, part 1, subchapter A, section 8.12(e). The waiting list must assign a unique patient identifier for each intravenous drug abuser seeking treatment, ~~including those receiving interim services,~~ while awaiting admission. An applicant on a waiting list who receives no services ~~other than interim services~~ under part 9530.6430, subpart 1, must not be considered a "client" as defined in part 9530.6405, subpart 8.

Subp. 6. Central registry. Programs serving intravenous drug abusers must comply with requirements to submit information and necessary consents to the state central registry for each client admitted, as specified by the commissioner. The client's failure to provide the information will prohibit involvement in an opiate treatment program. ~~Submissions must be sent in on a weekly basis in a format prescribed by the commissioner with the original kept in the client's chart.~~ The information submitted must include the client's:

- G. driver's license number, if any.

The information in items A to G must be submitted in a format prescribed by the commissioner, with the original kept in the client's chart, whenever a client is accepted for treatment, the client's type or dosage of a drug is changed, or the client's treatment is interrupted, resumed, or terminated.

9530.6505 ADDITIONAL REQUIREMENTS FOR LICENSE HOLDERS ALSO PROVIDING SUPERVISED ROOM AND BOARD.

Subp. 3. Client property management. A license holder who provides room and board and treatment services to clients in the same facility, and any license holder that accepts client property must meet the requirements in part 9543.1020, subpart 15, for handling resident funds and property. In the course of client property management, license holders:

D. must return all property held in trust to the client upon service termination regardless of the client's service termination status, except:

(1) drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section ~~152.19~~ 609.5316, must be destroyed by staff or given over to the custody of a local law enforcement agency, according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.671;

Subp. 7. Health services. License holders must have written procedures for assessing and monitoring client health, including a standardized data collection tool for collecting healthrelated information about each client. The policies and procedures must be approved and signed by a registered nurse.

9530.6510 DEFINITIONS.

Subp. 1a. Administration of medications. "Administration of medications" means performing a task to provide medications to a client, and includes the tasks in items A to E, performed in the following order:

A. checking the client's medication record;

B. preparing the medication for administration;

C. administering the medication to the client;

D. documenting the administration, or the reason for not administering the medications as prescribed; and

E. reporting information to a licensed practitioner or a nurse regarding problems with the administration of the medication or the client's refusal to take the medication.

Subp. 3a. Chemical dependency assessor. "Chemical dependency assessor" means an individual qualified under part 9530.6615, subpart 2, to perform an assessment of chemical use.

Subp. 8a. Licensed practitioner. "Licensed practitioner" means a person who is authorized to prescribe as defined in Minnesota

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Statutes, section 151.01, subdivision 23.

Subp. 9. Medical director. "Medical director" means the individual, licensed under Minnesota Statutes, chapter ~~148~~ 147, and employed or contracted by the license holder to direct and supervise health care for clients of a program licensed under parts 9530.6510 to 9530.6590.

Subp. 10. Nurse. "Nurse" means a person licensed and currently registered to practice professional or practical nursing as defined in Minnesota Statutes, section 148.171, subdivisions ~~8 and 20~~ 14 and 15.

9530.6530 CLIENT SERVICES.

Subp. 2. Chemical use assessment. A license holder must provide or arrange for the provision of a chemical use assessment, according to parts 9530.6600 to 9530.6660, for each client who suffers from chemical abuse or chemical dependency at the time the client is identified ~~and at least every year thereafter. The assessment must be updated each time the client is admitted. If a client is readmitted within one year of the most recent assessment, an update to the assessment must be completed. If a client is readmitted and it has been more than one year since the last assessment, a new assessment must be completed.~~ The chemical use assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process.

9530.6535 PROTECTIVE PROCEDURES.

Subp. 3. Records. Each use of a protective procedure must be documented in the client record. The client record must include:

D. the names of the program staff authorizing the use of the protective procedure and the program staff directly involved in the protective procedure and the observation process; ~~and~~

E. the physician's order authorizing the use of restraints as required by subpart 6; and

E. a brief description of the purpose for using the protective procedure, including less restrictive interventions considered prior to the decision to use the protective procedure and a description of the behavioral results obtained through the use of the procedure.

9530.6555 MEDICATIONS.

~~In addition to the medication administration procedures in chapter 4665, a license holder must meet the requirements in items A and B.~~

Subpart 1. Administration of medications. A license holder must meet the requirements in items A and B if services include medication administration.

A. A staff member other than a ~~physician, registered nurse, licensed practitioner or licensed practical nurse who is responsible for medication administration delegated by a licensed practitioner or a registered nurse the tasks of administration of medications or assistance with selfmedications by a licensed practitioner or a registered nurse must either:~~

(1) ~~provide a certificate verifying successful completion of document that the staff member has successfully completed a trained medication aide medication administration training program through an accredited, Minnesota postsecondary educational institution. Completion of the course must be documented and placed in the staff member's personnel records; or~~

(2) ~~be trained according to a formalized training program offered by the license holder that is taught and supervised by a registered nurse. Completion of the course must be documented and placed in the staff member's personnel records; or~~

(3) demonstrate to a registered nurse competency to perform the delegated activity.

B. A registered nurse must ~~provide consultation and review the license holder's procedure for administration of medication at least weekly; be employed or contracted to develop the policies and procedures for medication administration. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include onsite supervision at least monthly or more often as warranted by the health needs of the client. The policies and procedures must include:~~

(1) a requirement that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;

(2) a provision that clients may carry emergency medication such as nitroglycerin as instructed by their physician;

(3) requirements for recording the client's use of medication, including staff signatures with date and time;

(4) guidelines regarding when to inform a registered nurse of problems with medication administration, including failure to administer, client refusal of a medication, adverse reactions, or errors; and

(5) procedures for acceptance, documentation, and implementation of prescriptions, whether written, verbal, telephonic, or electronic.

Subp. 2. Control of drugs. A license holder must have in place and implement written policies and procedures developed by a registered nurse that contain the following provisions:

A. a requirement that all drugs must be stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section

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

Adopted Rules

152.02, subdivision 3, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;

B. a system for accounting for all scheduled drugs each shift;

C. a procedure for recording the client's use of medication, including staff signatures with time and date;

D. a procedure for destruction of discontinued, outdated, or deteriorated medications;

E. a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and

F. a statement that no legend drug supply for one client may be given to another client.

9530.6560 STAFFING REQUIREMENTS.

Subp. 4. Registered nurse required. A license holder must employ or contract with a registered nurse. The registered nurse must be responsible for:

A. establishing and implementing procedures for the provision of nursing care and delegated medical care, ~~that includes~~ including:

9530.6565 STAFF QUALIFICATIONS.

Subp. 6. Personal relationships. A license holder must have a written policy addressing personal relationships between clients and ~~unlicensed~~ staff who have direct client contact. The policy must:

A. prohibit direct contact between a client and ~~unlicensed~~ a staff member if the ~~unlicensed~~ staff member has had a personal relationship with the client within two years prior to the client's admission to the program;

B. prohibit access to a client's clinical records by an ~~unlicensed~~ a staff member who has had a personal relationship with the client within two years ~~of prior~~ to the client's admission, unless the client consents in writing; and

C. prohibit a clinical relationship between an ~~unlicensed~~ a staff member and a client if the ~~unlicensed~~ staff member has had a personal relationship with the client within two years ~~of prior~~ to the client's admission. If a personal relationship exists, the staff member must report the relationship to his or her supervisor and recuse himself or herself from the clinical relationship with that client.

9530.6605 DEFINITIONS.

Subp. 10a. Combination inpatient/outpatient treatment. "Combination inpatient/outpatient treatment" means inpatient chemical dependency primary rehabilitation ~~licensed as Category II~~ of seven to 14 days duration followed by licensed outpatient chemical dependency treatment of three or more weeks duration. The duration requirements may be altered if specified in a host county or tribal agreement conforming to part 9550.0040.

REVISOR'S INSTRUCTION. The revisor of statutes shall correct internal crossreferences in Minnesota Rules and Minnesota Statutes to Minnesota Rule parts repealed in this rule. In sections affected by this instruction, the revisor may make changes necessary to correct the punctuation, grammar, or structure of the remaining text and preserve its meaning.

REPEALER. Minnesota Rules, parts 9530.4100; 9530.4110; 9530.4120, subparts 1, 3, 5, and 6; 9530.4200; 9530.4210; 9530.4230; 9530.4250; 9530.4260; 9530.4270; 9530.4280; 9530.4300; 9530.4310; 9530.4320; 9530.4330; 9530.4340; 9530.4350; 9530.4370; 9530.4380; 9530.4390; 9530.4400; 9530.4410; 9530.4450; 9530.5000; 9530.5100; 9530.5200; 9530.5300, subparts 1 and 10; 9530.5500; 9530.5700; 9530.5800; 9530.6000; 9530.6100; 9530.6200; 9530.6300; and 9530.6400, are repealed effective January 1, 2005.

EFFECTIVE DATE. Minnesota Rules, parts 9530.6405 to 9530.6590, are effective January 1, 2005.

Expedited Emergency Rules

Provisions exist for the Commissioners of some state agencies to adopt expedited emergency rules when conditions exist that do not allow the Commissioner to comply with the requirements for emergency rules. The Commissioner must submit the rule to the attorney general for review and must publish a notice of adoption that includes a copy of the rule and the emergency conditions. Expedited emergency rules are effective upon publication in the State Register, and may be effective up to seven days before publication under certain emergency conditions. Expedited emergency rules are effective for the period stated or up to 18 months. Specific Minnesota Statute citations accompanying these expedited emergency rules detail the agency's rulemaking authority.

Department of Natural Resources

Adopted Emergency Rules Relating to ~~Exotic~~ Invasive Species and Designated Infested Waters

The rules proposed and published at State Register, Volume 28, Number 46, pages 14541460, May 17, 2004 (28 SR 1454), are adopted with the following modifications:

6216.0250 PROHIBITED ~~EXOTIC~~ INVASIVE SPECIES.

Subp. 3. Fish. The following fish are designated as prohibited ~~exotic~~ invasive species:

6216.0350 DESIGNATED INFESTED WATERS.

Subpart 1. Listing of waters infested with Eurasian water milfoil. The following water bodies are designated by the commissioner as infested with Eurasian water milfoil (*Myriophyllum spicatum*) and its hybrids. Activities at these waters are subject to parts 6216.0100 to 6216.0600, Minnesota Statutes, section 84D.13, and other applicable laws.

Official Notices

Pursuant to Minnesota Statutes §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the State Register at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

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

Board on Aging

Notice of Review and Comment of a New State Plan on Aging

The Minnesota Board on Aging proposes a new State Plan on Aging for FFY2005-2009.

In accordance with the Older Americans Act of 1965, as amended, the MBA has set a 30 day review and comment period from August 2, 2004 to September 1, 2004.

The proposed Plan contains focus areas and outcomes for work over the next four years as required by the federal Administration on Aging. In addition, the Plan contains standard assurances and requirements.

The proposed Plan may be viewed at the office of the

Minnesota Board on Aging,
444 Lafayette Rd., St. Paul, Minnesota 55155
(651)296-2770
or toll free 1-800-882-6262

Copies will also be available at the offices of the regional Area Agencies on Aging.

All comments are due at the office of the Minnesota Board on Aging no later than September 1, 2004 at 4:00pm.

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

Official Notices

Minnesota Department of Education

Division of Assessments and Testing

REQUEST FOR COMMENTS on Possible Rules Governing Statewide Testing, *Minnesota Rules, part 3501*

Subject of Rules. The Minnesota Department of Education requests comments on its possible rules related to Statewide Testing. The proposed rules will govern the administration of statewide accountability tests that will ensure the security and integrity of the tests and test results. These tests may include, but are not limited to, the Basic Skills Tests and the Minnesota Comprehensive Assessments.

Persons Affected. The rules would likely affect Minnesota students, families and educators.

Statutory Authority. 2004 Minnesota Laws, chapter 294, article 2, section 32, requires the department to adopt rules for the administration of statewide accountability tests under Minnesota Statutes, section 120B.30.

Public Comment. Interested persons or groups may submit comments or information on these possible rules in writing until further notice is published in the State Register that the department intends to adopt or to withdraw the rules.

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

Agency Contact Person. Written comments, questions, requests to receive a draft of the rules when it has been prepared and requests for more information on these possible rules should be directed to: Kristen Schroeder at Department of Education, 1500 Highway 36 West, Roseville, MN, 55113; telephone: (651) 582-8607; FAX: (651) 582-8248; Email: mde.rulemaking@state.mn.us. TTY users may call the department at (651) 582-8725.

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

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

Dated: July 23, 2004

Chas Anderson, Deputy Commissioner
Department of Education

Department of Human Services

Request for Information pertaining to the implementation of a study for Projects of Regional Significance under the Children and Community Services Act

The Minnesota Department of Human Services (DHS) through its Children and Family Services Administration is seeking information from counties and other interested parties regarding Projects of Regional Significance in order to complete requirements under Minnesota Statutes, 256M.40, subdivision 2. The statute reads as follows:

"The commissioner shall study whether and how to dedicate a portion of the allocated funds for projects of regional significance. The study shall include an analysis of the amount of annual funding to be dedicated for projects of regional significance and what efforts these projects must support. The commissioner shall submit a report to the chairs of the house and senate committees with jurisdiction over children and community services grants by January 15, 2005. The commissioner of finance, in preparing the proposed biennial budget for fiscal years 2006 and 2007, is instructed to include \$25 million each year in funding for projects of regional significance under this chapter."

This request for information (RFI) is designed to solicit input regarding the development of projects of regional significance, study findings and recommendations to be made for the department's report to the legislature.

Background

The 2003 Legislature approved consolidated funding for the Children and Community Services Act (CCSA), Minnesota Statutes, 256M.01 to 256M.80. A brief summary of the Act follows.

- The focus of the act is on supporting individuals who experience dependency, abuse, neglect, poverty, disability, chronic health conditions, or other factors, including ethnicity and race, that may result

- in poor outcomes or disparities, as well as providing services for family members to support those individuals.
- Approximately \$100 million each year is available to counties through the consolidated fund.
- \$25 million is expected to be available for Projects of Regional Significance.

See Minnesota Department of Human Services Bulletin #03-68-10 for more information about the Children and Community Services Act. This can be found at: http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_004869.pdf

Purpose

The purpose of this RFI is to gather information about how best to carry out Projects of Regional Significance under the Children and Community Services Act. To assure stakeholders' input, this RFI seeks recommendations on design criteria, strategies, and priorities that will be important components that must be present for project approval. Information gathered from responses to this RFI will be used to develop a Request for Proposals (RFP) for bidders interested in providing services under Projects of Regional Significance.

Assumptions

The Minnesota Department of Human Services makes the following assumptions:

- The first priority is to serve children, families and individuals with low incomes.
- Projects would serve the needs of children, families and individuals who experience dependency, abuse, neglect, poverty, disability, chronic health conditions, or other factors, including ethnicity and race, that may result in poor outcomes or disparities.
- Projects would be time-limited with time-limited funding.
- More than one county would be involved in any project.
- A minimum of three projects would be supported with the funds available.

Project Characteristics

The following are desired under the responsibilities of the act:

Some projects would specifically address safety, permanency, well-being and/or mental health needs of children. Examples of target populations might include: families with multiple service needs; adolescents in the child welfare system; geographic areas with poor outcomes, including racial disparities, on child safety, permanency, and well-being; MFIP families with one or more children experiencing severe emotional disturbance.

All projects would:

- coordinate services within a region and have effective working relationships with all stakeholders
- include staff knowledgeable about community resources and supports in the region to be covered, the availability of those services, and any other information necessary for consumers to access timely and appropriate services
- promote effective and efficient community services through systematic data collection and analysis that can be shared, as appropriate, to minimize the burden of duplicative data gathering and to facilitate service provision
- effectively serve participants of diverse cultural and ethnic backgrounds with responsive services
- be user friendly for consumers and their informal supports in terms of access and timeliness of service
- be flexible, recognizing that counties are different in size, available services, local supports and individual needs
- support partnerships with other entities, such as community action groups and voluntary agencies.

Contents of the Response

Respondents should address the following questions and are invited to recommend additional information as warranted. Please identify by number each question you are addressing. It is not necessary to respond to each item.

1. Should Projects of Regional Significance be organized around counties only, consortia of counties and other entities, or a mix?
2. How should the number and location of projects be determined?
3. What definitions of "region" should be used?
4. What timeframe should be used for the projects?
5. Should there be additional goals for the projects?
6. Should the projects be tied to the outcome measures under CCSA? How?

Official Notices

7. How should projects relate to existing services for children and families served by counties?
8. How can duplication with existing services be avoided?
9. Are there particular functions that Projects of Regional Significance should not provide?
10. What data should be collected about the projects?
11. How should that data be shared with appropriate stakeholders (e.g. local communities, state agencies, Minnesota Legislature, etc.)?
12. How should a project obtain community feedback about its effectiveness?
13. How should the department oversee and evaluate each project?
14. What minimum or maximum dollar value should be allowed for any one project?
15. What limitations on the types of expenditures should there be?
16. What payment mechanism should be used: grant or program dollars based on cost or cost plus incentives; fee for service; regional/local capitation; other?
17. If incentives are part of the payment to a project entity, what are some examples of outcomes to be rewarded?
18. What critical needs should be addressed by these projects?
19. What types of projects are significant for Minnesota at this time? Please provide proposed project titles and brief descriptions if possible.

Instructions to Respondents

The department prefers electronic mail submissions. In the subject line insert "CCSA RFI." Responses can also be mailed or faxed. Please include a name and phone number or e-mail address of whom to contact in the event there are questions regarding your submission. Also include the organization that you are representing, if any. No acknowledgement of receipt of a response will be provided by the department.

Respondents are responsible for all costs associated with the preparation and submission of responses to this RFI. All responses to this Request for Information are public, according to Minnesota Statutes section 13.03, unless the data provided qualifies for a specific classification under chapter 13.

All submissions, questions, concerns or communications regarding this RFI should be addressed to:

Ralph McQuarter
Minnesota Department of Human Services
Children and Family Services Administration
444 Lafayette Road N.
St. Paul, MN 55155-3839
Phone: (651) 296-0942
Fax: (651) 297-1949
Email: ralph.mcquarter@state.mn.us

Responses must be received no later than 4:30 p.m. Central Standard Time on Friday, September 3, 2004.

This is not a Request for Proposals. It is a Request for Information only.

State Contracts

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

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

Department of Transportation

Engineering Services Division

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 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 commodity, project or tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from the date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact editor for further details.

Dakota County Community Services Administration Notice of Request for Proposal for Services to Children and Families Impacted by mental Health Issues

NOTICE IS HEREBY GIVEN that Dakota County Social Services and the Dakota County Children's Mental Health Collaborative is soliciting proposals from interested and qualified parties for the purpose of providing services to children and families impacted by mental health issues. Funding for this proposal is through the Local Collaborative Time Study (LCTS). The LCTS is a federal funding source enhancing the work of collaboratives. (Reference: Minnesota Statutes 245.493 Local Children's Mental Health Collaborative and M.S. 124D.23 Family Services and Community Based Collaboratives.) The purpose of the LCTS is to expand early intervention and prevention services in Minnesota communities to help children remain in their homes.

The Dakota County Children's Mental Health Collaborative works in partnership to ensure that every child with mental health challenges has equal and timely access to quality, strength-based programs and services. Components seen as critical to result in the enhanced lives of children with mental health issues and their families include:

- Promoting and supporting parent leadership and involvement
- Maximizing community awareness and support
- Partnering to meet needs and overcome barriers
- Ensuring accessible, appropriate and culturally sensitive services

Applications must center on the achievement of at least one of the bullets above and be in compliance with LCTS funding parameters provided in the request for proposal.

Contracts may or may not arise as a result of submitting a Request for Proposal (RFP). Any contractual agreements are subject to approval by Dakota County Social Services, Dakota County Children's Mental Health Collaborative and the Dakota County Board of Commissioners and funding availability.

A complete copy of the RFP is available through the Dakota County Internet website at www.co.dakota.mn.us click on E-Government and select RFP on the menu or obtained by contacting:

Carla Skog, Contract Support Specialist
Dakota County Community Services
1 West Mendota Road, Suite 500
West Saint Paul, MN 55118-4773
Phone: (651) 554-5807
Fax: (651) 554-5948
Email: Carla.Skog@co.dakota.mn.us

The deadline for responses is 4:00 p.m. (CST) on Friday, September 3rd, 2004. Late proposals may not be accepted. Faxed proposals will not be accepted.

Metropolitan Council Notice of Request for Proposals for Facility Planning Improvements to Existing Interceptors

RFP Number 04P007, Project Number 802810, MSB 7019A&B Improvements

NOTICE IS HEREBY GIVEN that the Metropolitan Council is soliciting proposals for facility planning for improvements to existing Council interceptors 7019 A & B and 7020 which are generally near the southwest section Lake Minnetonka. Included are lift stations L24, St. Bonifacius, L23, Baycliff, and L22, Schutz Lake and gravity sewer interceptors, forcemains, flow metering, and odor control facilities.

The Council will not accept a proposal from the successful Proposer for this RFP for any subsequent work of this project or related projects that is based on this facilities plan including, without limitation, work involving detailed design services or construction support services.

Non-State Contracts & Grants

The contract is eligible for PFA funding and has subcontracting goals of 3.5% for MBE and 11.5% for WBE. The estimated cost for this contract is \$800,000 - \$1,000,000.

The tentative schedule for this project is as follows.

RFP Issue Date	July 29, 2004
Proposals Due	August 31, 2004
NTP	October 2004
Draft facility Plan	August 2005

All firms interested in this project should submit a request for a copy of the RFP through:

Harriet Simmons, Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
Mears Park Centre
230 E. Fifth Street, St. Paul, MN 55101
Phone: (651) 602-1086
FAX: (651) 602-1083
E-mail: harriet.simmons@metc.state.mn.us

Metropolitan Council

Notice of Invitation for Bids (IFB) for the Procurement of Facility Roof Repair Services

Reference Number 04P082

The Metropolitan Council is requesting bids for Roof Repair Services for it's Environmental Services Division.

Issue Invitation for Bids	July 30, 2004
Bids Due	August 17, 2004
Award Contract	September 2004

All firms interested in submitting bids for this contract and desiring to receive an IFB package are invited to make a request by e-mail, fax, mail or phone to:

Sunny Jo Emerson
Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
230 East Fifth Street
St. Paul, MN 55101
Phone: (651) 602-1499
Fax: (651) 602-1083
Email: sunnyjo.emerson@metc.state.mn.us

Minnesota Statutes, Sections 473.144 and 363.073, and Minnesota Rules, Parts 5000.3400 to 5000.3600 will be incorporated into any contract based upon the Proposal or any modifications to it. If a contract for the project is awarded in excess of \$100,000, the requirements of Minnesota Rules 5000.3530 will be applicable.

Metropolitian Council

Notice of Request for Proposals (RFP) for Engineering Services for Midtown Exchange Transit Station

Contract Number 04P078

The Metropolitan Council is requesting proposals for engineering, design, and construction support services for the Midtown Exchange Transit Station at the former Sears Tower in Minneapolis. Service will include site survey, parking structure design, construction specifications, pre-bid and bidding activities, prepare and review drawings, and construction oversight for two custom-designed, enclosed passenger waiting facilities.

Issue Request for Proposals	July 26, 2004
Receive Proposals	August 13, 2004
Select Consultant	September 21, 2004
Contract negotiated, executed, NTP	September 27, 2004
Advertise for Construction Bids	February 2005

Non-State Contracts & Grants

All firms interested in being considered for this project and desiring to receive a RFP package are invited to submit a Letter of Interest to:

Harriet Simmons, Senior Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
Mears Park Centre
230 E. Fifth Street
St. Paul, MN 55101
PHONE: 651-602-1086
FAX: 651-602-1083
Email: harriet.simmons@metc.state.mn.us

Metropolitan Council

Notice of Request for Proposals for Inver Grove Heights Transit Center

RFP Number 04P041

NOTICE IS HEREBY GIVEN that the Metropolitan Council is soliciting proposals from Architect/Engineers for design, bidding documents and some construction support services for its Metro Transit Division to install a permanent transit center at the intersection of T. H. 110 and Mendota Road in Inver Grove Heights.

This work is assisted by Federal Transportation Administration funding. There is a Disadvantaged Business Enterprise goal for 14% participation. The estimated cost for this project from this RFP forward is between \$1.3 to \$1.7 million

The tentative schedule for this process is:

RFP Issue Date	August 5, 2004
Proposals Due	September 3, 2004
Contract Award	September 2004
Term of Contract Ends	March 2005

All firms interested in this project should submit a written request for a copy of the RFP through:

Harriet Simmons, Administrative Assistant, Contracts and Procurement Unit
Metropolitan Council
Mears Park Centre
230 E. Fifth Street
St. Paul, MN 55101
Phone: (651) 602-1086 / FAX: (651) 602-1083
Email: harriet.simmons@metc.state.mn.us

Please provide the name of one contact person; complete company name; address / city / state / zip along with phone / fax / cell phone and pager numbers as well as e-mail information if you wish to be placed on the Solicitation List. All other inquiries regarding this procurement shall be directed by e-mail to Hugh McConnell at: hugh.mcconnell@metc.state.mn.us. Any other contact with Council employees on this matter throughout the entire solicitation process risks vendor disqualification.

Metropolitan Council

Notice of Request for Proposals (RFP) for Operation of Regular Route Transit Service

Contract Number 04P002

The Metropolitan Council is requesting proposals to operate regular route transit service for the three service areas listed below.

- East Metro Transit Service (White Bear Lake, Maplewood, Woodbury, and St. Paul)
- West Metro Transit Service (Communities west of Lake Minnetonka, Minnetonka, St. Louis Park, Hopkins, Brooklyn Center, Brooklyn Park, and Crystal)
- Hopkins Area Transit Service (Minnetonka, St. Louis Park and Hopkins - Routes 604, 605, 612 & 614).

Proposals may be submitted to operate services for one or more of the three service areas.

Non-State Contracts & Grants

A tentative schedule for this project is shown below.

Issue Request for Proposals	August 6, 2004
Pre-Proposal Meeting	August 20, 2004
Receive Proposals	September 10, 2004
Contract Award	November 2004
Period of Performance	April 2005 – March 2010

All firms desiring to receive a RFP package are invited to submit a request to:

Harriet Simmons, Senior Administrative Assistant
Contracts and Procurement Unit
Metropolitan Council
230 East Fifth Street
Mears Park Centre
St. Paul, MN 55101
PHONE: (651) 602-1086 FAX: (651) 602-1038
TTY: (651) 229-3760
Email: harriet.simmons@metc.state.mn.us

The Council intends to award one or more contracts for these services.

Metropolitan Council - Metro Transit

Sealed Bids Sought for Elevator/Escalator Maintenance Service for 19 Elevators and 2 Escalators at 12 Locations

Procurement No. 6699

Metro Transit, a division of the Metropolitan Council, is soliciting sealed bids for Elevator/Escalator Maintenance Service for its 19 elevators and 2 escalators at 12 locations in the metropolitan area. The contract term is three years.

Site visits will be conducted on Monday, August 9, 2004, starting at 9:00 a.m.

Sealed bids are due by 2:00 p.m. on August 23, 2004. Bids must be submitted in accordance with the Invitation for Bids document available from:

Metropolitan Council
Metro Transit Purchasing Department
515 N. Cleveland Avenue
St. Paul, MN 55114
(612) 349-5070

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.

Request 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.

