

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

MINNESOTA STATE REGULATION

Notice of filing by the Commissioner of Administration

We have received on this date, stamped and filed 2 copies of Rules and Regulations pertaining to the Department of Public Welfare
(Agency or Board)

Regulation No. DPW 47 (revised)

Subject: Medical Assistance

Department of Administration
Publication, Central Services Division
Documents Section
140 Centennial Office Building
St. Paul, Minnesota 55155
Telephone: (612) 296-2874

RICHARD [illegible] HATCHER
Commissioner of Administration

NOV 5 1973 11:30 am

BY Eda Staudenmaier
AUTH. SIGNATURE EJ

Stamped and filed with the Secretary of State 11-5-73

Rev. 9-72

ADMIN 1000

STATE OF MINNESOTA

DEPARTMENT WELFARE - Legal Div.

Office Memorandum

TO : PAT WILCOX
Special Assistant Attorney General
Department of Administration

DATE: November 7, 1973

FROM : MICHAEL R. SAEGER
Special Assistant
Attorney General

MS

SUBJECT: DPW RULE 47

Enclosed is a copy of all the necessary documents for DPW Rule 47. I have substituted the corrected versions of pages 7 and 8 in the adopted rule. I have already given these corrected pages to the Documents Section of your department.

pas
Enc.

Rec'd. 11-9-73

ADOPTED

REVISED RULE AND REGULATION DPW #47 -- MEDICAL ASSISTANCE

This rule supersedes DPW Rule #47 except the Appendices A through J, dated October 1, 1967, (PWM VII-2870). The intent of this rule is to fulfill the requirements of the Minnesota Statutes 256B.01 through 256B.26: most specifically 256B.04, and to harmonize the Minnesota Medical Assistance Program with the requirements of the Federal statutes, regulations, and policies. This rule is binding upon all counties in the State of Minnesota administering the Medical Assistance Program (Title XIX).

COUNTY MEDICAL ASSISTANCE PLAN

Counties shall, with the advice and cooperation of the local or administrative area Medical Advisory or other Provider Committee, administer the Medical Assistance Program in accordance with the Rules, Regulations, and Policies of the Minnesota Department of Public Welfare. In its administration of the Medical Assistance Program, each local agency shall provide such methods and procedures relating to the utilization review by provider of, and the payment for, medical services available under the plan as may be necessary to safeguard against abuse and/or unnecessary utilization of such care and services, and to assure that payments (including payments for any drugs and medical supplies provided under the plan) are not in excess of charges as set forth in current fee schedules of maximum allowances (Appendix A-J) of the Minnesota Department of Public Welfare.

MEDICAL ADVISORY COMMITTEE

Counties shall have a local or area Medical Advisory Committee of at least two physician members, appointed by the local or area medical society. It is the responsibility of the county welfare boards to initiate meetings with their Medical Advisory Committee, and to keep the county and state medical societies informed whenever its Medical Advisory Committee becomes ineffective. Records and minutes of the meetings held with the Medical Advisory Committee shall be kept and on file in the county office of the agency administering the Medical Assistance Program. Counties are encouraged to establish additional selected provider advisory committees as deemed necessary for use as a resource in dealing with problems encountered in administering the Medical Assistance Program.

FREE CHOICE OF VENDOR

All persons eligible for Medical Assistance shall be permitted to have free choice of local

medical vendor. This free choice shall be accomplished by the county agency requiring designation by the recipient of his choice of local medical vendor and this choice shall be recorded on that recipient's payment record to be used as an audit check to prevent duplication, "shopping", overutilization or other violations of Medical Assistance policies.

IDENTIFICATION CARD

All persons eligible for Medical Assistance shall be furnished with a time limited Medical Assistance Identification Card showing the termination or cut-off date. Such cards shall be shown to the vendor of the needed medical service or supplies in order to establish the recipient's identity, and current eligibility. The counties are authorized to restrict the use of such Identification Cards where deemed necessary: 1) to prevent duplication of services or abuse; 2) to prevent violations of the several pre-authorization requirements of the program. The counties are required to establish a system of written notification to medical vendors when a recipient's eligibility terminates prior to the termination date stated on the Identification Card.

SCHEDULE OF ALLOWANCES AND/OR FEES

In the administration of the Medical Assistance Program, the county welfare department shall pay a fee or charge for medical care, service, or supplies that is not in excess of the medical vendor's own fee schedule, nor the schedule of maximum allowances and/or charges as established by the Minnesota Department of Public Welfare, (see Appendix A-J) whichever is lower. In no instance shall the fee exceed Title XVIII allowable charges. Payments made by the county welfare office for which reimbursement is requested under Title XIX, shall be recognized by the medical vendor billing, as payment in full, and no additional payment may be either requested or received from the recipient or his responsible relatives.

THIRD PARTY LIABILITY

Appropriate measures shall be taken by the county agency to determine if any third party has a legal liability for payment of medical care, services, or supplies provided to eligible recipients of the Medical Assistance Program. A referral to the County Attorney's office, for the purpose of filing a lien, shall be made in those cases where a third party liability is known, or appears to exist. Such reasonable determination of third party liability shall be made prior to making payment, and any existing third party liability shall be considered as a current resource to the individual in determining eligibility. The responsibility

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BILLING PROCEDURES

Billings for authorized medical care, services, or supplies shall only be made after such care, services, or supplies have been received by the eligible Title XIX recipient. Procedures shall be established at the payment agency to insure the following:

a) Billings must be made by the individual, or facility, or vendor, actually providing the medical care, service, or supplies, except under approved Medicare procedures where official documents presented by the patient, the intermediary, or the provider will be required.

b) Prior authorization requirements, if any, have been adhered to.

c) Billings are made on proper forms and according to prescribed directives provided by and/or approved by the State Agency.

CERTIFICATION OF ELIGIBLE PROVIDERS

In the administration of the Medical Assistance Program, no county welfare department shall make payments to any medical provider, who is required to be certified as an eligible provider by the Single State Agency, unless such provider of medical care, service, or supplies has been certified and determined to be eligible for such payment. Certification of eligible providers of medical care, service, and supplies is centered in the State Agency, the Department of Public Welfare.

VENDOR PAYMENTS

All health care provided to Medical Assistance recipients shall be within the licensure of the person, group, or facility rendering and billing for the medical care, service, or supplies, and payment for the same shall be made directly to the vendor actually providing such care, service, or supplies. As Agreements are developed by the Minnesota Department of Public Welfare, each vendor of medical care, services, or supplies who wishes to participate as a provider under the Title XIX Program shall complete and sign one appropriate Agreement as described below.

PROVIDER AGREEMENTS

Medical Assistance payments may be made only to medical vendors who have properly completed and signed an appropriate provider agreement as prescribed by the Department of Public Welfare and who conforms to the Federal Regulations as reflected in Minnesota Department of Public Welfare Rules, Regulations, and Policies.

PREVALENCE OF FEE OF COUNTY OF SERVICE

The fee to be paid for medical care, service, or supplies rendered to an eligible recipient of the Medical Assistance Program shall be in accordance with the charges allowed in the county in which such service, care, or supplies were provided, and shall be binding on the county of financial responsibility. This provision is intended to give effect to the Medicare principle. That the fee for a given service is the provider's fee in the place in which he usually practices. If the provider provides itinerant service, his established fee for service at his principal place of practice or the schedule of maximum allowances, whichever is lower shall govern. In instances involving vending of supplies as part of the itinerant service, the lower of the maximum allowance of the county in which the itinerant service is rendered or the usual fee shall govern.

RECORDS

A system of medical and fiscal records shall be maintained by: (a) the county welfare department offices which administer the Medical Assistance Program, and (b) medical vendors participating in the Medical Assistance Program. These records shall be adequate so as to determine that appropriate medical services under the Title XIX Program were actually provided, and will contain as a minimum:

a) At the administering agency:

1. Statements from the medical vendors showing the diagnosis and treatment provided individual patients.
2. Records according to the type of medical or other professional services or supplies furnished.
3. An accounting system conforming to the regulations of the State Department of Public Welfare.
4. Reporting to the State Department of Public Welfare any case of suspected fraud (medical vendor or recipient), which has been

formally referred [redacted] writing to the law enforcement [redacted] ffice (County Attorney's office) for appropriate action, and necessary follow.

b) By the participating medical vendor:

1. As necessary to fully disclose the extent of services provided to the eligible Medical Assistance Program recipients.
2. As necessary to be able to furnish the State Agency with information regarding any payments claimed by such persons or institution, for providing services to eligible recipients, as the State Agency may from time to time request.

SECTION II

TYPES OF SERVICES FOR WHICH MEDICAL ASSISTANCE PAYMENTS MAY BE MADE

INPATIENT HOSPITAL CARE

"Inpatient Hospital Services" are those items and service ordinarily furnished by a hospital for the care and treatment of inpatients provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis or mental diseases, and which is licensed and formally approved as a hospital by the Minnesota Department of Health; and is qualified to participate under Title XVIII of the Social Security Act; or is determined currently to meet the requirements for such participation; and which has in effect a hospital utilization review plan applicable also to all patients who receive Medical Assistance under Title XIX of the Act. Care in a licensed hospital shall be provided and paid for only when ordered by a physician and after the county has received notification of such hospitalization on the prescribed Department of Public Welfare form, from the receiving facility. Such notification shall be made within three (3) working days after admission of the patient. The county welfare agency shall appropriately respond within three (3) working days after receipt of such notice.

The medical necessity for hospitalization beyond the 12th day after admission shall be certified by the attending physician on the Medical Record in writing. Any hospitalization beyond 18 days shall be considered an "extended duration" case (unless the U.R. Committee of the hospital has established a lesser number of days as "extended duration"). The

county shall require a written report from the hospital Utilization Review Committee documenting action and the necessity for the continued inpatient care and the non-availability or non-suitability of alternate methods of care. Thereafter, similar Utilization Committee documented reports shall be required at intervals of not less than 30 days, and hospitals shall be so informed by the county welfare department. When the hospital Utilization Review Committee finds that continued hospital care is no longer required, the county welfare office shall be notified by the hospital Utilization Review Committee and the county welfare office shall terminate hospitalization payments 72 hours later. Designated county welfare office staff shall consult with the physician and the hospital staff in all "extended duration" cases and assist in finding suitable alternate solutions to continuing hospitalization. The results of such consultation shall be recorded in the patient's medical record and the county welfare office case record on the patient. The foregoing Medicare requirements shall be applied as the hospital Utilization Review requirement unless the hospital and county welfare department has a Utilization Review plan for a hospital or hospitals which is specifically approved by the Department of Public Welfare.

Medical Assistance payments may be made for patients 65 years or older residing in hospitals maintained primarily for the treatment of mental diseases or tuberculosis. Medical Assistance payments may also be made for hospital care for the treatment of psychiatric or tuberculosis conditions for patients who are eligible, regardless of age in a general hospital that is licensed by the State Department of Health to provide such special care. Psychiatric or tuberculosis care given to eligible recipients in a general hospital is subject to the same type of medical Utilization Review as prescribed above.

OUTPATIENT HOSPITAL SERVICES

Medical Assistance payments may be made for emergency, preventative, diagnostic, therapeutic, rehabilitative, and palliative services if furnished at the outpatient department of an approved hospital.

OTHER LABORATORY AND X-RAY SERVICES

Medical Assistance payments may be made only for such services if furnished in an approved hospital, or in an independent laboratory that has been approved for Medicare (Title XVIII) payments. Routine laboratory and x-ray procedures commonly performed in a physician's office will be reimbursed to the physician.

NURSING HOME SERVICES

Medical Assistance payments may be made only to those nursing homes certified as eligible facilities under Title XIX by the Minnesota Department of Public Welfare. The need for such skilled nursing home and intermediate care services must be determined by and ordered in writing as needed by the attending physician.

PHYSICIAN SERVICES - DENTAL SERVICES

Medical Assistance payments may be made for all services provided by a licensed physician or licensed dentist. Any change made in choice of local primary physician must be made with the knowledge of the existing practitioner and the county welfare agency (referrals to consultant physicians are not a change in primary physician). Payments will be made on behalf of an eligible recipient of the Medical Assistance Program to only one primary local physician, medical group, and/or dentist unless the recipient has a professional referral for consultation or specialist's care. Elective surgery shall always require prior authorization. Payment will not be made for medical care beyond Minnesota and the adjacent areas of the four bordering states and provinces whose medical resources are commonly used by residents of the county concerned. Advice from the appropriate professional advisory committee shall be sought by the administering agency in all technical medical questions related to this Rule.

All necessary dental services are provided but prior authorization requirements are applicable for some, as enumerated in the State Agency maximum fee schedule. The State Agency dental schedule of maximum allowances (Appendix D) does not include every service and those services which are not therein listed, also require prior authorization. Counties may establish reasonable prior authorization requirements except for emergency services.

OTHER PRACTITIONERS

Medical care, and other types of remedial care, other than physician or dental services, may be paid from Medical Assistance funds if furnished by licensed practitioners of the healing arts within the scope of their licenses as defined by Minnesota Statutes. It is limited to include only services of chiropractors, pediatrists, optometrists, and certain osteopaths whose licensure does not include the practice of medicine and surgery. The rules concerning changes in practitioners, recording on the payment card, use of professional advisory committees, emergency services, referrals to other practitioners, prior authorization, and freedom of choice shall also apply in the use of these practitioners.

HOME HEALTH CARE SERVICES

Medical Assistance payments may be made for home health care services provided to an eligible recipient of the Medical Assistance Program, when such services are under the supervision of the recipient's primary physician, or dentist, and have been ordered in writing by that physician or dentist. These services may be paid for only when provided by a home health agency which has been certified by the Social Security Administration as eligible to participate in Title SVIII (Medicare).

RECOGNIZED PROFESSIONAL REHABILITATIVE AND THERAPEUTIC

Medical Assistance payments may be made for these services provided to eligible recipients of the Medical Assistance Program when the following requirements are satisfied:

1. The services are ordered by the recipient's primary physician, consultant, or primary medical group in writing as a part of the total medical care plan for the patient.
2. The service provided is within the scope of the license of the individual providing the services.
3. The services are provided by or under the supervision of a physician.

CLINIC SERVICES

Medical Assistance payments may be made for eligible recipients treated in clinics not part of a hospital but organized and operated to provide outpatient medical care, if the services and supplies are furnished by or under the direction of a duly licensed physician or dentist.

PRESCRIBED EYEGLASSES, PROSTHETIC DEVICES, AND OTHER MEDICAL SUPPLIES

Medical Assistance payments may be made for medical supplies furnished to eligible recipients of the Medical Assistance Program when such supplies have been prescribed by the primary physician, group of physicians designated as primary physician, or dentist, and when prior authorization, if required, has been received. The administering agency shall make every effort to prevent duplication and overutilization of such medical supplies. Special Attention will be given to auditing of medical vendor billings when supplies such as "frill" eyeglass frames, and comfort medications, equipment and devices are present. The eligible recipient should be restricted to the identified medical vendors with respect to obtaining all ordinary medical equipment and supplies. Purchase or rental of special therapeutic devices, contact lenses, and other expensive equipment must be approved by the Medical Advisory Committee serving the county.

OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICE

Medical Assistance payments may be made for these services to eligible recipients unless unusual services are involved. When there exists a question as to the propriety of the service or to its costs, consultation with the appropriate Medical Advisory Committee will be sought. Unresolved questions will be referred to the State Agency for decision.

HEALTH CARE INSURANCE PREMIUMS

Medical Assistance payments may be made for health insurance premiums only in the following instances:

1. For eligible recipients under age 65 if the coverage of the insurance policy can justify the premium charged and the policy provides for vendor payment. State Agency review of such coverage is available upon request.
2. For eligible recipients over age 65 only for Social Security SMI (supplemental medical insurance) on a buy-in basis.

Payments for health insurance must be made directly to the vendor.

OTHER MEDICAL CARE

Medical Assistance payments may be made for such other medical care, services, and/or supplies as may be recognized by the State Department of Public Welfare, as authorized under Title XIX. Examples of such other medical care would include service such as transportation, family planning service and supplies, whole blood and blood derivatives, and emergency hospital care.

PRIVATE DUTY NURSING

Medical Assistance payments may be made private duty nursing by a registered nurse, or a licensed practical nurse when ordered in writing by the recipient's primary physician, or consultant, only under the following conditions, and after prior authorization has been received from the administering agency (except for short-term emergencies):

1. In hospitals having no organized Intensive Care Unit suitable for the needed care of the eligible recipient.
2. In the family residence when there is no Title XVIII certified home health care agency available to provide the physician-prescribed level of nursing care.
3. The private duty nurse is not a member of the patient's family.

DRUGS

Payment for prescription drugs shall be allowed only when drugs are obtained from a licensed pharmacy or from a hospital in which the dispensing of drugs is under the supervision of a licensed pharmacist. Exception may be made to the Rule when a physician makes a home call and finds it necessary to administer a drug immediately or when there is no drugstore in the locality and the recipient would need to travel a considerable distance outside of his trade area to obtain drugs from a drugstore.

DEFINITIONS

NURSING CARE SERVICE

Guidelines for Level-of-Care Services Evaluation:

Skilled Nursing-Care Services: "Skilled nursing-care services" are those services that can be safely provided only by, or under the direct direction of the attending physician. For example, definitions of circumstances that may require skilled nursing care include:

1. An individual who is totally or substantially bedfast and requires special skills for his care, such as a severe cardiac patient, a severe arthritic, a patient with terminal illness, or a patient with a condition involving bed rest resulting in or which may result in problems of skin break-down, contractures, etc., or who requires assistance in and out of bed by use of mechanical aids.
2. An individual who requires medications given by injection or oral medications that require nursing surveillance because of reactions or sudden undesirable side effects and must be administered and observed by licensed nurses.
3. A diabetic amputee whose wound is healed (or healing) who needs diabetic regulation, prosthetic device introduction, etc.
4. An individual requiring special equipment, such as suction apparatus, intermittent positive pressure machines, or oxygen, or who requires special feedings such as "tube feedings" or forced fluids to maintain hydration and fluid balance. (Procedures are to be established in the home for emergency care of patients, with a physician available to provide such care as oxygen therapy, introvenous therapy, medication, respiratory stimulant, etc.)
5. An individual who is partially or totally incontinent of bowel or bladder

who cannot meet the personal care needs required or the needs pertaining to colostomy, ileostomy, or catherization equipment.

6. An individual with severe or moderate behavior problems due to mental confusion and/or communication problems. Nevertheless, "disturbed mental patients shall not be received or retained in a nursing home or boarding-care home. A person for whom general use of restraints is necessary for his protection and the protection of others shall be considered disturbed mentally. If a patient or resident becomes suddenly disturbed, the person in charge of the home shall take temporary measures to protect such person and other persons in the home".

   A severe mental problem involves a person who is confused or disoriented about his surroundings and in need of much supervision for his own safety and the safety of others. A communication problem exists when the patient is unable to talk or express himself or is unable to hear instructions or information pertinent to his well-being.

Intermediate-Care Services I: "Intermediate-care services I" are those services suitable to the needs of individuals who because of their physicial or mental limitations, or both, require living accommodations and care that, as a practical matter, can be made available to them only through institutional facilities and who do not have such an illness, disease, injury, or other condition as to require the degree of care and treatment that a hospital or skilled nursing home provides (as that term is employed in Title XIX). Supervision by a registered nurse or licensed practical nurse is necessary and can be provided by either in attendance eight hours each day. For example, definitions that may require intermediate care include:

1. An individual who, having suffered a stroke, is ambulatory or requires a wheelchair for ambulation and has no bowel or bladder involvement and no serious associated or secondary illnesses but requires assistance of an aide in feeding, dressing, bathing, etc.
2. An individual who has cardiac (heart) problems that are stable and

compensated for, has [redacted]sonable cardiac reserve, and [redacted] no associated illnesses, and who, because of advanced age, has difficulty managing alone in his home and requires assistance in meeting the needs of daily living.

3. An individual who has diabetes and requires supervision to insure his taking of oral medication and sticking to a prescribed diet or who could be capable of self-administering his insulin if so allowed.
4. An individual who has mild behavior problems, or slight confusion, such as may be found in initial phases of senility and who requires simple observation and guidance.
5. An individual who may have to be diapered regularly due to inconteninence.
6. An individual who requires routine prophylactic and palliative skin care, such as bathing, application of creams, etc., for relatively minor skin irritations.

Intermediate-Care Services II (Boarding Care): "Intermediate-care services II" are those that are primarily personal or custodial in nature and are required by individuals because of conditions of old age and/or infirmity and who are not capable of properly caring for themselves. Examples of personal or custodial care include: board, room, laundry, and personal services; assistance with bathing, dressing, and other items of personal hygiene; and supervision over medications that can be safely self-administered.

UTILIZATION REVIEW

To determine the availability of medical facilities, and services, as well as the medical necessity of providing medical care, services and/or supplies to eligible recipients of the Medical Assistance Program, a system of Utilization Review is necessary as well as required. To be truly effective, such Utilization Review must not be a system of only economic sanction for overutilization but must be a method of improvement of service. The central administrative responsibility for such Utilization Review is retained by the Single State Agency and shall include reviewing and monitoring plans submitted by individuals, agencies, groups of providers or institutions as appropriate. Participation in the Utilization Review system will be a condition of participation in the Medical Assistance Program, and for the receipt of payments.

PERIODIC MEDICAL REVIEW

A. Skilled Nursing Homes:

In the administration of the Medical Assistance Program, it is required that patients who are residing in a skilled nursing home, and whose care is being provided through Title XIX funds be reviewed at least once a year to determine (1) "the adequacy of the services available to meet the current health needs and promote the optional physical, mental and psychosocial functioning" of such patients, (2) "the necessity and desirability of the continued placement of such patients in such facilities", and (3) "the feasibility of meeting their health needs through alternative institutional or non-institutional services". Payment may not be made on behalf of patients who the Medical Review Team determine should be in some alternative institution or non-institutional location. The Medical Review Team will be composed as required by Federal regulations and be under the supervision and coordination of the Medical Assistance Unit of the Minnesota Department of Public Welfare. Payment may not be made to any provider of skilled nursing services which refuses to cooperate with the periodical Review Team in their function.

B. State Hospitals:

In the administration of the Medical Assistance Program, it is required that patients 65 years of age or older who are residing in institutions for mental diseases, and whose care is being provided through Title XIX funds be reviewed at least once a year to determine the elements enumerated above in A (1), (2) and (3). Conditions of payment shall be the same as A above, and the team composition is also stated in the Federal regulation 45CFR250.23 (a) (2) and includes psychiatrically oriented membership.

C. Intermediate Care Facilities:

In the administration of the Medical Assistance Program, it is required that patients who are residing in an intermediate care facility which provides more than a minimum level of health care services be reviewed at least once a year to determine (1) what level of care is being provided to the patient, in addition to those three elements identified in A above (1), (2) and (3). Conditions of payment shall be the same as in A and B above. Composition of the team will be in accordance with Federal requirements, and be under the supervision of coordination of the Single State Agency.

FRAUD

Medical Assistance payments made on behalf of eligible recipients, may only be made to eligible medical vendors, who certify that the payments billed for or received, were correctly due and collectable for medical care, service or supply and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

GENERAL ADMINISTRATION

These Rules and Regulations shall be binding upon the county in the administration of the Program.

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
NOV 5 1973 11:30 am
BY Edna Staudenmaier
AUTH. SIGNATURE

APPROVED AS TO FORM AND LEGALITY
Nov. 5, 1973
WARREN SPANNAUS, ATTORNEY GENERAL
BY Robert W. Lee
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
NOV 5 - 1973 - 11:30 am
Arlen I. Erdahl
Secretary of State

PROPOSED

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2. Records according to the type of medical or other professional services or supplies furnished.
3. An accounting system conforming to the regulations of the State Department of Public Welfare.
4. Reporting to the State Department of Public Welfare any case of suspected fraud (medical vendor or recipient), which has been

formally referred [redacted] writing to the law enforcemen[redacted]ffice (County Attorney's office) for appropriate action, and necessary follow.

b) By the participating medical vendor:

1. As necessary to fully disclose the extent of services provided to the eligible Medical Assistance Program recipients.
2. As necessary to be able to furnish the State Agency with information regarding any payments claimed by such persons or institution, for providing services to eligible recipients, as the State Agency may from time to time request.

SECTION II

TYPES OF SERVICES FOR WHICH MEDICAL ASSISTANCE PAYMENTS MAY BE MADE

INPATIENT HOSPITAL CARE

"Inpatient Hospital Services" are those items and service ordinarily furnished by a hospital for the care and treatment of inpatients provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis or mental diseases, and which is licensed and formally approved as a hospital by the Minnesota Department of Health; and is qualified to participate under Title XVIII of the Social Security Act; or is determined currently to meet the requirements for such participation; and which has in effect a hospital utilization review plan applicable also to all patients who receive Medical Assistance under Title XIX of the Act. Care in a licensed hospital shall be provided and paid for only when ordered by a physician and after the county has received notification of such hospitalization on the prescribed Department of Public Welfare form, from the receiving facility. Such notification shall be made within three (3) working days after admission of the patient. The county welfare agency shall appropriately respond within three (3) working days after receipt of such notice.

The medical necessity for hospitalization beyond the 12th day after admission shall be certified by the attending physician on the Medical Record in writing. Any hospitalization beyond 18 days shall be considered an "extended duration" case (unless the U.R. Committee of the hospital has established a lesser number of days as "extended duration"). The

county shall require a written report from the hospital Utilization Review Committee documenting action and the necessity for the continued inpatient care and the non-availability or non-suitability of alternate methods of care. Thereafter, similar Utilization Committee documented reports shall be required at intervals of not less than 30 days, and hospitals shall be so informed by the county welfare department. When the hospital Utilization Review Committee finds that continued hospital care is no longer required, the county welfare office shall be notified by the hospital Utilization Review Committee and the county welfare office shall terminate hospitalization payments 72 hours later. Designated county welfare office staff shall consult with the physician and the hospital staff in all "extended duration" cases and assist in finding suitable alternate solutions to continuing hospitalization. The results of such consultation shall be recorded in the patient's medical record and the county welfare office case record on the patient. The foregoing Medicare requirements shall be applied as the hospital Utilization Review requirement unless the hospital and county welfare department has a Utilization Review plan for a hospital or hospitals which is specifically approved by the Department of Public Welfare.

Medical Assistance payments may be made for patients 65 years or older residing in hospitals maintained primarily for the treatment of mental diseases or tuberculosis. Medical Assistance payments may also be made for hospital care for the treatment of psychiatric or tuberculosis conditions for patients who are eligible, regardless of age in a general hospital that is licensed by the State Department of Health to provide such special care. Psychiatric or tuberculosis care given to eligible recipients in a general hospital is subject to the same type of medical Utilization Review as prescribed above.

OUTPATIENT HOSPITAL SERVICES

Medical Assistance payments may be made for emergency, preventative, diagnostic, therapeutic, rehabilitative, and palliative services if furnished at the outpatient department of an approved hospital.

OTHER LABORATORY AND X-RAY SERVICES

Medical Assistance payments may be made only for such services if furnished in an approved hospital, or in an independent laboratory that has been approved for Medicare (Title XVIII) payments. Routine laboratory and x-ray procedures commonly performed in a physician's office will be reimbursed to the physician.

NURSING HOME SERVICES

Medical Assistance payments may be made only to those nursing homes certified as eligible facilities under Title XIX by the Minnesota Department of Public Welfare. The need for such skilled nursing home and intermediate care services must be determined by and ordered in writing as needed by the attending physician.

PHYSICIAN SERVICES - DENTAL SERVICES

Medical Assistance payments may be made for all services provided by a licensed physician or licensed dentist. Any change made in choice of local primary physician must be made with the knowledge of the existing practitioner and the county welfare agency (referrals to consultant physicians are not a change in primary physician). Payments will be made on behalf of an eligible recipient of the Medical Assistance Program to only one primary local physician, medical group, and/or dentist unless the recipient has a professional referral for consultation or specialist's care. Elective surgery shall always require prior authorization. Payment will not be made for medical care beyond Minnesota and the adjacent areas of the four bordering states and provinces whose medical resources are commonly used by residents of the county concerned. Advice from the appropriate professional advisory committee shall be sought by the administering agency in all technical medical questions related to this Rule.

All necessary dental services are provided but prior authorization requirements are applicable for some, as enumerated in the State Agency maximum fee schedule. The State Agency dental schedule of maximum allowances (Appendix D) does not include every service and those services which are not therein listed, also require prior authorization. Counties may establish reasonable prior authorization requirements except for emergency services.

OTHER PRACTITIONERS

Medical care, and other types of remedial care, other than physician or dental services, may be paid from Medical Assistance funds if furnished by licensed practitioners of the healing arts within the scope of their licenses as defined by Minnesota Statutes. It is limited to include only services of chiropractors, pediatrists, optometrists, and certain osteopaths whose licensure does not include the practice of medicine and surgery. The rules concerning changes in practitioners, recording on the payment card, use of professional advisory committees, emergency services, referrals to other practitioners, prior authorization, and freedom of choice shall also apply in the use of these practitioners

HOME HEALTH CARE SERVICES

Medical Assistance payments may be made for home health care services provided to an eligible recipient of the Medical Assistance Program, when such services are under the supervision of the recipient's primary physician, or dentist, and have been ordered in writing by that physician or dentist. These services may be paid for only when provided by a home health agency which has been certified by the Social Security Administration as eligible to participate in Title XVIII (Medicare).

RECOGNIZED PROFESSIONAL REHABILITATIVE AND THERAPEUTIC

Medical Assistance payments may be made for these services provided to eligible recipients of the Medical Assistance Program when the following requirements are satisfied:

1. The services are ordered by the recipient's primary physician, consultant, or primary medical group in writing as a part of the total medical care plan for the patient.
2. The service provided is within the scope of the license of the individual providing the services.
3. The services are provided by or under the supervision of a physician.

CLINIC SERVICES

Medical Assistance payments may be made for eligible recipients treated in clinics not part of a hospital but organized and operated to provide outpatient medical care, if the services and supplies are furnished by or under the direction of a duly licensed physician or dentist.

PRESCRIBED EYEGLASSES, PROSTHETIC DEVICES, AND OTHER MEDICAL SUPPLIES

Medical Assistance payments may be made for medical supplies furnished to eligible recipients of the Medical Assistance Program when such supplies have been prescribed by the primary physician, group of physicians designated as primary physician, or dentist, and when prior authorization, if required, has been received. The administering agency shall make every effort to prevent duplication and overutilization of such medical supplies. Special attention will be given to auditing of medical vendor billings when supplies such as "frill" eyeglass frames, and comfort medications, equipment and devices are present. The eligible recipient should be restricted to the identified medical vendors with respect to obtaining all ordinary medical equipment and supplies. Purchase or rental of special therapeutic devices, contact lenses, and other expensive equipment must be approved by the Medical Advisory Committee serving the county.

OTHER DIAGNOSTIC, SCREENING, PREVENTIVE AND REHABILITATIVE SERVICE

Medical Assistance payments may be made for these services to eligible recipients unless unusual services are involved. When there exists a question as to the propriety of the service or to its costs, consultation with the appropriate Medical Advisory Committee will be sought. Unresolved questions will be referred to the State Agency for decision.

HEALTH CARE INSURANCE PREMIUMS

Medical Assistance payments may be made for health insurance premiums only in the following instances:

1. For eligible recipients under age 65 if the coverage of the insurance policy can justify the premium charged and the policy provides for vendor payment. State Agency review of such coverage is available upon request.
2. For eligible recipients over age 65 only for Social Security SMI (supplemental medical insurance) on a buy-in basis.

Payments for health insurance must be made directly to the vendor.

OTHER MEDICAL CARE

Medical Assistance payments may be made for such other medical care, services, and/or supplies as may be recognized by the State Department of Public Welfare, as authorized under Title XIX. Examples of such other medical care would include service such as transportation, family planning service and supplies, whole blood and blood derivatives, and emergency hospital care.

PRIVATE DUTY NURSING

Medical Assistance payments may be made for private duty nursing by a registered nurse, or a licensed practical nurse when ordered in writing by the recipient's primary physician, or consultant, only under the following conditions, and after prior authorization has been received from the administering agency (except for short-term emergencies):

1. In hospitals having no organized Intensive Care Unit suitable for the needed care of the eligible recipient.
2. In the family residence when there is no Title XVIII certified home health care agency available to provide the physician-prescribed level of nursing care.
3. The private duty nurse is not a member of the patient's family.

DRUGS

Payment for prescription drugs shall be allowed only when drugs are obtained from a licensed pharmacy or from a hospital in which the dispensing of drugs is under the supervision of a licensed pharmacist. Exception may be made to the Rule when a physician makes a home call and finds it necessary to administer a drug immediately or when there is no drugstore in the locality and the recipient would need to travel a considerable distance outside of his trade area to obtain drugs from a drugstore.

DEFINITIONS

NURSING CARE SERVICE

Guidelines for Level-of-Care Services Evaluation:

Skilled Nursing-Care Services: "Skilled nursing-care services" are those services that can be safely provided only by, or under the direct direction of the attending physician. For example, definitions of circumstances that may require skilled nursing care include:

1. An individual who is totally or substantially bedfast and requires special skills for his care, such as a severe cardiac patient, a severe arthritic, a patient with terminal illness, or a patient with a condition involving bed rest resulting in or which may result in problems of skin break-down, contractures, etc., or who requires assistance in and out of bed by use of mechanical aids.
2. An individual who requires medications given by injection or oral medications that require nursing surveillance because of reactions or sudden undesirable side effects and must be administered and observed by licensed nurses.
3. A diabetic amputee whose wound is healed (or healing) who needs diabetic regulation, prosthetic device introduction, etc.
4. An individual requiring special equipment, such as suction apparatus, intermittent positive pressure machines, or oxygen, or who requires special feedings such as "tube feedings" or forced fluids to maintain hydration and fluid balance. (Procedures are to be established in the home for emergency care of patients, with a physician available to provide such care as oxygen therapy, introvenous therapy, medication, respiratory stimulant, etc.)
5. An individual who is partially or totally incontinent of bowel or bladder

who cannot meet the personal care needs required or the needs pertaining to colostomy, ileostomy, or catherization equipment.

6. An individual with severe or moderate behavior problems due to mental confusion and/or communication problems. Nevertheless, "disturbed mental patients shall not be received or retained in a nursing home or boarding-care home. A person for whom general use of restraints is necessary for his protection and the protection of others shall be considered disturbed mentally. If a patient or resident becomes suddenly disturbed, the person in charge of the home shall take temporary measures to protect such person and other persons in the home".

   A severe mental problem involves a person who is confused or disoriented about his surroundings and in need of much supervision for his own safety and the safety of others. A communication problem exists when the patient is unable to talk or express himself or is unable to hear instructions or information pertinent to his well-being.

Intermediate-Care Services I: "Intermediate-care services I" are those services suitable to the needs of individuals who because of their physicial or mental limitations, or both, require living accommodations and care that, as a practical matter, can be made available to them only through institutional facilities and who do not have such an illness, disease, injury, or other condition as to require the degree of care and treatment that a hospital or skilled nursing home provides (as that term is employed in Title XIX). Supervision by a registered nurse or licensed practical nurse is necessary and can be provided by either in attendance eight hours each day. For example, definitions that may require intermediate care include:

1. An individual who, having suffered a stroke, is ambulatory or requires a wheelchair for ambulation and has no bowel or bladder involvement and no serious associated or secondary illnesses but requires assistance of an aide in feeding, dressing, bathing, etc.
2. An individual who has cardiac (heart) problems that are stable and

compensated for, has reasonable cardiac reserve, and has no associated illnesses, and who, because of advanced age, has difficulty managing alone in his home and requires assistance in meeting the needs of daily living.

3. An individual who has diabetes and requires supervision to insure his taking of oral medication and sticking to a prescribed diet or who could be capable of self-administering his insulin if so allowed.
4. An individual who has mild behavior problems, or slight confusion, such as may be found in initial phases of senility and who requires simple observation and guidance.
5. An individual who may have to be diapered regularly due to inconteninence.
6. An individual who requires routine prophylactic and palliative skin care, such as bathing, application of creams, etc., for relatively minor skin irritations.

Intermediate-Care Services II (Boarding Care): "Intermediate-care services II" are those that are primarily personal or custodial in nature and are required by individuals because of conditions of old age and/or infirmity and who are not capable of properly caring for themselves. Examples of personal or custodial care include: board, -room, laundry, and personal services; assistance with bathing, dressing, and other items of personal hygiene; and supervision over medications that can be safely self-administered.

UTILIZATION REVIEW

To determine the availability of medical facilities, and services, as well as the medical necessity of providing medical care, services and/or supplies to eligible recipients of the Medical Assistance Program, a system of Utilization Review is necessary as well as required. To be truly effective, such Utilization Review must not be a system of only economic sanction for overutilization but must be a method of improvement of service. The central administrative responsibility for such Utilization Review is retained by the Single State Agency and shall include reviewing and monitoring plans submitted by individuals, agencies, groups of providers or institutions as appropriate. Participation in the Utilization Review system will be a condition of participation in the Medical Assistance Program, and for the receipt of payments.

PERIODIC MEDICAL REVIEW

A. Skilled Nursing Homes:

In the administration of the Medical Assistance Program, it is required that patients who are residing in a skilled nursing home, and whose care is being provided through Title XIX funds be reviewed at least once a year to determine (1) "the adequacy of the services available to meet the current health needs and promote the optional physical, mental and psychosocial functioning" of such patients, (2) "the necessity and desirability of the continued placement of such patients in such facilities", and (3) "the feasibility of meeting their health needs through alternative institutional or non-institutional services". Payment may not be made on behalf of patients who the Medical Review Team determine should be in some alternative institution or non-institutional location. The Medical Review Team will be composed as required by Federal regulations and be under the supervision and coordination of the Medical Assistance Unit of the Minnesota Department of Public Welfare. Payment may not be made to any provider of skilled nursing services which refuses to cooperate with the periodical Review Team in their function.

B. State Hospitals:

In the administration of the Medical Assistance Program, it is required that patients 65 years of age or older who are residing in institutions for mental diseases, and whose care is being provided through Title XIX funds be reviewed at least once a year to determine the elements enumerated above in A (1), (2) and (3). Conditions of payment shall be the same as A above, and the team composition is also stated in the Federal regulation 45CFR250.23 (a) (2) and includes psychiatrically oriented membership.

C. Intermediate Care Facilities:

In the administration of the Medical Assistance Program, it is required that patients who are residing in an intermediate care facility which provides more than a minimum level of health care services be reviewed at least once a year to determine (1) what level of care is being provided to the patient, in addition to those three elements identified in A above (1), (2) and (3). Conditions of payment shall be the same as in A and B above. Composition of the team will be in accordance with Federal requirements, and be under the supervision of coordination of the Single State Agency.

FRAUD

Medical Assistance payments made on behalf of eligible recipients, may only be made to eligible medical vendors, who certify that the payments billed for or received, were correctly due and collectable for medical care, service or supply and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

GENERAL ADMINISTRATION

These Rules and Regulations shall be binding upon the county in the administration of the Program.

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE OVE M. WANGENSTEEN
ACTING COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare governing the administration of appropriated funds to providers of nursing home care, and governing the administration of the medical assistance program

ORDER FOR HEARING

To effectively implement an efficient, economical, and impartial medical assistance program, the Minnesota Commissioner of Public Welfare deems it necessary to consider adoption of the proposed rules captioned above pursuant to the authority vested in me by Minnesota Statutes 1969, §§ 256.01, 256.13, 256B.04, and 393.07, and other applicable law.

NOW, THEREFORE, IT IS ORDERED this 26th day of May, 1972, that a public hearing on the proposed rules captioned above be held in the St. Paul Arts and Science Center Auditorium at 30 E. 10th Street, St. Paul, Minnesota, on Wednesday, June 28, 1972, commencing at 9.00 a.m. and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED, that notice of said hearing be given to all representatives of associations or other interested groups or persons who have registered their names with the Secretary of State for that purpose.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Ove M. Wangensteen

Ove M. Wangensteen
Acting Commissioner

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE OVE M. WANGENSTEEN
ACTING COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare governing the administration of appropriated funds to providers of nursing home care, and governing the administration of the medical assistance program

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to M.S. 1969, Section 15.0412, Subd. 4, in the above-entitled matter in the St. Paul Arts and Science Center Auditorium at 30 East Tenth Street, St. Paul, Minnesota, 55101, on Wednesday, June 28, 1972, commencing at 9:00 A.M., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard concerning the adoption of the proposed rules captioned above by submitting either oral or written data, statements or arguments. Statements or briefs may be submitted without appearing at the hearing.

In order to facilitate a more orderly and efficient hearing, it is hereby requested and strongly urged that persons who will attend the hearing notify the commissioner and submit prepared statements or briefs at least by Friday, June 23, 1972. This request is not a requirement, nor will it limit any person's right to make all his or her statements or arguments during or after the hearing.

A copy of the proposed rules is attached hereto.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Dated: May 26, 1972

Ove M. Wangensteen
Acting Commissioner

PLEASE NOTE:

If you intend to supplement this list with other lists when mailing a hearing notice, please compare lists and eliminate duplicate notices.

Thank you.

REGISTRATIONS with Secretary of State under M.S., Sec. 15.04[illegible] for all notices and specific notices only as indicated.

Albert, Alfred A., Calder Corporation, 2706 W. 7th Blvd., St. Paul 55116

Allen, Claude H., 1200 NW BK Bldg. ~~First National Bank~~, St. Paul 55101

Altman, Milton H., 707 Degree of Honor Bldg., St. Paul 55101

American Camping Assoc., c/o Mrs. Leacock, 1235 Brighton Sq., New Brighton5

Am. Inst. of Professional Geologists, Attn. R.K. Hogberg 4805 13th Ave So M
55

Ames, Reginald, Secy, Ramsey Co. Bar Assn, Northern Pacific Bldg., St. Paul

Anderson, James P., Minn.Assn.Ind.Ins.Agts, 7703 Normandale Rd., Mpls. 5543

Anderson, Lawrence E., 1816 3rd Ave N., Mpls. 55405

Armour and Company, Union Stock Yards, So. St. Paul 55075

Arver, John A., 2467 Cohancy, St. Paul 55113

Associated Industries of Minneapolis, National Bldg., Mpls. 55402

Association of Minnesota Counties, 55 Sherburne Ave.Suite 203, St.Paul

Automobile Manufacturers Association, Inc., 55 Sherburne Ave.,St.Paul 55103

Badalich, John P., 2025 Thompson Ave., So. St. Paul 55075

Barrett, Fred, St. Louis County Court House, Duluth

Bartholow, Harold E., Fire Chief, 1327 Coon Rapids,Blvd., Coon Rapids, 5543

Becklin, Robert C., State Rep., 447 N.W. 4th, Cambridge 55008

Berg, Charles R., 3201 W. 69th St., Box 1420, Minneapolis

Bergerud, Alf, State Senator, 300 Roanoke Bldg., Mpls. 55402

Best, Flanagan, Lewis, Simonet & Bellows, 1st Natl. Bank Bldg., Mpls. 554

Brehl, James W., 332 Hamm Bldg., St. Paul 55102

Broeker, John M., 2850 Metro Drive, Suite 513, Bloomington 55420

Brooks, William F.Jr., Suite 854, Midland Bk. Bldg., Mpls. 55401

Brown, David M., Supt. Goddridge Public Schools, Ind.Dist #561,Goodridge 56

Brubacher, Richard L., Comm. Adm., ATTN. S.E. Woolley 208 Adm. Bldg., St. Paul 55101

Bruning, Charles R., UofM, Dept Clinical Experiences, Burton Hall, Mpls. 55

Burger, Albert, 600 Degree of Honor Bldg., St. Paul 55101

Carlson, Delphin, R. R. 2 Gibbon 55335

Bureau of Engraving Inc., Industrial Div., Attn. Mr. Kibiger, 219 N. 2nd St. Mpls

Carrison, Dale K., Executive Dir.Libraries,Mankato State College, Mankato56

Central Business Data, Benson-Radio Arcade Bldg, Benson 56215

Chamber of Commerce, 701 2nd Ave. So., Mpls. 55402

Chamber of Commerce, 30 So. 1st Ave. East, Ely 55731

Chamberlain, John L., P.O. Box 241 N., Mpls., ~~55429~~ 55440

Chamberlain, Warren D., State Rep., 887 SW 4th Ave., Faribault 55021

Christian Science Comm.on Publication, 271 Griggs Midway Bldg. 1821 Univ. A
St. Paul 55104

City Clerk, 386 City Hall, St. Paul 55102

Clarkson, J.B. 1420 NW Bank Bldg., Mpls. 55402

Coleman, Nicholas D., State Senator, 700 Linwood Ave., St. Paul 55105

Concordia College, Dean of the College, Moorhead 56560

Consumer Services, Dept. Commerce, 230 State Off. Bldg. St. Paul 55101

Crow Wing County Planning & Advisory Comm., Court House, Brainerd 56401

~~Cushing, Emmett L., 3545 Nicollet Ave., Mpls. 55408~~

Cushman, John S., Dayton Hudson Corporation, 700 Nicollet Mall, Mpls. 55402

Danforth & Allen, 731 NW Bank Bldg., Mpls. 55402

Danielson, Rodney L., 418 Auditorium, St. Paul 55102

Dorsey, Owen, Barber, et al, 2400 1st Natl. Bank Bldg., Mpls. 55402

Douglass, Bell, Donlin, Shultz & Petersen, 525 Osborn Bldg., St. Paul 55102

Dudley, E. H., Rt 7, Box 122, Excelsior 55331

Dunn, Oliver, Bus. Mgr., Plumbers Local #15, 708 So. 10th St., Mpls. 55404

Edina Fire Dept. Attn James McNellis, 4801 W. 50th St., Edina 55424

Eldred, R.W., Armour & Company, Union Stock Yards, So. St. Paul 55075

Elmer, Edwin W., 2901 Pleasant Ave., Minneapolis 55408

Emerick, Richard A., 626 Midland Bank Bldg., Mpls. 55401

Esse, Kenneth, 4801 W. 50th St., Edina, Minnesota 55424

Evans, Charles L., Prentice-Hall, Inc., Engelwood Cliffs, New Jersey

Everett, Jerry, NW Petroleum Assn., 512 Nicollet Mall-Rm917, Minneapolis 55402

Ewald, Douglas R., Minn. Hosp. Assn., 2333 Univ. Ave SE, Mpls, 55414

Ewing, Mrs. Wm., 42 Astar Rd., Babbitt, 55706

Faegre & Benson, 1260 NW Bank Bldg., Mpls. 55402 Attn. Librarian

Felhaber, R.S., W-1st National Bank Bldg., St. Paul 55101

Finley, James F., 920 Minn. Bldg., St. Paul 55101

Fitzgerald, Dr. Bob, 3007 Lyndale Ave. So., Mpls. 55408

Fleming, Frederick A. Atty at Law, 1860 Highland Parkway, St. Paul 55116

Forbes, Gordon, Minn. Railroads Assn., 207 Union Depot, Bldg., St. Paul 55101

Fox, William E., Lindquist & Vennum, 860 NW Bank Bldg., Mpls. 55402

Franklin, Robert B., Mpls. Tribune, 426 Portland, Mpls. 55415

Francis, Joseph 130 S. 10th St., Mpls 55403

~~Friends of Minnesota Schools (Mrs. W. H. Campbell), Dalbo, Minn. 55017~~

Furlong, Dr. John, Rt 1, Bovey 55709

Harvey, Michael, 1390 W M'haha Pkwy. Mpls 55409

F.W. Woolworth Co., 3316 W. 66th St., Edina 55424

Galvin, M.J.Jr., W-2162 1st National Bk. Bldg., St. Paul 55101

Gearty, Edward J., State Rep., 1100 W. Broadway, Mpls. 55411

~~Gen. Services Adm., Transp. Management Div., TCS, 1500 E. Bannister Rd., K.C., Mo. 64131~~

Glenwood Hills Hosp., 3901 Golden Valley Rd. (Robert VanHauer, Asst. Supt.) Mpls 55422

Godin, Ralph J., 3824 47th Ave. So., Mpls. 55406

Governor's Comm. on Employment of Handicapped Persons, 527 Jackson, Rm 227, St. Paul 55101

Green, Del. City Mgr. Bloomington City Hall, Bloomington 55431

Gustafson, Wallace, State Rep., Box 567, Willmar 56201

Hallberg, Lee & McCabe, 4927 34th Ave S., Mpls. 55417

Hess, Donald, Midwest Planning & Research, Inc, 2101 Henn. Bldg. Mpls 55405

Hartfeldt, Will, 415 Nunn Bldg., 6th & St. Peter Sts., St. Paul 55102
Head & Truhn, 1007 Soo Line Bldg., Mpls. 55402
Haseltine, Lyle - 1960 4th st., White Bear 55110
Hennepin County Welfare Board, Room 26, Court House, Mpls. 55415
Hodgson, Thomas H., Minn. Retail Fed., Inc. 424 Mobil Oil Bldg., 84 S.6th, Mpls
Hill, Jim, Associated Milk Producers, Inc., Box 455, New Ulm 56073

Hopkins, Wm. B., Dir. MISCCA, 2004 Lyndale Ave. So., Mpls. 55405

House Appropriations Committee, Rm. 109 State Capitol, St. Paul 55101

House Education Standing Sub-Committee, Rm. 109 State Capitol, St. Paul 1

Human Rights, Dept., 60 State Off. Bldg., St. Paul 55101

Hunt, Mrs. Charles, L., MECCA, 26 E. Exchange-Central Manor, St. Paul 1

Hunt, James P., Jr., 11470 Galtier Dr., Burnsville 55378
Hutchison, Robert M., Anoka Co. Comprehensive Health Dept., Court House, Anoka 55
Ingebrigtson, Dr. K. H., 23 SE 4th St., Mpls. 55414

Insurance Federation of Minnesota, 902 Soo Line Bldg., Mpls. 55402

I.U.O.E. Local #49, Larkin McLellan, 2580 Univ. Ave. St. Paul 55101

Iverson, Dr. Joseph, Dept. Education, St. Olaf College, Northfield 55057

Jackman, Donald G., 4023 E. Lake St., Mpls. 55406

Jaeger, Mrs. C. Leonard, 1783 Englewood Ave., St. Paul 55104

Jeno's, Inc., 525 Lake Ave. So., Duluth 55801

Jensen, Carl A., State Senator, 127 E. Main St., Sleepy Eye 56085

Kable, Richard W., Bethel, Minn. 55005

Kane, Anthony, Law Dept., Great Northern Rwy Co., St. Paul 55101

Kennedy, David J., State Planning Agency, 654 E. Central Park Pl., St. Paul 5510

Koller, Mr. & Mrs. Erwin A., 1568 Duluth St., St. Paul 55108

Kopp, Mrs. Vernon, 2050 65th St. E., Inver Grove Heights 55075

Larkin, Hoffman, Daly, et al, 724 Farmers & Mechanics Bk. Bldg., Mpls. 55402

Larson, C. L., 3800 Minnehaha Ave. So., Mpls. 55406
Larson, Hans P., Dept. Health, Div. Hosp. Services, 717 Delaware St S.E., Mpls 5544
Launderers & Dry Cleaners Assn. of St. Paul, Inc., W-1st Natl. Bk. Bldg., St. Paul

League of Minn. Municipalities, 314 Social Sciences Bldg., Mpls. 55455

Lindall, Robert J., 3420 Manor Dr., Golden Valley, Minn. 55422

Loos, Calvin J., 6809 Lyndale Ave. So., Mpls. 55423

Malone, E.I., Commissioner Labor & Industry, 110 State Off. Bldg., St. Paul 551

Mankato State Student Senate, Centennial Student Union, Mankato 56001

Manthey, Thos. J. Pickands Mather & Co., 2000 Union Comm. Bldg., Cleveland, Ohio. 4411

Mastor, Mattson, Hart & Seran, 414 Roanoke Bldg., Mpls. 55402

Maul, Warren E., Minn. Newspaper Assn., 320 S. 4th St., Mpls. 55415

McKibbon, Mrs. Shirley, 11 Evergreen Ln., Babbitt, Minn. 55706

Merritt, Grant J., Minn. Pollution Control Agy., Oak & Delaware, Mpls. 55440

Metropolitan Tfr. Men's Assn., Inc. Attn. A. Rosenthal, 1821 Univ. Ave. St. Paul 55

~~Minneapolis Electrical Contractors, 1301 Nicollet Ave., Mpls. 55403~~

Minneapolis Retailers' Assn. 15 S. 5th St., Mpls. 55401

Minneapolis Tribune, City Desk, 425 Portland Ave., Mpls. 55415

Minn. Apartment Association The, Griggs-Midway Bldg., St. Paul 55104

Minn. Assn. Comm.&Industry, Attn. Harry D. Peterson, 1600 Pioneer Bldg., St.Paul 55101

Minn. Assn. of Cooperatives, 55 Sherburne Ave., St. Paul 55103

Minn. Assn. of Electric Cooperatives, 4901 W. 77th St., Mpls. 55435

Minn. Association of Petroleum Retailers, 808 Title Insr. Bldg., Mpls.

Minn. Automobile Dealers Assn., Griggs-Midway Bldg., St. Paul 55104

Minn. Bd. of Podiatry Examiners & Registration, 1111 W. 2nd St., Crookston 567

~~Minn. Consumer Finance Assn., 511 Wilmar Bldg., Mpls. 55402~~

Minn. Council of State Employees No. 6, 475 Rice St., St. Paul 55103

Minn. Dept. of Health, c/o John C. McKasy, 717 Delaware S.E., Mpls. 55440

Minn. Dept. of Hwys, Management Services Sec., 410 Hwy Bldg., St. Paul 55101

Minn. Dental Hygienists' Assn., Attn. Miss Spoodic, 5041 Yvonne Terrace, Mpls. 55436

Minn. Electrical Assn., Inc., 525 So. 7th, Mpls. 55415

Minn. Environmental Control Citizens Assn. Central Manor, 26 E. Exch., St.Paul 55101

Minn. Environmental Law Inst. Inc., PO Box 15076, Commerce Sta., Mpls 55415

Minn. Farm Bureau Fed., Vern Ingvalson, 3110 Wooddale Dr., St. Paul 55119

Minn. Farmers Union, President's Off., 1275 Univ. Ave., St. Paul 55104

Minn. Food Retailers' Assn., 555 Wabasha, St. Paul 55101

Minn. Hotel Association, 110 N. 7th, Mpls. 55402

Minn. Housing Institute, Attn. N.T. Carter, 7801 Metro Pkwy, Mpls. 55420

Minn. LP Gas Assn., 7515 Wayzata Blvd., Suite 106, Mpls. 55426

Minn. Petroleum Council, 446 Builders Exch. Bldg., Mpls. 2

Minn. Poultry & Hatchery Association, Box 158, Madelia 56062

Minn. Power & Light Company, Duluth 2

Minn. Pub. Int. Research Group, Attn. Chas. Dayton, 2418 Univ. Ave SE, Mpls 55414

Minn. Restaurant Assn. Inc., 110 N. 7th, Mpls. 55402 (EXCEPT HOUSING & REDEVELOPMENT)

Minn. Retail Federation, 7600 Parklawn - Suite 457, Mpls. 55435

Minn. Retail Hardware Assn., 3033 Excelsior Blvd., Rm. 313, Mpls. 55416

Minn. School Bus Operators Assn., Faribault 55021

Minn. Society of Architects AIA, 514 Foshay Tower, Mpls. 55402

Minn. Society of Certified Public Accountants, 1102 Wesley Temple Bldg., Mpls. 55403

Minn. State Bar Assn., 100 Minn. Fed. Bldg., Mpls. 55402

Minn. State Bd. of Pharmacy, Attn. Paul G. Grussing, 1965 Ford Pkwy, St. Paul

Minn. State Capitol Employees Union, ~~1113 Univ. Ave.,~~ P.O. Box 3215 St. Paul 55165

Minn. State Medical Association, 375 Jackson St., St. Paul 55101

Minn. State Optometric Assn. Inc., 333 E. Hennepin Ave., Mpls. 55414

Minn. Turkey Growers Assn. Inc., 1563 Univ. Ave. St. Paul 55104

Minn.-Wisc. Boundary Area Comm., 600 2nd St., Hudson, Wisconsin 54016

Mood, Robert A., Bloomington Health Dept., 10200 Penn So., Bloomington 55431

National Council of Jewish Women, c/o Jewish Community Center, 4330 Cedar [illegible]
National Family In[illegible] Co., 2147 Univ.Ave., St. [illegible]ul 55114 Mpls. 554[illegible]

Nelson, Donald E., NSP Co., 414 Nicollet Ave., Mpls. 55401

Neuman, Ralph W., Rt. 2 Box 125, Embarrass 55732
Nielsen, Stock & Blackburn, Ltd., 415 - 730 Bldg., Mpls.
North Central Elec. Assn., P.O. Box 202, Battle Lake 56515 (Ralph B. Newman, Se[illegible]

Northwest Country Elevator Assn., 802 Grain Exch. Bldg., Mpls. 55415
NCEC, Inc., c/o Dr. Dahlberg, Concordia College, Moorhead 56560 ~~[illegible]~~
Nursing Home Administrators, Bd Examiners, 277 W. Univ Ave. St. Paul 55103

NW Bell Telephone Co., Legal Dept., Rm. 2000, 224 S. 5th St., Mpls. 55402

Nyquist, Dean A., State Senator, 3707 53rd Pl. N., Brooklyn Center 55429

O'Connell, Thomas, 941 Laurel, St. Paul 55104

O'Connor, Green, Thomas & Walters, 845 NW Bank Bldg., Mpls. 55402

Office of the Governor, 130 State Capitol, St. Paul 55101

Ohman, Wesley C., Natl. Electrical Contractors Assn. 608 Am.Natl.Bk., St.Paul

Old Colony Gas & Oil Company, 17th Ave.N. at2nd St., Mpls. 55411 (EXCEPT HOUSI[illegible] REDEVELOPMENT)

Patterson, Lewis, Dispatch & Pioneer Press, Press Rm., State Capitol, St.Paul

Pattison, Orvis, Box 645, Willmar 56201

Payne, Col. Alvin, DeGraff, Minn. 56233

Peterson, John W., 525 Osborn Bldg., St. Paul 55102

Pharmaceutical Mfgrs.Assn., Wm.D.Patton, 1155 15th St. NW, Washington D.C. 200[illegible]

Phillips Legislative Service, 113 W. Univ. Ave., St. Paul 55103

Popovich, Peter S., 314 Minn. Bldg., St. Paul 55101

Port Authority of City of St. Paul, 330 Minnesota Bldg., St. Paul
Pulscher, Robert, Springsted Inc., 813 Osborn Bldg., St.Paul 55102
Red Owl Stores, Inc. 215 E. Excelsior Ave., Hopkins 55343
Rachner, Mary Jane, 1917 Pinehurst Ave., St.Paul 55116
Reichel Dr. Samuel M., 6020 Nicollet Ave., Mpls. 55419

Renner, Richard H., St. Paul Area Chamber of Commerce, 300 Osborn Bldg, St.Paul

Richards, Montgomery, Cobb & Bassford, 1430 Rand Tower, Mpls. 55402

Robbie, Joseph, 904 Cargill Bldg., Northstar Center, Mpls. 55402
Ross, Alfred, 3345 Nicollet Ave., Mpls 55408
Roberts, David R., 1260 NW Natl. Bank Bldg., St. Paul 55101
~~[illegible]~~
Roche, T.E., 5007 Fremont Ave., S., Mpls. 55419
San Simeon Development Corporation, Old 1st State Bk Bldg., Raynesville
St. Paul Assn. of Plumbing, Heating & Mechanical Contractors, 614 Am.Natl.Bk, St.[illegible]

St. Paul Bureau of Health, c/o Dr. Paul Cox, 555 Cedar St., St. Paul 55101

St. Paul Food Retailers' Assn., ~~730 Rosemer Bldg., 500 N. Robert St. Rm. 730, St.~~ 1220 Arcade, St.Paul 55106 ~~55[illegible]~~

Schmidt, Larry, WCCO-TV News, 50 S. 9th St., Mpls 55402
Schneider & Neeser, 706 1st St. So., PO Box 876, Willmar 56201

Schroeder, Alfred H., 2127 Carroll Ave. St Paul 55104 ~~Bldg. Code Consultant, G-11 New Adm. Bldg., St. Paul~~

Sears, Roebuck & Co., Dept. 703 MW, 2929 Elliot Ave., Mpls. 55401

Senate Counsel Off., Attn. John St. Marie, State Capitol, St. Paul 55101

Senate Finance Committee - 113 State Capitol, St. Paul 55101

Shabatura, Eugene H., 2033 Lake Ave. So., Duluth 11

Shaw, Robert M., 616 Mobil Oil Bldg., Mpls. 55402

Skelly, Oil Co., c/o R.R. Wellington, P. O. Box 436, Kansas City, Mo.

Solomon, Arnold, 603 Capital Sq. Bldg., 550 Cedar St., St. Paul 55101

Standard American Life & Annuity Company, 3801 W. 50th St., Mpls. 55410

State Board of Barber Examiners, 555 Wabash, Rm. 208, St. Paul 55102

State Board of Veterinary Examiners, c/o Dr. A.C. Spannaus, D.V.M., Waconia 55387

Summit National Bank, Attn., D.L. Morrill 205 Aurora Ave., St. Paul 55103
Sussel Co., 1850 Como Ave., St.Paul 55108
Swanson, Burt E., W-2162 1st National Bank Bldg., St. Paul 55101

Talle, Jim, Rm. 200 State Capitol, St. Paul 55101
Tetzloff, Robert E., 5620 W. Broadway, Mpls. 55428
~~Thomson & Bresnahan, 714 Commerce Bldg., St. Paul 55101~~

~~Transfer Men's Assn. of St. Paul, Inc., 1220 Minn. Bldg., St. Paul 55101~~

Twin City Retail Druggist Assn., 2388 Univ. Ave., St. Paul 55104

Union Stock Yards Company, Attn. President, So. St. Paul 55075

Van Cleve, John H., 2101 Henn. Ave., Mpls. 55405

Verrill, John E. Prof., Dept. Secondary Education, U of M, Duluth, 55812

Village of Woodbury, 561 Tower Drive, Newport 55055, Attn: Fred Strong
Vogel, Howard G., 814 Flour Exch Bldg., Mpls. 55415
Voldness, Perry, Investors Diversified Services, Inc., 8th & Marquette, Mpls. 55402

Watson, George R., 1400 Lilac Drive So., Mpls. 55416 (Hwys 100 & 12)

Wells, C.W., Insurance Fed. of Minn. Rt. 4 Box 194, Wayzata 55391

West & Gowan, Attorneys at Law, Pine Island, Minn. 55963

Whitlock, A.G., Tax Mgr., Economics Laboratory, Inc., Osborn Bldg., St.Paul 55101

Winter, John B., State Rep., 2611 E. 1st Ave., North St. Paul 55109

Wisconsin Feeder Pig Marketing Co-op, Francis Creek, Wis.

Wozniak, D.D., 828 Minn. Bldg., St. Paul 55101

Wyant, Clinton W., Atty., Atkin, Minn. 56431

Zatarga, A.E., CPA, 1800 Midwest Plaza Bldg., Mpls. 55402

215 S. 3rd Ave.

Blade, Joe, Mpls. Star, 425 Portland Ave., Mpls.

Curtis, Dr. E. Louise, Prof. Education, U of M, Morris 56267

[redacted]

Local #34, AFSC & IE, Box 2016 Commerce Sta., Minneapolis 55415

Legal Aid Society, 501 Park Ave., Minneapolis, 55415

Kurtz, Mrs. Kirsten, Minn.Nurses Assn., 1821 Univ Ave., St.Paul 55104

Public Relief, Ed of Public Welfare, Assn.Dir.Jensen, 250 S 4th St., Mpls. 55415

Northland 415 S. Pokegama

[redacted] 511 Beltrami Ave.

~~Welfare Rights Organization, 1335 E. Franklin Ave., Minneapolis 55407~~

Volner, Sally, 2026 Bradley St, St Paul 55117
(Day Care Sec. only)

[redacted]

[redacted]

STATE OF MINNESOTA)
) SS.
COUNTY OF RAMSEY)

AFFIDAVIT

KENNETH E. SOMMERS, being duly sworn on oath deposes and says:

1. That he is an employee of the Department of Public Welfare of the State of Minnesota.

2. That on the 19th day of May, 1972, he went to the Secretary of State's office for the State of Minnesota and requested a current list of all representatives of associations or other interested groups or persons who had registered their names with the Secretary of State for the purpose of obtaining notices of public hearings relating to the promulgation of rules pursuant to M.S. 1969 § 15.0412.

3. That on the 19th day of May, 1972, in response to the above request, the Secretary of State provided him with such a list, a copy of which is attached hereto and incorporated by reference.

Further affiant sayeth not.

Kenneth E. Sommers

Kenneth E. Sommers

Subscribed and sworn to before me
this 27th day of June, 1972.

Dorothy Haider

DOROTHY HAIDER
Notary Public, Ramsey County, Minn.
My Commission Ex[illegible]

STATE OF MINNESOTA

COUNTY OF RAMSEY

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare governing the administration of appropriated funds to providers of nursing home care, and governing the administration of the medical assistance program

AFFIDAVIT OF MAILING

STATE OF MINNESOTA)
) ss
COUNTY OF RAMSEY)

Dorothy Haider, being first duly sworn, deposes and says:

That on the 26th day of May, 1972, at the City of St. Paul, County of Ramsey, State of Minnesota, she served the attached Notice of Hearing by depositing in the United States mail at said City of St. Paul, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the attached sheets procured from the Secretary of State, to county welfare departments, and to the other interested persons listed on attached sheets.

Dorothy Haider

Subscribed and sworn to before me this 27 day of June, 1972

Tibor M. Gallo

TIBOR M. GALLO
Notary Public, Ramsey County, Minn.
My Commission Expires, Nov. 4, 1977

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE OVE M. WANGENSTEEN

ACTING COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare Governing the Administration of Appropriated Funds to Providers of Nursing Home Care, and Governing the Administration of the Medical Assistance Program

STATEMENT OF NEED

The above entitled rule governing the administration of Medical Assistance is an amendment to existing Department of Public Welfare Rule 47. The last time the said rule was amended was 1970. The above entitled rule governing the administration of appropriated funds to providers of nursing home care, Department of Public Welfare Rule 49, is an entirely new rule.

The need to adopt Rule 47 arises because of the realization that more clear guidelines for the county welfare departments to utilize in administering the Medical Assistance program were needed by counties. The need to adopt Rule 49 arises because of a court order in Minnesota Nursing Home Assn. v. Hursh, Ramsey County District Court, No. 374808, dated March 7, 1972.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Ove M. Wangensteen

Ove M. Wangensteen

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE OVE M. WANGENSTEEN

ACTING COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare Governing the Administration of Appropriated Funds to Providers of Nursing Home Care, and Governing the Administration of the Medical Assistance Program

FINDINGS OF FACT

The above-entitled matter came on for hearing before Ove Wangensteen, Acting Commissioner of Public Welfare of the State of Minnesota on June 28, 29 and 30, 1972, commencing at 9:30 A.M. on June 28, 1972, in the St. Paul Arts and Science Auditorium, St. Paul, Minnesota, after proper notice required by M.S. 1971. Section 15.0412 was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, having heard all of the testimony, having considered all of the evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, I find the following:

1. A well-defined system of evaluating rate increase requests from nursing homes which meets the following objectives is needed:

   a. promotes efficiency, economy and impartiality

   b. recognizes cost differences between providers

   c. recognizes state and federal requirements for level and quality of care

d. provides a regular mechanism for review of rate changes

e. reimburses the provider for the reasonable costs incurred by prudent management

2. A cost-related system of reimbursement for welfare patients in nursing homes is best suited to meeting the above objectives.

3. Proposed DPW Rule 49 emboides such a well-defined cost-related reimbursement system, which would operate uniformly state-wide and which promotes efficiency, economy and impartiality.

4. Department of Public Welfare Rule 47 has become out-dated and is therefore in need of revision to delegate more authority to County Welfare Boards and to provide guidelines for administration of the Medical Assistance program by the County Welfare Boards.

5. Proposed Department of Public Welfare Rule 47 provides such revision and guidelines for the County Welfare Board.

Dated: July 25, 1972

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Ove M. Wangensteen
Acting Commissioner

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE OVE M. WANGENSTEEN

ACTING COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Adoption of Rules of the State Department of Public Welfare Governing the Administration of Appropriated Funds to Providers of Nursing Home Care, and Governing the Administration of the Medical Assistance Program

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before Ove M. Wangensteen, Acting Commissioner of Public Welfare of the State of Minnesota on June 28, 29 and 30, 1972, commencing at 9:30 A.M. on June 28, 1972, in the St. Paul Arts and Science Auditorium, St. Paul, Minnesota, after proper notice required by M.S. 1971. Section 15.0412 was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, having heard all of the testimony, having considered all of the evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above captioned rules,

NOW, THEREFORE, IT IS ORDERED that these rules indentified as Department of Public Welfare Rule 47 and Rule 49 are adopted this 25th day of July, 1972, pursuant to authority vested in me by M.S. § 256B.04, subd. 2 and § 256B.27.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Ove M. Wangensteen

Ove M. Wangensteen
Acting Commissioner