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Printing Schedule for Agencies

Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
SCHEDULE FOR VOLUME 6			
32	Monday Jan 25	Monday Feb 1	Monday Feb 8
33	Monday Feb 1	Monday Feb 8	Monday Feb 15
34	Monday Feb 8	Friday Feb 12	Monday Feb 22
35	Monday Feb 15	Monday Feb 22	Monday March 1

*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the Office of the State Register, 506 Rice Street, St. Paul, Minnesota 55103. (612) 296-0930.

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The *State Register* is the official publication of the State of Minnesota, containing executive orders of the governor, proposed and adopted rules of state agencies, and official notices to the public. Judicial notice shall be taken of material published in the *State Register*.

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NOTICE

How to Follow State Agency Rulemaking Action in the *State Register*

State agencies must publish notice of their rulemaking action in the *State Register*. If an agency seeks outside opinion before promulgating new rules or rule amendments, it must publish a **NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION**. Such notices are published in the **OFFICIAL NOTICES** section. Proposed rules and adopted rules are published in separate sections of the magazine.

The PROPOSED RULES section contains:

- Calendar of Public Hearings on Proposed Rules.
- Proposed new rules (including Notice of Hearing and/or Notice of Intent to Adopt Rules without A Hearing).
- Proposed amendments to rules already in existence in the Minnesota Code of Agency Rules (MCAR).
- Proposed temporary rules.

The ADOPTED RULES section contains:

- Notice of adoption of new rules and rule amendments (those which were adopted without change from the proposed version previously published).
- Adopted amendments to new rules or rule amendments (changes made since the proposed version was published).
- Notice of adoption of temporary rules.
- Adopted amendments to temporary rules (changes made since the proposed version was published).

All ADOPTED RULES and ADOPTED AMENDMENTS TO EXISTING RULES published in the *State Register* will be published in the Minnesota Code of Agency Rules (MCAR). Proposed and adopted TEMPORARY RULES appear in the *State Register* but are not published in the MCAR due to the short-term nature of their legal effectiveness.

The *State Register* publishes partial and cumulative listings of rule action in the MCAR AMENDMENTS AND ADDITIONS list on the following schedule:

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Issues 14-25, inclusive	Issues 40-51, inclusive
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PROPOSED RULES

Pursuant to Minn. Laws of 1980, § 15.0412, subd. 4h, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the State Register. The notice must advise the public:

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

If, during the 30-day comment period, seven 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 § 15.0412, subds. 4 through 4g, which state that if an agency decides to hold a public hearing, it must publish in the State Register a notice of its intent to do so. This notice must appear at least 30 days prior to the date set for the hearing, along with the full text of the proposed rules. (If the agency has followed the provisions of subd. 4h and has already published the proposed rules, a citation to the prior publication may be substituted for republication.)

Pursuant to Minn. Stat. § 15.0412, subd. 5, when a statute, federal law or court order to adopt, suspend or repeal a rule does not allow time for the usual rulemaking process, temporary rules may be proposed. Proposed temporary rules are published in the State Register, and for at least 20 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Labor and Industry
Occupational Safety and Health Division
Proposed Revisions to the Occupational Safety and Health Standards
Request for Comments

Please take notice that Russell B. Swanson, Commissioner of the Minnesota Department of Labor and Industry, has determined that the following revisions to the Occupational Safety and Health Codes shall be promulgated pursuant to Minn. Stat. § 182.655 (1980) establishing, modifying, or revoking Occupational Safety and Health Standards described below. This is an action to adopt standards that have already been proposed and adopted by the Federal Occupational Safety and Health Administration.

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

PROPOSED RULES

Complete copies of the specific standards, changes, additions, deletions and corrections are available by writing: Occupational Safety and Health Division, Minnesota Department of Labor and Industry, 444 Lafayette Road, St. Paul, Minnesota 55101.

Interested persons are hereby afforded a period of thirty (30) days to submit written data or comments on the standards proposed. Any interested person may file with the commissioner written objections to the proposed standards stating the grounds therefor and such person may request a public hearing on such objections.

Russell B. Swanson
Commissioner of Labor & Industry

Rules as Proposed

8 MCAR § 1.7001 Adoption of federal Occupational Safety and Health Standards by reference. The Minnesota Department of Labor and Industry Occupational Safety and Health Codes and rules are amended by incorporating and adopting by reference, and thereby making a part thereof, Title 29 of the Code of Federal Regulations as follows:

Part 1910—Occupational Safety and Health Standards as published in Volume 43, No. 206 of the *Federal Register* on October 24, 1978 and corrected in Volume 43, No. 216 on November 7, 1978 which incorporates changes, additions, deletions and corrections made up to November 7, 1978; and subsequent changes made prior to ~~February 1, 1980~~ December 31, 1981:

—Federal Register, Vol. 46, No. 118, dated 6/19/81—“Deletion of 1910.1046, Occupational Exposure to Cotton Dust in Cotton Gins.”

—Federal Register, Vol. 46, No. 141, dated 7/23/81—“Occupational Exposure to Lead, New Trigger Levels for Medical Removal Protection, 1910.1025.”

—Federal Register, Vol. 46, No. 152, dated 8/7/81—“Corrections to the Electrical Standards, Subpart S.”

—Federal Register, Vol. 46, No. 162, dated 8/21/81—“Occupational Noise Exposure, Hearing Conservation Amendment, 1910.95.”

—Federal Register, Vol. 46, No. 238, dated 12/11/81—“Occupational Exposure to Lead, Final Rule Amended.”

Part 1928—Occupational Safety and Health Standards for Agriculture as published in Part II, Volume 40, No. 81 of the *Federal Register* on April 25, 1975 and subsequent changes made prior to ~~February 1, 1980~~ December 31, 1981:

—Federal Register, Vol. 46, No. 118, dated 6/19/81—“Deletion of 1928.113, Occupational Exposure to Cotton Dust in Cotton Gins.”

Synopses of Standards: The following synopses of the standards being proposed for adoption are very brief. Complete copies of these standards are available as noted above.

A. Deletion of 1910.1046 and 1928.113, “Occupational Exposure to Cotton Dust in Cotton Gins.” The Federal Occupational Safety and Health Administration (Federal OSHA) published a final occupational health standard for exposure to cotton dust in cotton gins in June 1978. The Minnesota Occupational Safety and Health Division (Minnesota OSHA) adopted this final standard on November 6, 1978. A petition for review was filed with the United States Court of Appeals for the Fifth Circuit challenging the validity of this standard. The court vacated the standard. In accordance with the Court’s decision, the following changes have been made to the Federal OSHA Standards and are hereby proposed for adoption by Minnesota OSHA:

Paragraph (d) of 1910.19 is removed.

Footnote 1 to Table Z-2 of 1910.1000 is removed.

1910.1046 is removed in its entirety.

1928.113 is removed in its entirety.

B. “Occupational Exposure to Lead, 1910.1025.” Federal OSHA adopted a permanent standard for Occupational Exposure to Lead on November 14, 1978 (43 FR 52952). The standard was originally scheduled to become effective on February 1, 1979 with delayed start-up dates for some provisions. This standard limited occupational exposure to airborne concentrations of lead and included additional protective provisions including environmental monitoring, recordkeeping, employee education and training, medical surveillance, medical removal protection, hygiene facilities and other requirements. Immediately after promulgation, the lead standard was challenged by both industry and labor in several U.S. Courts of Appeals; all cases were consolidated in the U.S. Court of Appeals for the District of Columbia Circuit. On March 1, 1979 that Court issued a decision which stayed certain provisions of the lead standard; namely, engineering and work practice controls, written compliance programs, ventilation, administrative controls, hygiene facilities and practices, medical surveillance requirements including zinc protoporphyrin, multiple physician review, and signs. All remaining portions of the lead standard became effective on

March 1, 1979 including exposure limits of 50 ug/m³, exposure monitoring, respiratory protection, some medical surveillance requirements, protective clothing and equipment, housekeeping and medical removal protection. Minnesota OSHA adopted the unstayed portions of the lead standard on December 3, 1979.

In an opinion issued August 15, 1980, the U.S. Court of Appeals for the District of Columbia Circuit upheld the validity of the lead standard in ten major industries. However, the Court found that Federal OSHA failed to present substantial evidence or adequate reasons to support the feasibility of the standard with respect to certain industries and remanded the standard to OSHA for reconsideration of the question of technological and economic feasibility of the standard for 38 industries. The Court stayed the requirement that the 50 ug/m³ permissible exposure limit (PEL) must be met primarily through the use of engineering controls in the remanded industries while maintaining the requirement that these industries install engineering controls to meet the pre-existing 200 ug/m³ exposure level. Accordingly, Federal OSHA reopened the rulemaking record for the limited and express purpose of soliciting and receiving additional information pertaining to the technological and economic feasibility of meeting the 50 ug/m³ PEL solely by engineering controls and work practices in the remanded industries. (During this process, Federal OSHA recategorized some industries and added others to the list; therefore, OSHA's final conclusions applied to 46 industry categories.) Concurrent with the remand proceedings and limited reopening of the record by Federal OSHA, industry petitioned the United States Supreme Court for a stay of the lead standard; on December 8, 1980, the Supreme Court granted a stay of the standard identical to the stay issued by the District of Columbia Circuit in March 1979.

On June 29, 1981, the Supreme Court refused to consider further challenges to the lead standard, upheld the regulation, and dissolved its previously issued stay. Therefore, all provisions of the lead standard became fully effective on June 29, 1981 in the following industries: primary lead smelting, secondary lead smelting, battery manufacturing, electronics, gray iron foundries, ink manufacture, paints and coating manufacture, wallpaper manufacture, can manufacture, and printing. In the remaining industries (those included in the Court of Appeals remand order), all provisions of the lead standard became effective except paragraph (e)(1)—engineering controls and work practices. However, these industries were obligated to achieve the 200 ug/m³ level.

On December 11, 1981, Federal OSHA submitted its revised Statement of Reasons to the U.S. Court of Appeals for the District of Columbia Circuit concerning the ability of certain industries to comply with the lead standard. Federal OSHA found engineering controls feasible for 39 industries but requested the Court to return the record for eight other industries on which OSHA is seeking more data to better assess engineering control feasibility. In connection with the feasibility issue, Federal OSHA decided to: (1) require only "feasible" engineering controls in line with the Court decisions; (2) permit the use of respiratory protection in lieu of engineering controls in workplaces where workers are exposed at or above the permissible exposure limit for 30 days or less per year; and (3) extend the engineering control compliance deadline to two and one-half years for the 39 remanded industries. Paragraph (e)(1) of the lead standard was amended accordingly and published at Federal Register, Volume 46, No. 238, dated December 11, 1981.

The amended engineering control requirements of the lead standard became effective for 39 of the remanded industries on January 11, 1982. The following industries were exempted (paragraph (e)(1) remains stayed for these industries): manufacture of lead pigments, manufacture of lead chemicals, shipbuilding and ship repair, leaded steel manufacture, nonferrous foundries, lead casting, battery breaking in the collection and processing of scrap (excluding collection and processing of scrap which is part of a secondary lead smelting operation), and secondary smelting of copper. In addition, Federal OSHA has proposed to administratively stay application of the entire lead standard in the stevedoring industry.

Minnesota OSHA hereby proposes to adopt by reference those portions of the lead standard that had previously been stayed by the Court but have since taken effect at the Federal level. When adopted by Minnesota OSHA, the effective dates (or startup dates) for the Occupational Exposure to Lead Standard will be as follows (for convenience, previous as well as upcoming startup dates are listed):

—All obligations of the standard not specifically addressed below	12/3/79
—Paragraph (a)—Scope and Application	12/3/79
—Paragraph (b)—Definitions	12/3/79
—Paragraph (c)—Permissible Exposure Limit	5/1/80
—Paragraph (d)—Exposure Monitoring (provisions other than paragraphs (d)(2) and (d)(4))	12/3/79
—Paragraph (d)(2)—Initial Determination	1/3/80
—Paragraph (d)(4)—Positive Initial Determination and initial Monitoring	3/3/80
—Paragraph (e)(1)—Engineering and Work Practice Controls (See following "Implementation Schedule")	

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

PROPOSED RULES

	Implementation Schedule		
	Dates to achieve compliance with engineering and work practice controls to specified level:		
	*200 ug/m ³	100 ug/m ³	50 ug/m ³
Primary lead production	12/3/79	6/29/84	6/29/91
Secondary lead production	12/3/79	6/29/84	6/29/86
Lead acid battery mfg.	12/3/79	6/29/83	6/29/86
Electronics, gray iron foundries, ink manufacture, paints and coatings manufacture, wallpaper manufacture, can manufacture and printing	12/3/79	Not applicable	6/29/82
**Industries where engineering control requirements remain stayed.	12/3/79	Stayed	Stayed
Industries for which engineering control requirements have been reaffirmed (39 industries listed in Federal Register, Vol. 46, No. 238, 12/11/81)	12/3/79	Not applicable	7/11/84
*The 200 ug/m ³ continues the level required by the previous standard stated in Table Z-2 of 29 CFR 1910.1000 which had been in effect previously.			
**Engineering control requirements remain stayed for: manufacture of lead pigments and lead chemicals, shipbuilding and ship repair, leaded steel manufacture, nonferrous foundries and lead casting, battery breaking in the collection and processing of scrap (excluding collection and processing of scrap which is part of a secondary lead smelting operation), and secondary smelting of copper.			
—Paragraph (e)(2)—Respiratory protection			5/1/80
—Paragraph (e)(3)—Compliance Program (Written compliance plans required by paragraph (e)(3) for engineering and work practice controls shall be completed and available for inspection as soon as possible but not later than the following schedule for employers in the specified industries:			
—Primary lead production—interim level			6/29/82
—Primary lead production—permissible exposure limit			6/29/86
—Secondary lead production and lead-acid battery mfr.			6/29/82
—Electronics, gray iron foundries, ink manufacture, paint and coatings manufacture, wallpaper manufacture, can manufacture and printing			6/29/82
—Plans for construction of hygiene facilities for all industries if required by existing exposure levels			6/29/82
—Paragraph (e)(4)—Bypass of Interim Level			4/1/82
—Paragraph (e)(5)—Mechanical Ventilation			5/1/82
—Paragraph (e)(6)—Administrative Controls (or the time that the employer institutes such controls, whichever is later)			4/1/82
—Paragraph (f)—Respiratory Protection (respiratory protection shall be provided according to the following schedule:)			
—employees whose 8-hour TWA exposure exceeds 200 ug/m ³			12/3/79
—employees whose 8-hour TWA is between 50 and 200 ug/m ³			5/1/80
—Paragraph (f)(2)(ii)			10/1/82
—Paragraph (f)(3)(ii)			12/3/80
(NOTE: Dust, fume and mist air-purifying respirators are permitted to be used in addition to the respirators listed in Table II under the terms of an administrative stay.)			
—Paragraph (g)—Protective Work Clothing and Equipment			1/3/80
—Paragraph (h)—Housekeeping (except vacuum equipment)			12/3/79
—Paragraph (h)—Housekeeping—Vacuum Equipment			1/3/80
—Paragraph (i)—Hygiene facility and practices			12/3/79
Construction of new change rooms, showers, lunchrooms or lavatories or the substantial renovation of old facilities required by this paragraph is to be completed by:			
—Paragraph (j)—Medical surveillance			4/1/83
(Initial medical exams and biological monitoring except for zinc protoporphyrin (ZPP) level determinations and multiple physician review to be completed as soon as possible but not later than 6/3/80)			6/3/80
—Paragraph (j)(3)(iii)—Multiple physician review			
—to be made available to employees			4/1/82

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—ZPP determinations to be made available to employees	4/1/82
—Paragraph (k)—Medical removal protection	12/3/79
Employers must remove employees from lead exposure according to the following schedule:	
—employees exposed to daily 8-hour TWA at or above 100 ug/m ³ of lead whose blood lead level is at or above 80 ug/100g	12/3/79
—employees exposed to daily 8-hour TWA at or above 50 ug/m ³ of lead whose blood lead level is at or above 70 ug/100g	12/3/80
—employees exposed to daily 8-hour TWA at or above 30 ug/m ³ whose blood lead level is at or above 60 ug/100g	4/1/82
—employees exposed to daily 8-hour TWA or at above 30 ug/m ³ whose blood lead level is at or above 50 ug/100g	3/1/83
—Paragraph (l)(1)—Training program (initial training)	6/3/80
—Paragraph (l)(2)—Access to information and training materials	12/3/79
—Paragraph (m)—Signs	4/1/82
—Paragraph (n)—Recordkeeping	12/3/79
—Paragraph (o)—Observation of monitoring	12/3/79
—Paragraph (p)—Effective date	12/3/79
—Paragraph (q)—Appendices	12/3/79
—Paragraph (r)—Startup dates (supplemented and modified as specified above)	

C. Corrections made to General Industry Electrical Safety Standards, Subpart S of Part 1910. Federal OSHA adopted revised Subpart S on January 16, 1981 and published corrections to the final standard on August 7, 1981. Minnesota OSHA adopted revised Subpart S on November 9, 1981; however, the corrections published by Federal OSHA on August 7, 1981 were not included in that notice. Minnesota OSHA hereby proposes to adopt the corrections to Subpart S as published in the *Federal Register* on August 7, 1981. Most corrections involve minor typographical errors and a correction to 1910.308(e) relating to communication systems.

D. "Occupational Noise Exposure, Hearing Conservation Amendment, 1910.95." On January 16, 1981 (46 FR 4078) Federal OSHA promulgated an amendment to the Occupational Noise Exposure Standard. The new Hearing Conservation Amendment requires employers to provide an effective hearing conservation program for all employees exposed to an 8-hour TWA of 85 dB. This amendment supplements the existing standard and specifies the essential elements of an effective hearing conservation program. The amendment contains requirements for monitoring employee noise exposure, annual audiometric testing for those employees exposed at or above a TWA of 85 dB, the proper selection of hearing protectors such as ear plugs, education and training of employees, warning signs and the keeping of records pertaining to exposure monitoring and audiometric testing. The amendment covers all employees who work for employers covered by the OSHA Act, except for construction and agriculture. Various provisions of the standard were to be phased in over a two-year period; i.e., employers were given six months from the effective date of the standard to do initial determinations and to monitor employee exposure, baseline audiograms had to be completed within a year of the effective date of the standard, etc. In order for Federal OSHA to evaluate the numerous comments, petitions and requests for clarification, the effective date of the standard was administratively stayed several times. After carefully analyzing all comments, petitions and requests, Federal OSHA decided that major portions of the amendment should be allowed to go into effect on August 22, 1981. The remaining portions of the amendment are administratively stayed pending Federal OSHA's review of comments submitted following reopening of the record.

Minnesota OSHA hereby proposes to adopt by reference those portions of the Hearing Conservation Amendment of the Occupational Noise Standard that are no longer stayed as published in the *Federal Register* on August 21, 1981 (46 F.R. 42633). When adopted by Minnesota OSHA, the effective dates for the Hearing Conservation Amendment will be as follows:

	<u>Federal Effective Date</u>	<u>Minnesota Effective Date</u>
Paragraphs (c) & (d)	8/22/81	4/1/82
Paragraph (e)	2/22/82	6/22/82
Paragraph (f) thru (i)	8/22/81	4/1/82
Paragraph (j)	8/22/82	8/22/82
Paragraph (k) thru (r)	8/22/81	4/1/82

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The adoption of a rule becomes effective after the requirements of Minn. Stat. § 15.0412, subd. 4, 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 strike outs and new language will be underlined, and the rule's previous *State Register* publication will be cited.

A temporary rule becomes effective upon the approval of the Attorney General as specified in Minn. Stat. § 15.0412, subd. 5. Notice of his decision will be published as soon as practicable, and the adopted temporary rule will be published in the manner provided for adopted rules under subd. 4.

Environmental Quality Board

Adopted Amendments to Rules Relating to Siting Large Electric Power Generating Plants

The rules proposed and published at *State Register*, Volume 5, Number 50, pages 1995-2000, June 15, 1981 (5 S.R. 1995) are now adopted with the following modifications:

Rules as Adopted

6 MCAR § 3.074 H.3. Large electric power generating plant avoidance areas.

d. When there exists a feasible and prudent alternative with less adverse environmental and noncompensable human effects, no LEPGP site shall be selected where the developed portion of the plant site includes more than ~~0.25-0.75~~ 0.5 acres of prime farmland per megawatt of net generating capacity, and no make-up water storage reservoir or cooling pond site shall be selected that includes more than ~~0.25-0.75~~ 0.5 acres of prime farmland per megawatt of net generating capacity. These provisions shall not apply to areas located within home rule charter or statutory cities; areas located within two miles of home rule charter or statutory cities of the first, second and third class; or areas designated for orderly annexation under Minn. Stat. § 414.0325.

* Note: A range of numbers has been proposed for the allowable amount of prime farmland per megawatt. Ultimately, one specific number will be adopted for the developed portion of the plant site and one specific number for the reservoir or cooling pond site.

Department of Public Welfare Mental Health Bureau

Adopted Temporary Rule Relating to Grants for Services to Adult Mentally Ill Persons in Residential Facilities

The temporary rule proposed and published at *State Register*, Volume 6, Number 12, pages 477-484, September 21, 1981 (6 S.R. 477) is now adopted with the following modifications:

Temporary Rule as Adopted

12 MCAR § 2.001 (Temporary) Grants for services to adult mentally ill persons in residential facilities.

A. Scope. This rule applies to county boards which apply individually or jointly to the Commissioner of Public Welfare for a grant under Laws of 1981, ch. 360, art. 2, § 14 for eligible expenditures to be incurred by the county, by any eligible residential facility with which the county board contracts, or by any public or private organization or any combination of these with which the eligible residential facility contracts.

B. Definitions.

4. "Mentally ill person" means a person who has been diagnosed by a physician, a licensed psychologist, or a licensed consulting psychologist, ~~or by a clinic or center approved under 12 MCAR § 2.029~~ as having a ~~mental illness~~ mental illness condition. ~~Mental illness is a condition with physiological, psychological or social components,~~ which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work and recreation; or which is listed in the International Classification of Diseases (ICD-9-CM), code range 290, 293-302.9 or 306-314.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Axes I, II, or III.

C. Allocation priorities.

1. In response to applications and budgets which meet the requirements of this rule, the commissioner shall allocate grants to county boards for specific eligible facilities. If the appropriation is not sufficient to fund all applications, the commissioner shall use the following priorities in descending order of priority ~~the following priority categories, and all approved applications and budgets for facilities in a higher category shall be funded before a grant is provided for facilities in a lower category.~~

2. In each priority category, the commissioner shall give first consideration to facilities within the Rochester State Hospital catchment area counties of Dakota, Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona.

3. If two or more eligible facilities fall within the same priority category and if the appropriation is not sufficient to fund all facilities within that category priority, the commissioner shall allocate grants for those facilities which he or she deems most appropriate within the statewide continuum of care for adult mentally ill persons.

~~E. Content of applications. If two or more counties apply jointly for an award, the chairpersons of all participating county boards shall sign the application.~~

Six completed copies of the application and budget must be received by the commissioner. Applications must contain at least the information specified in ~~1.5-~~ 3., in a form separately identifiable for each facility for which a grant is requested.

3. A statement as to:

b. How the proposed services will fit into the local continuum of care; ~~and~~

c. The proposed sites and providers to be used;

~~4. Documentation that~~ d. How alternative service and funding resources, including public school community education programs, will be used to the maximum extent possible in meeting requirements of 12 MCAR § 2.036-; and

~~5. A statement as to how~~ e. How the county board will determine the effectiveness of the services in helping adult mentally ill persons remain and function in their own communities.

F. Content of budgets; eligible expenditures.

3. "Room and board costs" shall include a reasonable allocation of salaries and other costs related to the costs in a.-d.; however, any of ~~the~~ these costs which are new since June 1, 1981, and are required by 12 MCAR § 2.036 shall be considered as other new program costs and not as room and board costs.

J. Reporting and maintenance of records.

2. The county board shall use forms provided by the commissioner to report the use of funds under this rule, including the number and kinds of persons served, the cost of providing each service, results achieved and other data deemed necessary by the commissioner. Wherever possible the commissioner shall use the same data which is required for reporting under 12 MCAR § 2.036 and under the Community Social Services Act, Minn. Stat. ch. 256E. The commissioner shall use these reports and the evaluation from the county board to develop the report to the Legislature required by Laws of 1981, ch. 360, art. 2, § 14, subd. 4.

Department of Public Welfare

Adopted Rule Governing Residential Programs for Adult Mentally Ill Persons (12 MCAR § 2.036)

The rule proposed and published at *State Register*, Volume 6, Number 9, pages 249-262, August 31, 1981 (6 S.R. 249) is now adopted with the following modifications:

Rule as Adopted

12 MCAR § 2.036 Licensing of residential facilities for adult mentally ill persons.

A. Applicability.

1. Rule 12 MCAR § 2.036 applies to all providers offering residential care and ~~treatment~~ program services to five or more

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adult mentally ill persons at one time for more than 30 days in any 12-month period and is based, in part, on Minn. Stat. § 245.782, subs. 6 and 9. This rule applies to mental health residential ~~treatment facilities~~ programs which are Category I programs as defined in B.3. and semi-independent or supportive group living ~~facilities~~ programs which are Category II programs as defined in B.4. This rule applies to mental health residential programs for the adult mentally ill within state hospitals, and adult foster ~~care homes or safe houses~~ with five or more adult residents who are mentally ill. These entities must be licensed as either Category I or Category II facilities.

2. Rule 12 MCAR § 2.036 does not apply to programs located within a licensed private hospital which has a psychiatric or chemical dependency program located within the hospital or to a mental health residential program, except state institutions under the control of the commissioner; nor does it apply to programs located within a licensed nursing home.

B. Definitions. As used in 12 MCAR § 2.036, the following terms have the meanings given them.

1. Applicant. "Applicant" means an individual, organization, association, partnership, corporation or unit of a state institution which submits an application for licensure under 12 MCAR § 2.036 to provide care and treatment for five or more adult mentally ill persons in a mental health residential program.

2. Case management services. "Case management services" means the arranging and coordinating of direct services for a resident with the involvement of the resident. These direct services include, but are not limited to: assuring a diagnosis ~~when needed~~, assessing the resident's strengths and weaknesses in order to determine the resident's needs, developing an individual treatment plan, and evaluating the plan's effectiveness.

3. Category I program. "Category I program" means a mental health residential program which provides ~~intensive treatment for persons who are mentally ill and~~ program services in which there is an emphasis on services being offered on a regular basis within the facility with the use of community resources being encouraged and practiced.

4. Category II program. "Category II program" means a mental health residential program which provides either a transitional semi-independent living arrangement or a supervised group supportive living arrangement for mentally ill persons. This type of program offers a combination of in-house and community resource services with emphasis on securing community resources for most daily programming and employment.

5. Commissioner. "Commissioner" means the Commissioner of the Department of Public Welfare or a duly authorized representative.

6. Community representative. "Community representative" means an individual who represents ~~a broad base of citizen interest~~ citizens' interests and who is neither an employee or board member, nor has any other official affiliation with the mental health residential program.

7. Crisis services. "Crisis services" means a set of activities designed to respond to medical, situational, and psychiatric emergencies.

8. Department. "Department" means the Department of Public Welfare.

9. Full-time. "Full-time" means work time equalling at least 37½ hours per week.

10. Independent living ~~services~~ skills training. "Independent living ~~services~~ skills training" means services which both emphasize development of an individual's skills required to perform increasingly independent daily living functions and which are appropriate to the needs of the individual.

11. Individual program plan. "Individual program plan" or "individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results and ~~modified at frequent~~ revised, if necessary, at certain intervals. The plan specifies goals and objectives and a means for their accomplishment, and also identifies responsible staff persons.

12. License. "License" has the meaning given it in Minn. Stat. § 245.782, subd. 11.

13. Living unit. "Living unit" means a set of rooms which are physically self-contained, which have the defining walls extending from floor to ceiling, and which include bedrooms, living rooms or lounge areas, bathrooms and connecting areas.

~~13.~~ 14. Mental health counselor. "Mental health counselor" means an individual who, under the supervision of a mental health therapist or program director, provides treatment for mentally ill residents in a mental health residential program and who meets the requirements of P.7. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in 12 MCAR § 2.036 for a mental health counselor.

~~14.~~ 15. Mental health residential program. "Mental health residential program" or "program" means a planned

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combination of living conditions, services, and resources for the treatment and rehabilitation of five or more mentally ill adults on a 24-hour per day basis.

~~15-~~ 16. Mental health therapist. "Mental health therapist" means an individual skilled in providing mental health therapy in a mental health residential program and who meets the requirements of P.6. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in 12 MCAR § 2.036 for a mental health therapist.

~~16-~~ 17. Mental health therapy. "Mental health therapy" means various treatment modalities which may reasonably be expected to improve the resident's condition.

~~17-~~ 18. Mental health worker. "Mental health worker" means an individual who, under the supervision of mental health counselor, mental health therapist, or program director, provides care, support, or assistance to mentally ill residents in a mental health residential program and who meets the requirements of P.8. Possible job titles for this staff position are resident manager, human services technician, independent living skills worker, and licensed practical nurse. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in 12 MCAR § 2.036 for a mental health worker.

~~18-~~ 19. Mentally ill person. "Mentally ill person" means a person ~~with a functional, nonorganic, emotional disorder which has been diagnosed by a physician or a licensed consulting psychologist, and who has demonstrated by his or her behavior an inability to interpret realistically the environment, cope with independent daily living or form meaningful relationships~~ who has been diagnosed by a physician, a licensed psychologist, or a licensed consulting psychologist as having a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work and recreation; or which is listed in the International Classification of Diseases (ICD-9-CM), code range 290, 293-302.9 or 306-314.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Axes I, II or III.

~~19-~~ 20. Motivation and remotivation services. "Motivation and remotivation services" mean a set of activities which encourages the development of positive attitudes and self-concept, and which encourages the resident to develop goals and to use available community resources.

~~20-~~ 21. Program director. "Program director" means a person who is responsible for the development and implementation of the mental health residential program and who meets the requirements of ~~P-4~~ P.5.

~~21-~~ 22. Provisional license. "Provisional license" has the meaning given it in Minn. Stat. § 245.782, subd. 12.

~~22-~~ 23. Recreation and leisure time services. "Recreation and leisure time services" means a set of activities designed both to meet a resident's personal and therapeutic needs of self-expression, social interaction, and entertainment, and to develop skills and interests that lead to enjoyable and satisfying use of leisure time. ~~A major~~ An objective of ~~these~~ these services is the integration of residents into the recreational mainstream of the community.

~~23-~~ 24. Restraint. "Restraint" means any physical device that limits the free and normal movement of body and limbs.

~~24-~~ 25. Seclusion. "Seclusion" means involuntary removal into a separate room which prevents social contact with other persons.

~~25-~~ 26. Socialization services. "Socialization services" means a set of activities in which residents learn interpersonal relationship and communication skills.

~~26-~~ 27. Social services. "Social services" ~~includes~~ may include psychosocial evaluation; counseling based on social work problem-solving methods; activities designed to assist residents in dealing with tasks of daily living; utilization of community resources; psychotherapy for individuals, families and groups; and education, planning, and advocacy for the social needs of residents.

~~27-~~ 28. Support group services. "Support group services" means a ~~forum~~ group process designed ~~for~~ to allow residents to participate with other individuals in a ~~group process~~ of sharing feelings, experiences, and constructive feedback.

~~28-~~ 29. Vocational services. "Vocational services" means a set of activities emphasizing development of skills required to perform work functions in a competitive ~~or quasi-competitive~~, semi-competitive or volunteer work setting.

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C. Licensing process.

1. License required. No mental health residential program shall operate in Minnesota unless it has a current and valid license or provisional license as required by Minn. Stat. §§ 245.781-245.812.

2. Information furnished. Upon written request, each individual, organization, or agency shall be furnished with a copy of 12 MCAR § 2.036 and other pertinent materials such as an application form and instructions for obtaining a license.

3. Application. Persons interested in obtaining licensure under 12 MCAR § 2.036 shall submit to the commissioner a completed application on forms supplied by the department. The applicant shall either document compliance with all applicable building codes, fire and safety codes, health rules, zoning ordinances, and other applicable rules and regulations or submit documentation that appropriate variances have been granted.

4. Decision. The commissioner shall make a decision on licensure after completion of the following steps:

- a. a review of the application;
- b. a visit to the program site; and
- c. interviews with staff and a random sample of residents and staff, in the case of existing facilities.

5. Fee. Each applicant shall pay to the commissioner a nonrefundable fee not to exceed \$150 for the costs of processing the license application. Information regarding the specific amount and the timing of the payment shall be made available to the applicant.

6. Renewals. Application for renewal of a license shall be made on forms furnished by the department at least 30 days prior to the date of expiration of the license.

D. License changes; report. Any changes in the following areas shall be reported in writing to the department at least 20 days prior to the change:

1. a change in licensed capacity;
2. the location of the program;
3. a change in program director;
4. a change in ownership; or

5. major changes in programming. Major changes in programming include such areas as a change in the target population or shifting from the internal provision of services to the external provision of services through a purchase of service contract. Changes in programming which do not have to be reported include such changes as the addition of staff, reassignment of staff, and establishing new groups.

E. Program policy and procedures manual. Each mental health residential program shall develop a written policy and procedures manual. The manual shall contain all materials required by F.-M. The manual shall be available for inspection by the department.

F. Statement of purpose and policies. The manual shall contain a complete statement describing the mental health residential program's philosophy and goals. This statement shall include, but not be limited to, a description of:

- a. 1. the geographical area to be served;
- b. 2. the ~~treatment~~ design and methodology of program services; and
- e. 3. the scope of services offered.

G. Program organization and administration.

1. Advisory committee. Each program shall have an advisory committee which provides for ~~reasonably broad~~ community representation and public participation in its operation. The advisory committee shall have a core group which comprises a quorum. The core group shall include at least one program resident, the facility's administrator, and a community representative. The advisory committee shall document the procedure whereby residents are assured access to the advisory committee. The committee shall meet at least quarterly. Minutes of the meetings shall be recorded and kept on file at the facility. Each program shall provide to the department a list of names and titles of the members of the advisory committee who are members at the time of submitting an application or renewal of a license under 12 MCAR § 2.036.

2. Governing body. All programs shall have a governing body which is accountable for, and has authority over, the policies and activities of the program. In the case of a program owned by a proprietor or partnership, the proprietor or partners shall be regarded as the governing body for the purpose of this part. Each program shall provide to the department a list of names and titles of the members of its governing body.

3. Designated authority. A program operating within Minnesota with headquarters outside of the state shall have a duly authorized representative with decision-making responsibility designated within this state.

H. Required documentation and reports.

1. Insurance coverage. Each program shall have written documentation of insurance coverage in an amount sufficient to protect the interests of residents and staff. Each program must document the specific types and amounts of coverage and the carrier or carriers.

2. Bonding. Each program shall have written documentation that all employees are bonded or otherwise appropriately insured if they have access to or responsibility for handling money.

3. Financial information. Each program shall make available to the commissioner an annual fee schedule. A new program shall document in writing ~~assurance~~ a plan of funding sufficient to meet total projected program costs for a period of at least one year in addition to start-up costs.

4. Maintenance. Each program shall document that the maintenance and upkeep of the facility is being done by staff hired by the program or through a written working agreement with an outside person or firm.

5. Non-discrimination policy. Each program shall have a written policy which requires that no resident be discriminated against in admission, termination, or ~~treatment~~ the provision of program services on the basis of race, creed, color, national origin, ~~relation~~ religion, physical handicap, sexual preference, public assistance status or marital status.

6. Each applicant shall document compliance with provisions of Minn. Stat. § 626.557.

~~6-7.~~ 7. Accident reports. Each program shall have a written policy regarding accidents and missing persons. Each program shall maintain in central files at the facility reports regarding accidents or missing persons if the reports pertain to facility residents.

~~7-8.~~ 8. Annual comprehensive report. Each program shall give a comprehensive annual report to its governing body and, its advisory committee and to the host county. The report shall also be available to the commissioner. The report shall include documentation in at least the following areas:

- a. a current organizational chart listing the number of full-time equivalent positions in each ~~category~~ job class;
- b. training, staff development, and continuing education activities of staff;
- c. administrative policy and procedure changes;
- d. program evaluation as required in ~~8-9.~~ 9.; and
- e. a financial report.

~~8-9.~~ 9. Program evaluation.

a. Process required. Each program shall institute an evaluation process to be conducted on an ongoing basis. ~~An annual report of this evaluation shall be submitted to the program's governing body and advisory committee and to the host county.~~ The evaluation process shall be outcome-based and consistent with the emphasis of 12 MCAR § 2.036 on individual treatment planning. In a format developed by the commissioner, the data and documentation required by b., c., and d. shall be submitted to the commissioner on an annual, aggregate basis for state-wide summaries and for planning the use of state resources.

b. General data. Each program shall systematically collect data that includes, but need not be limited to: resident demographic data, program service data, and data on concurrent services. Each program shall submit the data to the host county for combination with follow-up data collected by county case workers. ~~In a format developed by the commissioner, the data shall be submitted by each program to the commissioner on an annual, aggregate basis for statewide summaries and for planning the use of state resources.~~

c. Individual data. Each program shall also, for the purpose of examining the program's impact, assess the progress of each resident relative to the resident's individual treatment plan. Progress shall be assessed by rating each resident within 30 days of admission and thereafter at the time of quarterly review on uniform level of functioning scales determined by the commissioner.

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d. County technical assistance. Each program shall collaborate with available county technical assistance staff to examine the evaluation results, to assess the overall progress of residents in the program, and to ~~demonstrate~~ document how the results are used in administrative and program development.

e. Data restrictions. Each program shall collect the statistical data described in ~~8-~~ 9. for the purpose of program evaluation. The categories of data shall be compatible with the evaluation requirement of the Community Social Services Act, Minn. Stat. ch. 256E, and shall not require duplicate data collection. Dissemination shall be in accordance with provisions of the Minnesota Government Data Practices Act, Minn. Stat. §§ 15.1611-15.1699, and all applicable federal rules or laws.

I. Personnel policies and procedures.

1. General requirements. Each program shall have a written personnel policy and shall make a copy of it available to each employee upon employment and to the department for review. Personnel policies shall be carried out in accordance with affirmative action policies and equal employment opportunity regulations.

2. Job description. The personnel policy shall contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance, and qualifications.

3. Job evaluation. The personnel policy shall provide for job performance evaluations conducted on a regular and ongoing basis with a written annual review. As part of the annual performance review, each staff member shall have a growth and development plan. Each program shall develop a policy and establish procedures for resident input into staff evaluations.

4. Conditions of employment. The personnel policy shall describe the employees' conditions of employment, including their benefits, hours of work, methods of promotion, and the general conditions which constitute grounds for dismissal and suspension, ~~and the ways in which staff stress will be recognized and addressed.~~

5. Organizational chart. The personnel policy shall also include a chart or definition of organizational structure indicating lines of authority.

6. Grievance procedure. The personnel policy shall describe a grievance procedure for use by staff. This procedure shall allow the aggrieved party to bring the grievance to the highest level of authority in the operation of the facility. A list of other community resources, such as the Health Facilities Complaint Office in the Department of Health, the Licensing Division in the Department of Public Welfare, and the Department of Human Rights, shall be made available to staff by the facility.

7. Personnel data. Program employee personnel data shall be accessible to the department.

8. Staff orientation. The personnel policy shall include a program of orientation for all new staff and the orientation shall be based on a written plan. At a minimum, the plan of orientation shall provide for training related to the specific job functions for which the employee was hired, facility policies and procedures, and the needs of mentally ill persons.

9. Staff training. The program shall have a staff development plan, including ~~in-service or outside training~~ continuing education opportunities. The plan shall be ~~developed~~ reviewed annually. The plan shall be relevant to the facility's program and resident population. There shall be at least 15 hours of ~~in-service training, or training through community resources, or both,~~ continuing education annually for each staff person working directly with mentally ill persons. The training shall include, but need not be limited to, the following areas:

a. ~~Red Cross certified~~ first-aid training ~~or equivalent, to be updated at least every three years;~~

b. crisis intervention training for psychiatric emergencies;

c. problems and needs of mentally ill persons and their families;

d. community resources locally available to mentally ill adults;

e. psychotropic medications and their side effects;

f. resident rights;

g. cultural awareness training;

h. rules governing the operation of residential facilities for adult mentally ill persons; ~~and~~

i. staff stress or burnout; and

± j. other topics, such as case management, individualized goal planning, chemical use and abuse, health and nutrition, and services for multiple disability residents.

10. Training for non-direct care staff. Personnel of the program not referenced in this rule shall receive continuing education as appropriate to their role and function within the program.

J. Personnel files.

1. Central training file. The orientation and ~~in-service and training through community resources~~ continuing education

required by I. shall be documented by each program in a central training file. The file shall be available to the department for review. Documentation shall include, but need not be limited to: the date, the subject, the name of the person who conducted the training, the names of staff attending, and the number of hours attended.

2. Individual files. Each program shall maintain a separate personnel file for each employee. The files shall be available to the department for review. Employees shall be able to review their own personnel files, subject to the provisions of the Minnesota Government Data Practices Act, Minn. Stat. §§ 15.1611-15.1699. At a minimum, each file shall contain the following:

- a. an application for employment or a resume;
- b. verification of employee's credentials;
- c. an annual job performance evaluation;
- d. an annual growth and development plan;
- e. documentation of orientation; and
- f. a record of training and education activities during employment.

K. Admission, discharge, and transfer policies.

1. Admission criteria. Each program shall develop admission criteria delineating the types and characteristics of persons who can and cannot be served by the program. Intake policies and procedures shall be developed including the role ~~and responsibility~~ of community resources.

2. Discharge and transfer policies. Each program shall develop detailed discharge and transfer policies and procedures. The policies and procedures shall include:

- a. a planned discharge or transfer conference with the resident, staff representatives, and others requested by the resident if possible;
- b. identification of community resources which directly relate to the continuing needs of the resident;
- c. a description of the process by which a discharged or transferred resident would or would not have access to the staff and other residents in order to facilitate readjustment in the community.

L. Program services. The following services shall be offered either ~~within~~ by the facility program or through a ~~contract~~ working agreement with other community resources:

- ~~a-~~ 1. case management services;
- ~~b-~~ 2. crisis services;
- ~~c-~~ 3. independent living ~~services~~ skills training;
- ~~d-~~ 4. mental health therapy;
- ~~e-~~ 5. motivation and remotivation services;
- ~~f-~~ 6. recreation and leisure time services;
- ~~g-~~ 7. socialization services;
- ~~h-~~ 8. support group services;
- ~~i-~~ 9. social services;
- ~~j-~~ 10. vocational services; and
- ~~k-~~ 11. other services if their need is indicated by the resident assessment.

M. Policies and procedures guaranteeing resident rights.

1. Explanation of rights. A written statement of residents' rights and responsibilities shall be developed encompassing ~~2-40~~ 11. Program staff shall explain to each resident the resident's rights and responsibilities. A written statement of residents' rights and responsibilities shall be given to each resident, and to his or her responsible party ~~within 30 days of~~ if the resident has

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ADOPTED RULES

a legal guardian, on admission. A list of residents' rights and responsibilities shall be posted in a place accessible to the residents and shall be available to the department for review.

2. Grievance procedure. ~~Within 30 days of~~ Upon admission each resident shall be informed of grievance procedures available to the resident, and a copy of the procedures shall be posted in a place accessible to the resident. The grievance procedures shall include the following:

a. An offer of assistance by the facility program staff in development and process of the grievance; and
b. A list of internal resources for use by the resident, such as the resident council or a grievance committee, and a list of community resources available to the resident, such as the health facilities complaint office in the Department of Health, the Licensing Division in the Department of Public Welfare, and the Department of Human Rights.

3. Resident council. Each program shall have a resident council through which residents have an opportunity to express their feelings and thoughts about the program and to affect policies and procedures of the program. Minutes of council meetings shall be recorded and made available to the program director.

4. Personal funds policy. ~~If Staff supervises will not supervise the use of residents' personal funds or property, unless policies governing the supervision shall be have been written-~~ and unless the resident ~~shall sign~~ has signed a consent form prior to the exercise of supervision indicating an awareness of and consent to procedures governing the ~~program's~~ use of the resident's personal funds. In order to encourage independent living skills, any restriction of a resident's personal funds must be documented in the individual treatment plan. Resident fund accounts shall be maintained separately from program fund accounts.

5. Resident compensation. A resident who performs labor ~~which contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone~~ other than labor of a housekeeping nature shall be compensated appropriately and in compliance with applicable state and federal labor laws, including minimum wage and minimum wage reduction provisions. ~~This provision shall not apply to labor of a personal housekeeping nature, nor to labor performed as a condition of residence in a small group living arrangement~~ Labor of a housekeeping nature shall be limited to household chores which a person living in his or her own residence in the community would normally perform.

6. Physician appointments. A resident shall be allowed to see a private his or her physician at any reasonable time.

7. Photographs of residents. ~~Photographs may be taken and used for personal or social purposes unless the resident has indicated his or her objection. Photographs may be taken for informational purposes only upon written consent of the resident~~ A resident shall not have his or her photograph taken for any purpose beyond identification unless he or she consents.

8. Telephone use. Residents shall have access within the facility to a telephone for incoming, local outgoing, and emergency calls. They shall have access within the facility to a pay phone or its equivalent for outgoing long distance calls. Any restriction on resident access to telephones shall be documented in the individual treatment plan.

9. Mail. Residents shall be allowed to receive and send uncensored mail. Any restrictions shall be documented in the individual treatment plan.

10. Restraints. The facility shall have a written policy that defines the uses of restraint, seclusion, and crisis medications as a treatment mode; the staff members who may authorize its use; and a mechanism for monitoring and controlling its use. Physical restraint and seclusion shall be used only when absolutely necessary to protect the resident from injury to himself or to others. Restraint, seclusion, and medications shall not be used as punishment, for the convenience of staff, or as a substitute for a program.

11. Visitors. Residents shall be allowed to receive visitors at reasonable times. They shall be allowed to receive visits at any time from their personal physician, religious advisor, and attorney. The right to receive visitors other than those specified above may be subject to reasonable written visiting rules and hours established by the head of the facility for all residents. The head of the facility may impose limitations on visits to an individual resident only if he or she finds the limitations are necessary for the welfare of the resident and if the limitation and reasons are fully documented in the resident's individual treatment plan.

N. Resident records.

1. Individual program plan development. ~~Each~~ The mental health residential program staff shall develop and complete a written individual program plan for each resident, within ten days after admission, write short-term goals with each resident in order to address the resident's immediate needs. The program staff shall, within 30 days of admission, write an individual program plan which contains the components specified in 2. Medical, social, psychological, and psychiatric histories of the resident shall be used in the development of the plan. The plan shall be developed by an interdisciplinary team including the resident, the program staff, a representative of the referring agency and other appropriate resources, such as family, concerned others, and health care providers requested by the resident. Each resident shall be actively involved in developing his or her

plan, unless contraindicated. The persons involved in the development of the individual program plan shall be noted on the plan. The extent of the resident's participation in developing the program plan shall also be noted on the plan. The plan and documentation related to it shall be kept in the facility where the mental health program is located.

2. Plan contents. An individual program plan shall contain at least the following components:
 - a. an assessment, including a strength and need list, of the resident in at least the following areas of life: social, medical, legal, family, leisure and recreation, spiritual or religious, psychological, financial, vocational and educational;
 - b. the specific problems to be resolved;
 - c. a list of goals in order of priority;
 - d. specific, measurable, and time-limited objectives which relate directly to the goals;
 - e. specific methods, strategies, and resources, including medications, to be used by the staff in assisting the resident to accomplish the goals and objectives;
 - f. the ~~agency~~ agency names of community resource personnel, program staff, or other persons designated to assist the resident in implementing the various components of the plan; and
 - g. notes indicating progress in achieving the goals and objectives.

3. Progress report. A quarterly review of the resident's response to the individual treatment plan and his or her involvement in the facility's overall program shall be written. Copies of this report shall be given to the resident and shall be sent to the representative of the referring agency and other persons deemed appropriate by the program director and resident. The resident's level of participation in the development and the review of the report shall be documented. The report shall be kept at the facility.

4. Discharge or transfer summary. A discharge or transfer summary shall be written for each person transferred or discharged. The summary shall include at least the following information:

- a. a brief review of the resident's problems, strengths and needs while a resident of the program;
- b. the response of the resident to his or her individual treatment plan and to the facility's overall program;
- c. an aftercare plan which identifies the persons, including at least the resident, a program staff member, and a representative of the referring agency, who participated in the development of the aftercare plan; goals and objectives for the first three months after discharge or transfer; and individuals or agencies who will be working with the resident after discharge or transfer; and
- d. a forwarding address and telephone number for follow-up contacts.

5. Accidents and missing persons. A copy of any report regarding accidents and missing persons must be documented in the individual's resident record if the resident is involved in the report.

6. Release of information. Private data regarding a resident shall not be used or released by the facility to any person or agency, except pursuant to the Minnesota Government Data Practices Act. The facility shall use written consent forms for any release of resident information or data.

O. Living unit requirements.

1. ~~Structure. Each living unit of a mental health residential program shall be physically self-contained and shall include bedrooms, living rooms or lounge areas, bathrooms and connecting areas. Walls defining the living unit shall extend from floor to ceiling. These units shall be patterned after a home-like atmosphere, and~~ Furnishings. Each living unit shall include furnishings appropriate to the psychological, emotional, and developmental needs of each resident.

2. Ratios. ~~For existing programs each program, there shall be one living room or lounge area per living unit for every up to 25 residents. For new programs there shall be one living room or lounge area for every 16 residents.~~

3. Program space. There shall be space available for program services as indicated in the individual treatment plans such as an area for learning recreation and leisure time skills, and an area for learning independent living skills, such as laundering and cooking.

4. Gender of residents. The unit or complex of units shall house both male and female residents insofar as this conforms

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to prevailing cultural norms, unless contraindicated by the facility's overall program plan. The unit shall provide for appropriate separation of male and female residents.

5. Privacy. The living unit shall allow for individual privacy and group socialization. Each resident shall have the opportunity for privacy during assessment, interviews, counseling sessions and visitations.

6. Storage space. Each facility shall provide to each resident storage space for clothing and other personal property, including a secure place for valuables. Each facility may exclude particular kinds of personal property from the facility for reasons of space limitations or safety. Any exclusions shall be documented and included in the policies and procedures manual of the facility.

P. Additional requirements for Category I programs. In addition to the requirements of A.-O., Category I programs shall meet the requirements of 1.-9.

1. Capacity. ~~Facilities, or treatment units within facilities existing as of July 1, 1980, not exceeding a maximum capacity of 40 beds shall be permitted. Facilities or units having over 40 beds shall have a three year period from the effective date of 12 MCAR § 2.036 to reduce the capacity to 40 beds or less~~ Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds, shall have a three-year grace period from the effective date of 12 MCAR § 2.036 to reduce capacity to 40 beds or fewer, or to divide the facility into living units which do not exceed 25 beds. Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit, shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

2. Department of Health licensing standards. ~~Each program~~ The facility shall be licensed either as a supervised living facility ~~or as~~ a boarding care facility home, or a hospital.

3. Intake information. Each facility shall maintain in the facility documentation that:

- a. a prospective resident has been diagnosed as being mentally ill and requires treatment;
- b. the diagnoses are based on medical, social, psychological, and psychiatric information; and
- c. medical, social, psychological and psychiatric histories were obtained for each resident.

~~5-~~ 4. Administrator. An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the facility program.

~~4-~~ 5. Program director. An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

a. a master's degree in the behavioral sciences or related field with at least two years of work experience providing services to mentally ill persons, or a bachelor's degree in the behavioral sciences or related field with a minimum of four years of work experience providing services to mentally ill persons; and

b. one year of experience or training in administration or supervision.

6. Mental health therapist. If mental health therapy is provided within the mental health residential ~~treatment facility~~ program, a mental health therapist shall be hired. Persons employed as mental health therapists prior to the effective date of 12 MCAR § 2.036 shall not be required to meet the qualifications of a. and b. Persons employed as mental health therapists after the effective date of 12 MCAR § 2.036 shall be required to meet the qualifications of a. and b. The mental health therapist shall be qualified in at least the following ways:

a. a bachelor's degree ~~in one of the behavioral sciences or related field;~~ and

b. a master's degree in the behavioral sciences or related field or two years of advanced level, certificate training in mental health therapy; ~~and~~

~~c. One year of experience providing services to mentally ill persons.~~

7. Mental health counselors. If program services other than mental health therapy are provided within the mental health residential ~~treatment facility~~ program, they shall be provided by mental health counselors or mental health workers, or both. ~~Mental health counselors shall meet the following qualifications:~~

~~a. A bachelor's degree in one of the behavioral sciences or related field;~~

~~b. A minimum of one year's experience working with mentally ill persons; and~~

~~e. Supervision by a mental health therapist or the program director. Persons employed as mental health counselors prior to the effective date of 12 MCAR § 2.036 shall not be required to meet any specific education requirements. Persons employed as mental health counselors after the effective date of 12 MCAR § 2.036 shall have at least an Associate of Arts degree in one of the behavioral sciences or a related field or a registered nurse degree.~~

8. Mental health workers. ~~Mental health workers shall qualify in one of the following ways:~~

~~a. One year of experience working with mentally ill persons;~~

~~b. One year as a resident of a mental health residential program with three months' training relevant to the job responsibilities of a mental health worker; or~~

~~e. Three months of on-the-job training with continued supervision by at least a mental health counselor. Persons employed as mental health workers after the effective date of 12 MCAR § 2.036 shall meet the qualifications as determined by the governing body to be consistent with those needed to meet the stated goals of the program.~~

9. Staffing ratios. The program shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24-hour coverage within the mental health residential treatment facility program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to active treatment concentrated programming shall be identified. The following minimum staff-to-resident ratios shall be maintained. The requirements of b. and e. represent full-time equivalencies and may be prorated based on licensed resident capacity.

a. The number of work hours performed by the program director shall be prorated based on resident capacity with a ratio of 1 to 40 (1:40 F.T.). No more than one program director per program is required 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40-bed resident capacity. With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40-bed resident capacity. However, applicants or programs with more than a 40-bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

b. The number of work hours performed by the mental health therapist and mental health counselor and mental health worker may be combined in different ways, depending on program needs, to achieve a ratio of one full-time equivalent position for each five residents (1:5 F.T.E. averaged weekly). When the work hours are combined, the facility shall have written documentation that the supervision required by 7.e. and 8.e. is provided.

~~e. The program shall have one quarter-time equivalent in-service training coordinator for each forty residents (1/4:40 F.T.E.). The numbers of work hours performed by this individual may be combined with those of another program staff position.~~

Q. Additional requirements for Category II programs. In addition to the requirements of A.-O., Category II programs shall meet the requirements of 1. to 8.

1. Capacity. Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds shall have a three-year period from the effective date of 12 MCAR § 2.036 to divide the facility into living units which do not exceed 25 beds. Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

2. Department of Health licensing standards. ~~Each program~~ The facility shall have a board and lodging license from the Minnesota Department of Health or its equivalent from a local health department or a health care license.

3. Intake information. Each facility shall maintain in the facility documentation that:

a. a mental health assessment or reassessment has been completed to determine appropriateness of admission; and

b. medical, social, psychological and psychiatric histories were obtained for each resident.

4. Medical information. Each program with a board and lodging license shall require that a physical exam be done 30 days prior to admission or within three days following admission. Each resident shall have an annual physical and dental

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examination. Records shall be kept of annual medical and dental examinations, including records on all prescription medications the resident is taking. Records shall also be maintained regarding the general medical condition of the resident, including any disabilities and limitations.

~~6-~~ 5. Administrator. An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the facility program.

~~5-~~ 6. Program director. An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

a. a master's degree in the behavioral sciences or related field and at least one year of work experience providing services to mentally ill persons, or a bachelor's degree in behavioral sciences or related field with a minimum of two years' work experience providing services to mentally ill persons; and

b. one year of experience or training in administration or supervision.

7. Mental health therapists, counselors and workers. If program services are offered within the facility, they shall be provided by mental health therapists, mental health counselors, or mental health workers, or both. The minimum qualifications for these positions shall be consistent with those of Category I specified in P.6., P.7. and P.8.

8. Staffing ratios. The facility shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24-hour coverage within the mental health residential treatment facility program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to ~~treatment~~ concentrated programming shall be identified. The following minimum staff-to-resident ratios shall be maintained. The requirement of b. represents a full-time equivalency and may be prorated based on licensed resident capacity.

a. The number of work hours performed by the program director shall be prorated based on resident capacity with the ratio of 1 to 40 (1:40 F.T.). No more than one program director per program is required 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40-bed resident capacity. With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40-bed resident capacity. However, applicants or programs with more than a 40-bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

b. The number of work hours performed by the mental health therapist, mental health counselor, and mental health worker may be combined to achieve a ratio of one full-time equivalent staff position for each ten residents (1:10 F.T.E., averaged weekly). When the work hours are combined, the facility shall have written documentation that the supervision required by P.7.e. and P.8.e. is provided.

R. Variances. A residential program may request in writing a variance of a specific provision of 12 MCAR § 2.036. The request for a variance must cite the specification of the rule in question; reasons for requesting the variance; the period of time, not to exceed one year, the licensee wishes to have the provision varied; and the equivalent measures planned for assuring that programmatic needs of residents are met. Variances granted by the commissioner shall specify in writing the time limitation and required equivalent measures to be taken to assure that programmatic needs are met. ~~Variances denied by~~ The commissioner shall specify in writing the reasons for the denial of a variance. No variance shall be granted that would threaten the health, safety, or rights of residents.

S. Appeals. Revocation, suspension or denial of a license may be appealed pursuant to Minn. Stat. ch. 15.

Repealer. 12 MCAR § 2.036 which was effective February 4, 1974, is repealed.

SUPREME COURT

Decisions Filed Friday, January 22, 1982

Compiled by John McCarthy, Clerk

81-21/Sp. Bruce Hueper, a minor child, by Sharon Hueper, his mother and guardian, v. Dean Goodrich and John M. Neubauer, defendants and third party plaintiffs, Appellants, Arland Gregor and Emil Hueper, third party defendants, Emil W. Hueper and Sharon Hueper v. Dean Goodrich and John M. Neubauer, defendants and third party plaintiffs, Appellants, v. The Ford Motor Company, third party defendant, Bruce Hueper v. The Ford Motor Company, Emil W. Hueper and Sharon Hueper v. Ford Motor Company. Faribault County.

Under the collateral source rule, a father may recover the reasonable value of medical services provided free of charge to his minor son by a charitable institution.

Although the plaintiff's recovery was likely to exceed the amount of the defendant's insurance coverage, the amount of damages was not readily ascertainable, and no interest can be allowed on the amount of the policy until the jury returned a verdict and the damages became liquidated.

Todd, J. Dissenting in part, Simonett, Peterson and Otis, JJ. Took no part, Kelley, J.

81-131 Fireman's Fund Insurance Company, Appellant, v. James A. Hill, Dean William Kalenda, etc., *et al.* Hennepin County.

Intention to cause injury will be inferred as a matter of law when a foster custodial parent engages in sexual activity with a minor child in his custody thus precluding coverage under the perpetrator's home owner's insurance policy.

Reversed. Todd, J. Took no part, Kelley, J.

50835, 50836, 51158, 51301, 1 (1981) Jeffrey Cole, Appellant, 50835 v. City of Spring Lake Park, etc., Rudolph Noreen, *et al.*, and Candace Pilarski, Appellant, 50836 v. City of Spring Lake Park, etc., Defendant, Rudolph Noreen, *et al.*, and Paul L. Wettshreck, Appellant, 51158 v. Frank Thomas Kozlowski, Roy James Kreuser, Thomas A. Schroeder, *et al.*, and Anna List as Trustee of Frank List, *et al.*, Appellants, 51301 v. Patrick J. Scoles, Rolf E. Johnson. Anoka and Ramsey Counties.

The legislature, by its 1977 amendment of Minn. Stat. § 340.95, has preempted a common-law cause of action against a social host who furnished liquor to an intoxicated guest where the guest later causes injury to a third party as a result of being intoxicated.

Affirmed. Wahl, J. Took no part, Scott, J., and Kelley, J.

81-783/Sp. Isabel F. Prekker v. Mastermotive, Inc., *et al.*, Relators. Workers' Compensation Court of Appeals.

An employer who discontinues payment of compensation for temporary total disability on the ground that the employee had intended to retire on a specified date regardless of whether or not she was able to continue working has the burden of establishing that claim by a preponderance of the evidence.

Reversed and remanded. Simonett, J.

Decision Filed Wednesday, January 13, 1982

81-1080/Sp., 81-1125 Ronald D. Stevenson, petitioner, Appellant, 81-1080 v. Jack Young, Commissioner of Corrections, *et al.*, and State of Minnesota 81-1125 v. Ronald D. Stevenson, Appellant. Washington County and Nobles County.

In a postconviction proceeding seeking resentencing according to the Minnesota Sentencing Guidelines and Commentary (1980), the district court properly denied relief because it was unable to find that petitioner's early release would not present a danger to the public welfare.

Affirmed. Amdahl, C. J.

Decision Filed Friday, January 15, 1982

81-1103/Sp. State of Minnesota v. Gene Lindsey, Appellant. Ramsey County.

Trial court properly sentenced defendant to consecutive prison terms for two current felony convictions of crimes against different persons, properly departed from the presumptive sentence length for one of the current convictions, and properly made the sentences for the current convictions run consecutively to the unexpired portion of a prior felony conviction.

Commissioner of Corrections will determine proper credit for time defendant served in jail.

Affirmed as modified. Amdahl, C. J.

SUPREME COURT

Decision Filed Monday, January 18, 1982

81-1213/Sp. State of Minnesota, Appellant, v. Raymundo Garcia Gonzales. Ramsey County.

Held, although address stated in search warrant differed from that of location which was intended to be searched and which was searched, suppression of the evidence seized in the search was not required because address stated in warrant was reasonable for the location intended and the error did not create a reasonable probability that an innocent party's residence would be mistakenly searched.

Reversed and remanded for trial. Wahl, J.

Decisions Filed Thursday, December 17, 1981

50184, 50324, 50555, 258 (1980) Richard A. Berland, petitioner, 50184 v. Special School District No. 1, Minneapolis, Minnesota, Appellant, and Elsie Edwards, petitioner, Appellant, 50324 v. Special School District No. 1, Minneapolis, Minnesota and Marshall Garneau, Dale Hulme, *et al.*, Plaintiffs, 50555 v. Special School District No. 1, Minneapolis, Minnesota, Appellant. Hennepin County.

A teacher's "position" within the context of Minn. Stat. § 125.17 is that subject area and grade level for which the teacher is qualified as evidenced by licensure from the State of Minnesota. Therefore, a counselor who holds an elementary teaching license and whose position has been discontinued may displace a less senior elementary teacher.

Where a teacher served in two full-time, long-call reserve assignments with the school district for 1 year before becoming a regular contract teacher, the teacher was entitled to have that year included in the computation of seniority for purposes of section 125.17, subd. 11.

A teacher terminated pursuant to Minn. Stat. § 125.17, subd. 4(5) (1978), because of discontinuance of position, does not by reason of seniority have an absolute right of first refusal for nondepartmental positions requiring special qualifications.

Affirmed in part, reversed in part. Wahl, J. Conc. spec. Todd, J. (#50324).

81-755/Sp. Frank Danelski, Jr., Appellant, v. Larry King and Stearns County. Stearns County.

It was inappropriate for the trial court to grant summary judgment when the release relied upon by the defendants was not unambiguous and the record discloses the existence of issues of material fact.

Reversed and remanded. Amdahl, J.

STATE CONTRACTS

Pursuant to the provisions of Minn. Stat. § 16.098, subd. 3, an agency must make reasonable effort to publicize the availability of any consultant services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal.

Department of Economic Security Balance of State Private Industry Council

Notice of Request for Proposals (RFP) for an Employment Generating Service Funded under the Title VII Private Sector Initiative Program (PSIP)

The Minnesota Balance of State Private Industry Council (BOS PIC) is soliciting proposals for Supervisory Training that is not directly related to the immediate provision of training for employment for participants but which is intended to result in the creation or expansion of employment opportunities for persons eligible under CETA.

The project solicited must provide a training program for supervisors of placed CETA participants in the Balance of State.

The content of the training can include standard supervisory skills with emphasis on a problem solving process in communicating with line staff. The training must also focus on the special needs, cultural issues and problems of economically disadvantaged workers adjusting to the world of work.

For further information or a copy of the complete RFP contact:

Patrick J. Cruik, PIC Coordinator
Minnesota Department of Economic Security
690 American Center Building
150 East Kellogg Boulevard
St. Paul, MN 55101
Phone: (612) 296-5754

The Balance of State Private Industry Council has set aside \$25,000 for this solicitation. The last date on which the proposals will be accepted is February 19, 1982.

Department of Transportation Operations Division

Notice of Availability of Contract for Supportive Services Contractor

The Minnesota Department of Transportation (Mn/DOT) is seeking a qualified individual or organization to provide supportive services' support to the on-the-job training program, sponsored by the Federal Highway Administration (FHWA). This contractor would be responsible for locating, recruiting, and monitoring the hiring and training of unskilled and untrained people in the construction field, with particular emphasis on minorities and females. The contractor would be responsible for providing monthly and annual reports as to the accomplishments under the contract conditions, as prescribed in the Federal Highway Program Manual 6-4-1-2. This is not a request for a proposal. Those interested in being considered please send your response and a resume no later than February 15, 1982 to:

B. E. McCarthy
Consultant Services Engineer
Room 612B
Transportation Building
St. Paul, Minnesota 55155
Telephone: 612/296-3051

The estimated cost for providing supportive services will not exceed a total cost to the state of \$40,000. The services under this contract must be completed between April 1, 1982 and September 30, 1982.

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

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

Department of Administration State Register & Public Documents Division

Notice of Publication of the 1982-83 *Minnesota Guidebook to State Agency Services*

The *Minnesota Guidebook to State Agency Services* 1982-83 is now available in a new, revised edition. The 4th edition of the *Guidebook*, almost 750 pages, guides readers through requirements, forms and fees, applications and complaint filing, and tells the length of waiting time for obtaining services.

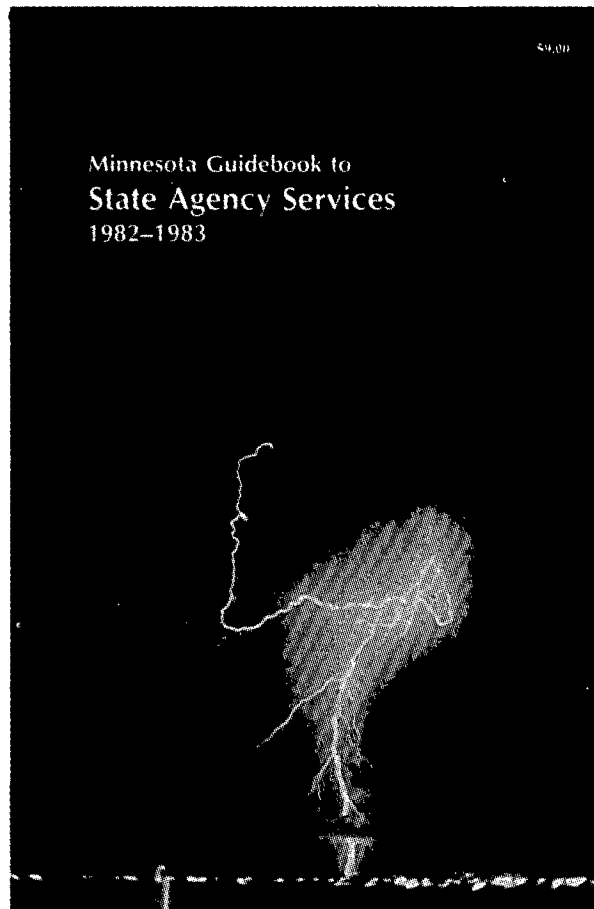
A new section on agency rulemaking and administrative law gives a clear explanation of the process that directs agencies to set rules of procedure that have the force and effect of law.

The *Guidebook* tells how to obtain grants, scholarships, assistance programs, information services, maps, guides and studies. It lists statewide emergency numbers, hotlines, crisis shelters and information-referral services. The *Guidebook* gives direct access to all state agencies and explains what each agency does, how it is organized, who is in charge and why it was established.

The *Guidebook* also has the only complete listing of licenses and permits required in Minnesota, for the professions and occupations as well as recreation and vehicles. The book tells where to obtain them, how much they cost, what applications to fill out and how to renew them.

The legislative and judicial branches of state government are described along with legislative and judicial commissions, law board admission requirements, professional standards for lawyers and judges, and legislative committees and their chairpersons.

Copies of the *Guidebook* are available through the Minnesota State Documents Center and cost \$9.00 plus 45¢. *State Register* subscribers no longer receive a free copy of the *Guidebook*. All orders must be prepaid and purchase orders cannot be accepted. For more information, call 297-3000. Send orders to the Minnesota State Documents Center, 117 University Avenue, St. Paul, MN 55155.



Board of Dentistry

Notice of Intent to Solicit Information or Opinions from Non-agency Sources on Rule Revisions

Notice is hereby given, pursuant to Minn. Stat. § 15.0412, subd. 6, that the Minnesota Board of Dentistry (hereinafter "board") is reviewing its rules to determine if any amendments are needed. Accordingly, the board is soliciting information and opinions from sources outside the agency for the purpose of revising board rules.

All interested or affected persons or groups desiring to submit information and comments relating to the adoption, amendment or revision of board rules should address their comments (either written or oral) to Mr. Dale Forseth, Executive

Secretary, Minnesota Board of Dentistry, Minnesota Department of Health Building, Room 339, 717 Delaware Street Southeast, Minneapolis, Minnesota 55414, telephone (612) 296-5313. Any written material received by the board shall become part of the record in the event that the board decides to amend its rules and proceeds with institution of the rule-making process.

Any materials submitted shall be reviewed and considered by the board during the preparation of the proposed rules. Notice of a public hearing on proposed rules shall be published in the *State Register* and given to all interested parties who have registered with the Board in accordance with the provisions of the Administrative Procedure Act.

January 18, 1982

Dale J. Forseth, Executive Secretary

Department of Education Vocational-Technical Education Division

Notice of Public Hearing on Revisions of 1982 Area Vocational-Technical Institute Aid Distribution Levels

This is to announce that a public hearing will be held on Monday, February 8, at 1:00 p.m. in Room 716 of the Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, on the recommended revisions of the Fiscal Year 1982 area vocational-technical institute aid distribution levels.

Office of the Governor

Notice of Appointment of Department Head

In accordance with Minnesota Statute § 15.06, subd. 2, notice is hereby given of the appointment of Allan L. Rudell as Commissioner of the Minnesota Department of Finance on January 21, 1982.

Metropolitan Council Metropolitan Health Board

Public Hearing for the Joint Consideration of I. Proposed 1982 Health Systems Plan for the Metropolitan Area and Health Guide Chapter of the Metropolitan Development Guide; 1982 Annual Implementation Plan; and Application for Renewal of HSA Designation

The Metropolitan Council and Metropolitan Health Board will jointly hold a public hearing on Thursday, February 25, 1982, at 7 p.m. in the Metropolitan Council Chambers, 300 Metro Square Building, Saint Paul, Minnesota 55101 for the purpose of receiving written and oral comments on the proposed 1982 Health Systems Plan and Health Guide Chapter of the Metropolitan Development Guide; 1982 Annual Implementation Plan and 1982 Application for Renewal of the Metropolitan Council/Metropolitan Health Board's HSA Designation. Copies of the Health Systems Plan and Health Guide Chapter, Annual Implementation Plan, and the 1982 HSA Application are available for public inspection beginning January 25, 1982, at the following locations:

Metropolitan Council Library
300 Metro Square Building
St. Paul, Mn. 55101

Minneapolis Public Library
Government Document Room
300 Nicollet Mall
Minneapolis, Mn. 55401

St. Paul Public Library
Science and Industry Room
90 West Fourth Street
St. Paul, Mn. 55102

OFFICIAL NOTICES

Anoka County Library—Blaine Branch
707 Highway 10
Blaine, Mn. 55434

Carver County Library—Chaska Branch
314 Walnut Street
Chaska, Mn. 55318

Dakota County Library—Burnsville Branch
1101 W. County Rd. 42
Burnsville, Mn. 55337

Hennepin County Library—Southdale Branch
7001 York Avenue
Edina, Mn. 55435

Ramsey County Library—Roseville Branch
2180 N. Hamline Avenue
Roseville, Mn. 55113

Scott County Library—Shakopee Branch
235 S. Lewis Street
Shakopee, Mn. 55379

Washington County Library—Park Grove Branch
7520—80th Street S.
Cottage Grove, Mn. 55106

Metropolitan Health Board
300 Metro Square Building
St. Paul, Mn. 55101

Copies of those components affected by this revision of the Health Systems Plan, the Annual Implementation Plan, and Work Program and Budget for the Agency are available at cost from the Metropolitan Council Public Information Office, 300 Metro Square Building, St. Paul, Minnesota 55101, telephone 291-6464.

Persons wishing to speak at this public hearing may register in advance by contacting Marg Segell at 291-6363. Those who register first will be scheduled to speak first. If you cannot attend you are encouraged to send written comments to the Metropolitan Health Board, up to seven days following this hearing. For further information contact the Metropolitan Health Board at 291-6352.

Charles R. Weaver, Chairperson
Metropolitan Council

Barbara O'Grady, Chairperson
Metropolitan Health Board

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FOR LEGISLATIVE NEWS

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

Briefly/Preview—Senate news and committee calendar; published weekly during legislative sessions. Contact Senate Public Information Office, Room B29 State Capitol, St. Paul MN 55155, (612) 296-0504.

Perspectives—Publication about the Senate. Contact Senate Information Office.

Weekly Wrap-Up—House committees, committee assignments of individual representatives, news on committee meetings and action, House action and bill introductions. Contact House Information Office, Room 8 State Capitol, St. Paul, MN, (612) 296-2146.

This Week—weekly interim bulletin of the House. Contact House Information Office.

Legislative Reference Library
Room 111 Capitol

Interoffice