

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

MINNESOTA STATE REGULATIONS

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 35 and 36 (new)

Subject: Licensing Operation of all Residential Programs for Inebriate and Drug Dependent and Adult Mentally Ill Persons

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

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
FEB 4 1974 2:40 pm
BY Eda Staudenmaier EJ
AUTH. SIGN.

Stamped and filed with the Secretary of State 2-4-1974

Rev. 9-72

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

ORDER FOR HEARING

To effectively implement Minn. Stat. §§ 245.78 and 245.79 (1971), the Minnesota Commissioner of Public Welfare deems it necessary to consider adoption of the proposed DPW Rules 35 and 36 pursuant to the authority vested in me by Minn. Stat. § 245.78 (1971).

NOW THEREFORE, IT IS ORDERED, this 9th day of August, 1973, that a public hearing on the proposed rules captioned above be held in the Auditorium, Arts and Science Center, 30 E. 10th Street, St. Paul, Minnesota, commencing at 10:00 a.m. on September 13, 1973, 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

Vera J. Likins
Commissioner

Dated: August 9, 1973

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to M.S. 1971, Section 15.0412, Subdivision 4, in the above-entitled matter in the Auditorium, Arts and Science Center, 30 E. 10th Street, St. Paul, Minnesota, September 13, 1973, commencing at 10:00 a.m. and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard concerning 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.

A copy of the proposed rules is available upon request.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins
Commissioner

Dated: August 9, 1973

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

STATEMENT OF NEED

The above captioned rules are new rules of the Department of Public Welfare.

The need to adopt these rules arises because of the legislative mandate to the Commissioner of Public Welfare to license the facilities set forth in Minn. Stat. §§ 245.78 - 245.82 (1971).

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins
Commissioner

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the matter of the Proposed Adoption of Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

AFFIDAVIT OF MAILING

Marlene Veitch, being first duly sworn, deposes and says:

That on the 10th day of August, 1973, 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 Certificate of the Secretary of State.

Marlene Veitch
Marlene Veitch

Subscribed and sworn to before me this 27 day of August, 1973.

Lorraine C. Pfeiffer

LORRAINE C. PFEIFFER
Notary Public, Dakota Co. Minn.
My Commission Expires Sept. 29, 1979

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

AFFIDAVIT

Marlene Veitch, being duly sworn on oath deposes and says:

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

2) That on the 9th day of August, 1973, she 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. 15.0412.

3) That on the 9th day of August, 1973, in response to the above request, the Secretary of State provided her with such a list, a copy of which is attached hereto and incorporated by reference.

Further affiant sayeth not.

Marlene Veitch
Marlene Veitch

Subscribed and sworn to before me this 27 day of August, 1973.

Lorraine C. Pfeiffer

LORRAINE C. PFEIFFER
Notary Public, Dakota Co. Minn.
My Commission Expires Sept. 29, 1979

PUBLIC WELFARE

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

Central Minnesota Mental Health Center, 215 S. 3rd Ave., St. Cloud

Community Mental Health Board of the Northern Pines Mental Health Center
103-105 1st St. S.E., Little Falls

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

Duluth Mental Hygiene Clinic, 1112 E. Superior St., Duluth

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

Legal Aid Society, 501 Park Ave., Minneapolis 55415

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

Minneapolis & Hennepin County Mental Health Clinic, 619 S. 5th St.,Mpls.

Minnesota Legislative Comm. of Blind, 1605 Eustis, St. Paul 8

Minn. State Pharmaceutical Ass'n., 2388 Univ. Ave., St. Paul 4

Neff, Dr. Walter S., Virginia

Northland Mental Health Center, 415 S. Pokegema, Grand Rapids

Public Relief, BD. of Public Welfare, Attn.Dir.Jensen,250 S. 4th St.,
Mpls.55415

Southwestern Mental Health Center, 306 N. McKenzie St., Luverne

Upper Mississippi Mental Health Center, Attn: Dr. Howard C. Reid, 510
Beltrami Ave.

Veterans' Affairs, Veterans Service Bldg., St. Paul

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

Welfare Rights Organization, c/o Stephen Parsons, 1118 Newton Ave. N.
Minneapolis55

West Central Mental Health Center, 323 W. 6th St., Willmar

NURSING HOMES ONLY

ALBERT,AA CALDER CORP
366 JACKSON ST
ST PAUL MN
55101

AM CAMPING ASSN MRS LEACOCK
1235 BRIGHTON SQ
NEW BRIGHTON MN
55112

AM INST PROF GEOLOGISTS
2201 PRINCETON AVE
ST PAUL MN
55105

ANTHONY R.S. E.L.M.
1222 FOURTH ST. S.E.
MINNEAPOLIS MN
55414

ARMOUR AND COMPANY
UNION STOCK YARDS
SO ST PAUL MN
55075

ASSOCIATED INDUST OF MPLS
NATIONAL BLDG
MPLS MN
55402

ASSN OF MINN COUNTIES
55 SHERBURNE AVE #203
ST PAUL MN
55103

BADALICH JOHN P
2025 THOMPSON AVE
SO ST PAUL MN
55075

BARRETT FRED
ST LOUIS CO COURT HOUSE
DULUTH MN

BEECHER EVERETT
10 10 1ST ST SO
HOPKINS MN

BENSONI PETER USW OF AM.
609 PROVIDENCE BLDG.
DULUTH MN

BEUTEL ROBERT
BOX 1205
ST CLOUD MN
56301

BREHL JAMES W
332 HAMM BLDG
ST PAUL MN
55102

BROWN D M GOODRIDGE PUB SCH
IND DIST #561
GOODRIDGE MN
56725

BRUBACHER RICHARD COMM ADM
208 ADM BLDG
ST PAUL MN
55101

BUR.ENGR.IND.DIV. MR.KIBIGER
219 N. 2ND ST.
MPLS. MN

BUR NATL AFFAIRS INC
1231 25TH ST NW
WASHINGTON DC
20037

CARRISON DALE K
MANKATO STATE COLLEGE
MANKATO MN

CENTRAL BUSINESS DATA
BENSON RADIO ARCADE BLD
BENSON MN
56215

ALLEN CLAUDE H
1200 N W BK BLDG
ST PAUL MN
55101

ALTMAN MILTON H
707 DEGREE OF HONOR BLD
ST PAUL MN
55101

ANDERSON HERBERT
418 8TH ST. SO.
VIRGINIA MN
55792

ANDERSON JAMES
7703 NORMANDALE RD
MPLS MN
55435

ARVER JOHN A
2467 COHANCY
ST PAUL MN
55113

ASMUSSEN,DENNIS,MPIRG
3036 UNIV AVE SE
MPLS MN
55414

AUTOMOBILE MFRS ASSN INC
55 SHERBURNE AVE
ST PAUL MN
55103

BARTHOLOW HAROLD E FIRE CHF
1327 COON RAPIDS BLVD
COON RAPIDS MN
55433

BECKLIN ROBERT C
447 N W 4TH
CAMBRIDGE MN
55008

BERGERUD ALF
300 ROANOKE BLDG
MPLS MN
55402

BEST FLANAGAN ET AL
1ST NATL BANK BLDG
MPLS MN
55402

BROEKER JOHN M
2850 METRO DR SUITE 513
BLOOMINGTON MN
55420

BROOKS WILLIAM F JR
854 MIDLAND BK BLDG
MPLS MN
55401

BRUNING C.R.DEPT.CLINIC.EXP.
BURTON HALL
MPLS. MN
55455

BURGER ALBERT
600 DEGREE OF HONOR BLD
ST PAUL MN
55101

CARPENTER MRS MARY LEE
DOW CHEMICAL 47 BLDG
MIDLAND MICH.
48640

CHAMBER OF COMMERCE
30 SO 1ST AVE EAST
ELY MN
55731

CHAMBERLAIN JOHN L
PO BOX 241
MPLS MN
55440

CHAMBERLAIN [illegible]RREN D
887 SW 4TH AVE
FARIBAULT MN
55021

CLARKSON J.B.
2350 I.D.S. CENTER
MINNEAPOLIS MN
55402

CONSUMER SERVICES DEPT COMM
230 STATE OFF BLDG
ST PAUL MN
55101

DANFORTH & ALLEN
731 NW BANK BLDG
MPLS MN
55402

DAYTON CHAS. SIERRA CLUB
555 WABASHA
ST PAUL MN
55102

DOYTON MAURICE, MET SEWER BD
350 METRO SQ BLDG
ST PAUL MN
55101

EBELING EDWARD H.
161 W. MAIN
PERHAM MN
56573

EMERICK RICHARD A
1908 IDS CENTER
MPLS MN
55402

EVANS CHAS.L. PRENTICE-HALL
ENGELWOOD CLIFFS
NEW JERSEY

CHERCHES CHRIS CITY MGR
5005 MTKA BLVD
ST LOUIS PARK MN
55416

COLEMAN NICHOLAS D
700 LINWOOD AVE
ST PAUL MN
55105

CROW WING CO PLANNING & ADV
COURT HOUSE
BRAINERD MN
56401

DANKERS, KENNETH
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RED WING MN
55066

DISPATCH PIONEER PRESS
PRESS RM STATE CAPITOL
ST PAUL MN
55101

DUDLEY E H
RT 7 BOX 122
EXCELSIOR MN
55331

EDINA FIRE D JAMES MCNELLIS
4801 W 50TH ST
EDINA MN
55424

EMP HANDICAPPED PERSONS COMM
527 JACKSON RM 227
ST PAUL MN
55101

EVERETT JERRY NW PETRO ASSN
512 NICOLLET MALL RM917
MPLS MN
55402

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1260 NW BANK BLDG
MPLS MN
55402

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ST PAUL MN
55104

CITY [illegible]ERK
386 C[illegible]Y HALL
ST PAUL MN
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DEAN
MOORHEAD MN
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CUSHMAN J S DAYTON HUDSON
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MPLS MN
55402

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BROOKLYN CTR MN
55429

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2400 1ST NATL BANK BLDG
MPLS MN
55402

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FELHABER R S
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55101

FINNEGAN J.R.
55 E. 4T
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ST PAUL MN
55101

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GREEN DEL CITY MGR
BLOOMINGTON CITY HALL
BLOOMINGTON MN
55431

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1390 W M HAHA PKWY
MPLS MN
55409

HESS DONALD MIDWEST PLANNING
2101 HENN BLDG
MPLS MN
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ST PAUL MN
55102

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~~NEW ULM~~ Myers MN
~~56073~~ 55420

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55405

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RM 109 STATE CAPITOL
ST PAUL MN
55101

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WILLMAR MN
56201

HUNT JAMES P JR
11470 GALTIER DR
BURNSVILLE MN
55378

HUTCHISON R.M. ANOKA CO.COMP
COURT HOUSE
ANOKA MN
55303

INGVALSON VERN MN.FARM BUR.
3110 WOODDALE DR PO 337
OST PAUL MN
55165

INS FED OF MINN
902 SOO LINE BLDG
MPLS MN
55402

FITZGERALD DR B
3007 LYNDALE AVE SO
MPLS MN
55408

FORBES GORDON MINN RRS AS
207 UNION DEPOT
ST PAUL MN
55101

FURLONG DR JOHN
RT 1
BOVEY MN
55709

F W WOOLWORTH CO
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EDINA MN
55424

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55812

HEAD & TRUHN
1007 SOO LINE BLDG
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HENN CO WELFARE BRD RM 26
COURT HOUSE
MPLS MN
55415

HOULE MELVIN
881 W HWY 96
SHOREVIEW MN
55112

HOUSE APPROPRIATIONS COMM
RM 109 STATE CAPITOL
ST PAUL MN
55101

HUMAN RIGHTS DEPT
60 STATE OFF BLDG
ST PAUL MN
55101

HUNT MRS CHAS L MECCA
26 E EXCH CENTRAL MANOR
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INGEBRIGTSEN DR K H
23 SE 4TH ST
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JACKMAN DONALD G
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314 SOC SCIENCES BLDG
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55455

LINDALL & JONATHAN DEVELOP.
VILLAGE ONE CENTER
CHASKA MN
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BABBITT MN
55706

MALONE E I COMM LABOR & INDU
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55101

MANKATO STAT STUDENT SENATE
CENTENNIAL STUDENT UN
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MET TFR MEN ASSN A ROSENTHAL
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MPLS STAR PRESS ROOM
STATE CAPITOL
ST PAUL MN
55101

JENOS INC
525 LAKE AVE SO
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JENSEN CARL A
127 E MAIN ST
SLEEPY EYE MN
56085

KABLE RICHARD W

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56623

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6809 LYNDALE AVE SO
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215 ADM BLDG ST CAPITOL
ST PAUL MN
55101

MANTHEY T J PICKANDS MATHER
2000 UNION COMM BLDG
CLEVELAND OH
44115

MASTOR MATTSON HART ET AL
414 ROANOKE BLDG
MPLS MN
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MEIEROTTO, JOAN
1794 SO LEXINGTON
ST PAUL MN
55118

MERRITT GRANT POLLUTION C
OAK & DELAWARE
MPLS MN
55440

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
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MINN APT ASSN
GRIGGS-MIDWAY BLDG
ST PAUL MN
55104

MINN AFL-CIO, L O LA SHOMB
414 AUDI[illegible]RIUM ST
ST PAUL MN
55102

MN ASN C&IND H D PETERSON
~~[illegible] PIONEER BLDG~~ 480 Cedar St
ST PAUL MN
55101

MINN ASSN PET RETAILERS
~~[illegible]~~
MPLS 55403 MN
1115 2nd Ave So.

MINN AUTOMOBILE DEALERS ASSN
GRIGGS MIDWAY BLDG
ST PAUL MN
55104

MINN DEPT HEALTH J C MCKASY
717 DELAWARE S E
MPLS MN
55440

MINN HWYS MANAGEMENT SERVICE
410 HWY BLDG
ST PAUL MN
55101

MINN ENV CONTROL CITIZEN ASN
CENTRAL MANOR 26 E EXCH
ST PAUL MN
55101

MINN ENV LAW INST INC
PO BOX 15076 COMM STA
MPLS MN
55415

MINN FOOD RETAILERS ASSN
555 WABASHA
ST PAUL MN
55101

MINN. HOTEL & MTR. ASSN
2001 UNIVERSITY AVE
ST PAUL MN

MINNESOTA MASONRY ASSOC.
8053 BLOOMINGTON FREEWAY
MPLS MN
55420

MINN.MTR.TRANSP. .J.N.DENN
1821 UNIV.
ST.PAUL MN
55104

MINN PUB INT RES DAYTON
2418 UNIV AVE SE
MPLS MN
55414

MINN RESTAURANT ASSN
2001 UNIVERSITY AVE.
ST PAUL MN 55
104

MINN SCH BUS OPERATORS ASSN

FARIBAULT MN
55021

MINN SOCIETY ARCHITECTS AIA
NW NATL BK BLDG
ST PAUL MN
55101

MINN ST BD PHAR P G GRUSSING
1965 FORD PKWY
ST PAUL MN
55116

MINN STATE CAPITOL EMP UNION
PO BOX 3215
ST PAUL MN
55165

MINN STATE RETIREMENT SYSTEM
529 JACKSON ST
ST PAUL MN
55101

MINN TURKEY GROWERS ASSN
1563 UNIV AVE
ST PAUL MN
55104

MINN ASSN COOPERATIVES
55 SHERBURNE AVE
ST PAUL MN
55103

MINN ASSN ELEC COOPERATIV
4901 W 7[redacted] ST
MPLS MN
55435

MINN BD PODIATRY EXAM & REG.
1111 W 2ND ST.
CROOKSTON MN
56716

MINN COUNCIL STATE EMP NO
475 RICE ST
ST PAUL MN
55103

MINN DENTAL HYGIENISTS
5041 YVONNE TERRACE
MPLS MN
55436

MINN ELECTRICAL ASSN INC
525 SO 7TH
MPLS MN
55415

MN FARM BUR FED V INGVALSON
3110 WOODDALE DR
ST PAUL MN
55119

MINN FARMERS UNION PRES O
1275 UNIV AVE
ST PAUL MN
55104

MINN HOUSING INST N T CARTER
7801 METRO PKWY
MPLS MN
55420

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

MINN PETROLEUM COUNCIL
446 BUILDERS EXCH BLDG
MPLS MN
55402

MINN POULTRY & HATCHERY A
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MPLS MN
55435

MINN RETAIL HARDWARE ASSN
3033 EXCELSIOR BLVD 315
MPLS MN
55416

MINN SOC CERTIFIED PUB ACCTS
1102 WESLEY TEMPLE BLDG
MPLS MN
55403

MINN STATE BAR ASSN
100 MINN FED BLDG
MPLS MN
55402

MINN STATE MED ASSN
375 JACKSON ST
ST PAUL MN
55101

MINN STATE OPTOMETRIC ASS
333 E HENNEPIN AVE
MPLS MN
55414

MINN-WISC BOUNDARY AREA COMM
600 2ND ST
HUDSON WI
54016

MOFFITT R.C. DIR.ENV.CONT
MPLS.CITY HALL RM 301M
MPLS MN
55415

MOOD R BLOOMINGTON HLTH DEPT
10200 PEN[redacted]SO
BLOOMINGTON MN
55431

MOONEY, MICHAEL A.
[redacted] 903, ST.JOHN S UNIV
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56321

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

NAT'L SOLID WASTES-R. GRASSO
1730 RHODE ISLAND AV.NW
WASHINGTON DC
20036

NEUMAN RALPH W
RT 2 BOX 125
EMBARRASS MN
55732

NIELSEN STOCK & BLACKBURN
415 730 BLDG
MPLS MN

NW COUNTRY ELEVATOR ASSN
802 GRAIN EXCH BLDG
MPLS MN
55415

NURSING HOME ADMRS BD EXAMRS
277 W UNIV AVE
ST PAUL MN
55103

O'BRIEN J.DENNIS
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55402

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ST PAUL MN
55101

OHMAN W C NATL ELEC CONTRS
608 AM NATL BK
ST PAUL MN
55101

PATTISON ORVIS
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PHAR MFGRS ASSN WM D PATTON
1155 15TH ST NW
WASHINGTON DC DC
20005

PHILLIPS LEGISLATIVE SERVICE
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ST PAUL MN
55103

PORT AUTH CITY OF ST PAUL
330 MINNESOTA BLDG
ST PAUL MN
55101

PRAUSE JOS.C.
2220 105TH AVE.N.W.
COON RAPIDS MN
55433

RACHNER MARY JANE
1917 PINEHURST AVE
ST PAUL MN
55116

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

NATL COUNCIL JEWISH WOMEN
4330 CEDAR LK RD
MPLS MN
55416

NCEC INC C/O DR DAHLBERG
CONCORDIA COLLEGE
MOORHEAD MN
56560

NELSON DONALD E NSP CO
414 NICOLLET AVE
MPLS MN
55401

NORTH CENTRAL ELEC ASSN
PO BOX 202
BATTLE LAKE MN
56515

NOBLES COUNTY FARM BUR AS
710 10TH ST
WORTHINGTON MN
56187

NW BELL TEL CO LEGAL DEPT
224 S 5TH ST RM 2000
MPLS MN
55402

NYQUIST DEAN A
3707 53RD PL N
BROOKLYN CTR MN
55429

OCONNELL THOMAS
941 LAUREL
ST PAUL MN
55104

OCONNOR GREEN THOMAS ET A
845 NW BANK BLDG
MPLS MN
55402

OLD COLONY GAS & OIL COMPANY
17TH AVE N AT 2ND ST
MPLS MN
55411

OTTER TAIL POWER CO.
215 S. CASCADE ST.
FERGUS FALLS MN
56537

PAYNE COL ALVIN

DEGRAFF MN
56233

PETERSEN JOHN W
525 OSBORN BLDG
ST PAUL MN
55102

POPOVICH PETER S
314 MINN BLDG
ST PAUL MN
55101

PORTER LYLE O

TRACY MN
56175

PULSCHER RBT SPRINGSTED INC
813 OSBORN BLDG
ST PAUL MN
55102

RENNER R.H. ST PAUL AREA CC
300 OSBORN BLDG.
ST PAUL MN
55102

RAMSEY CO MEDICAL SOCIETY
1500 LOURY MEDICAL BLDG
ST PAUL MN
55102

RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
55402

ROBBIE JOSEPH
4 CARGILL BLDG NO CTR
MPLS MN
55402

ROCHE T E
5007 FREMONT AVE S
MPLS MN
55419

ST PAUL ASSN PLBG HTG MECH
614 AM NATL BK
ST PAUL MN

ST PAUL BUR HLTH DR P COX
555 CEDAR ST
ST PAUL MN
55101

SCHMIDT H W TCHRS RETIREMENT
302 CAPITOL SQ BLDG
ST PAUL MN
55101

SCHMIDT LARRY WCCO-TV NEWS
50 S 9TH ST
MPLS MN
55402

SCHROEDER ALFRED H
2172 CARROLL AVE
ST PAUL MN
55104

SEARS ROEBUCK & CO
2929 ELLIOT AVE D.703MW
MPLS MN
55401

SHABATURA EUGENE H
2833 LAKE AVE SO
DULUTH MN
55811

SHAW ROBERT M
616 MOBIL OIL BLDG
MPLS MN
55402

SKELLY OIL CO R R WELLINGTON
PO BOX 436
KANSAS CITY MO

SMERIKA WN.
BOISE CASCADE PAPERS
INTL FALLS MN
56649

STATE BD VETERINARY EXAMINER
C/O DR A C SPANNAUS DVM
WACONIA MN

STD AM LIFE & ANNUITY CO
3801 W 50TH ST
MPLS MN
55410

SUMMIT NATL BANK D L MORRILL
205 AURORA AVE
ST PAUL MN
55103

SUSSEL CO.ATTN:TED SCHWENKER
1850 COMO AVE.
ST PAUL MN
55108

TETZLOFF ROBERT E
5620 W BROADWAY
MPLS MN
55428

TWIN CITY RETAIL DRUGGIST AS
2388 UNIV AVE
ST PAUL MN
55104

ROSS ALFRED
3345 NICOLLET AVE
MPLS MN
55408

ROBERTS DAVID E
1260 NW NATL BK BLDG
ST PAUL MN
55101

SAN SIMEON DEVELOP CORP
OLD 1ST STATE BK BLDG
PAYNESVILLE MN

SATHRE, HARVEY
77 SHERBURNE
ST PAUL MN
55103

ST PAUL FOOD RETAILERS ASSN
1220 ARCADE
ST PAUL MN
55106

SCARBOROUGH WILLIAM
DIV.ED. U.M.
MORRIS MN
56267

SCHWINN ROBT.P.
1400 SOO LINE BLDG.
MPLS. MN
55402

SCHNEIDER & NEESER
706 1ST ST SO PO BX 875
WILLMAR MN
56201

SENATE COUN OFF J ST MARIE
STATE CAPITOL
ST PAUL MN
55101

SENATE FINANCE COMMITTEE
113 STATE CAPITOL
ST PAUL MN
55101

SHELL OIL CO. W.A. ROQUET
ONE SHELL PLAZA BX 2463
HOUSTON TX
77001

SHINER JOHN T.
297 GOODRICH AVE
ST PAUL MN
55102

SOLOMON ARNOLD 603 CAP SQ BL
550 CEDAR ST
ST PAUL MN
55101

STATE BD.BARBER EXAMINERS
555 WABASHA
ST PAUL MN
55102

STENSLAND M.E. PRES. MVMA
203 NW 22ND ST.
AUSTIN MN
55912

STUPKA & MOREM
MIDTOWN BLDG
AUSTIN MN
55912

SWANSON BURT E
W-2162 1ST NATL BK BLDG
ST PAUL MN
55101

UNION STOCK YARDS
ATTN PRES
SO ST PAUL MN
55075

V[redacted] CLEVE JOHN H
2[redacted] HENN AVE
MPLS MN
55405

VOGEL HOWARD G
814 FLOUR EXCH BLDG
MPLS MN
55415

VOLDNESS PERRY
IDS 8TH & MARQUETTE
MPLS MN
55402

WEST & GOWAN
ATTORNEYS AT LAW
PINE ISLAND MN
55963

WHITLOCK A G
ECON LAB OSBORN BLDG
ST PAUL MN
55102

WOLKERSTORTER THEODORE
676 17TH AVE NW
NEW BRIGHTON MN
55112

WOZNIAK D D
828 MINN BLDG
ST PAUL MN
55101

ZATARGA A E CPA
1800 MIDWEST PLAZA BLDG
MPLS MN
55402

VERRILL JOHN E
DEPT SECONDARY [redacted] UOF M
DULUTH MN
55812

VILLAGE OF WOODBURY-F.STR
561 TOW[redacted] DRIVE
NEWPORT [redacted] MN
55055

WELLS G W INS FED OF MINN
RT 4 BOX 194
WAYZATA MN
55391

WM.MITCHEL COLLEGE LAW LIB.
2100 SUMMIT AVE.
ST.PAUL MN
55105

WIS FEEDER PIG MARKET CO-

FRANCIS CREEK WI

WYANT CLINTON W ATTY

ATKIN MN
56431

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

FINDINGS OF FACT

The above-entitled matter came on for hearing before the Commissioner of Public Welfare of the State of Minnesota on the 13th day of September, 1973, at 10:00 A.M. in the Arts and Science Center, St. Paul, Minnesota, after proper notice required by Minn. Stat. § 15.0412 (1971) 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, I find the following:

That the rules are required to fulfill the intent of Legislature to provide a means for licensing the operation of the residential programs for adult mentally ill, and inebriate and drug dependent persons; further,

That the rules are required to provide for the health, safety, and continuing treatment of those persons who may use the licensed facilities, and are needed in order to ensure that a minimal standard for proper treatment be maintained throughout the state.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins, Commissioner

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS
COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Rules of the State Department of Public Welfare Relating to Licensing of Residential Facilities Providing Programs for Inebriate and Drug Dependent Persons (DPW Rule 35) and to Licensing of Residential Facilities Providing Programs for Mentally Ill Persons (DPW Rule 36).

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Commissioner of Public Welfare of the State of Minnesota on the 13th day of September, 1973 at 10:00 A.M. in the Arts and Science Center, St. Paul, Minnesota, after proper notice required by Minn. Stat. § 15.0412 (1971) 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 identified as DPW Rule 35 and DPW Rule 36 are adopted this 25th day of January, 1974, pursuant to authority vested in me by statute.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins
Commissioner

PROPOSED

D.P.W. RULE 35

DEPARTMENT OF PUBLIC WELFARE RULE FOR THE LICENSING OPERATION OF ALL RESIDENTIAL PROGRAMS FOR INEBRIATE AND DRUG DEPENDENT PERSONS

I. Statutory Citation - Minnesota Statutes, Section 245.78 through 245.82, establishes the authority of the Commissioner of Public Welfare to license all residential facilities providing programs for inebriate, and drug dependent persons and establish such rules, regulations, and guidelines as are necessary to carry out the purpose of the statute. These rules, therefore, carry the force and effect of law.

II. Statement of Purpose -

A. This rule is designed to aid in the development of a system of residential programs for inebriate and drug dependent persons which:

1. Promotes the greatest degree of independence possible for the resident.

2. Enhances the ability of each resident to cope with his environment.

3. Maximizes and fosters the human qualities of each resident.

4. Provides a home like atmosphere where the resident is recognized as an individual whose personal interests are maintained and developed and whose personal dignity is respected and safeguarded.

5. Elicits and maintains behavior that is as culturally normative as possible, taking into account local sub-cultural differences.

6. Provides safe and sanitary facilities with appropriate treatment, rehabilitation programs and staff.

B. The rule allows residential programs sufficient latitude to organize their services differently for quality outcomes which can be substantiated and are consistent with the needs of the resident.

C. The rule mandates that the director has a major responsibility to insure that the residents are being provided care and services appropriate to their needs, whether in the facility or in the community.

D. The rule mandates that sufficient information about the program and services be given to residents and referrants to make comparisons between programs.

E. The rule provides specific criteria so that, in combination with other sources of information, the licensing agency can evaluate the program.

F. The rule mandates careful and realistic individual planning at all stages including admission, occupancy, release, discharge and transfer.

III. Definitions - In terms of this rule the following shall mean:

A. "Applicant" - a "residential program" applying for a license or renewal thereof under this rule.

B. "Commissioner" - the Commissioner of the Department of Public Welfare or his designee.

C. "Department" - the Department of Public Welfare

D. "Drug Dependent Person" - any inebriate person or any person incapable of managing himself or his affairs or unable to function physically or mentally in an effective manner because of the use of a psychological or physiological dependency producing drug including alcohol.

E. "Inebriate Person" - any person incapable of managing himself or his affairs by reason of habitual and excessive use of intoxicating liquors, narcotics or other drugs.

F. "License" - the certificate issued by the Commissioner which validates compliance with this rule, and authorizes the applicant to operate a residential program.

G. "Provisional License" - the certificate issued by the Commissioner, pursuant to these regulations, prior to, or in lieu of, the issuance of a license, which authorizes the program to operate. A "provisional license" may be issued to an applicant when compliance with provisions of the rule cannot be met, but in the opinion of the Commissioner applicant will nevertheless provide adequate care, treatment or rehabilitation to its residents. A "provisional license" will be valid for a period not to exceed six (6) months, and may be renewed for one additional period of six (6) months subject to the approval of the Commissioner. A residential program holding either a "license" or a "provisional license" shall be deemed to be a duly licensed residential program.

H. "Residential Primary Treatment Program" - a program as defined in I. below in a social rehabilitation setting which provides, on a residential basis, relevant intensive rehabilitation services for the treatment of inebriate or drug dependent persons.

I. "Residential Program" - any program for the care of inebriates and drug dependent persons which in the normal course of that program provides care and treatment for five or more inebriate or drug dependent persons on a twenty-four hour basis. Excluded from the definition are receiving (detoxification) centers for intoxicated persons as defined in Minnesota Statutes 1971, Chapter 892 and contained in D.P.W. Rule 32.

1. "Extended Rehabilitation Program" - a "residential program" as defined in I. above in a social rehabilitation setting which provides long-term assistance in major life style changes through therapeutic milieu with highly specialized facilitative rehabilitation services.

2. "Halfway House" - a "residential program" as defined I. above, in a social rehabilitation setting which provides a program of services to assist in making transition from treatment to responsible community living in a supportive environment with a home like atmosphere.

3. "Hospital" - any medical facility licensed under provisions of Minnesota Statutes, Section 144.50 - 144.58, Minnesota State Hospital; U.S. Public Health Service Hospital; Veterans Administration Hospital; or any medical or psychiatric facility which is equipped to provide intensive medical treatment and care to inebriate and drug dependent persons with acute and critical health needs.

IV. Licensure

A. All residential programs must have a license or provisional license to operate in the state of Minnesota.

B. All residential programs must apply to the Commissioner within 60 days of the effective date of this rule and comply with the provisions of this rule to secure and maintain a license. Application for renewal shall be made each year within 45 days of the date of expiration.

C. A license shall be for a term of one year from the date of issuance of the license. A license may not be transferred from one program to another. Change in membership of the governing body or advisory board, or change of director must be reported in writing to the Commissioner within 20 days of such a change.

D. All residential programs must comply with applicable requirements of the Minnesota Department of Health.

E. If the Commissioner determines that the applicant or license holder is not complying with the provisions of this rule, or that the public interest is not served by granting or continuing the license, the license may be denied, revoked or not renewed after notice to the applicant or license holder. The denial, revocation or failure to renew shall proceed in accordance with the provisions of Minnesota Statutes Chapter 15.

F. There shall be a review team appointed by the Commissioner, made up of no fewer than five persons including one representative from each of the following areas: one person from the local area mental health center; one person from the local county welfare department; one consumer; one person from a program similar to the applicants which is located outside of the county which the applicant is located; and one person from a program dealing with inebriate drug dependent persons which is not similar to the applicants program.

1. It shall be the responsibility of the review team to examine the application, make a site visit, review the service unit, and conduct what ever other inquiries the Commissioner may deem appropriate and necessary to make a recommendation concerning issuance or denial of a license.

2. A review team shall be individually selected for each applicant. In selecting the review team, the Commissioner shall choose a consumer that reflects the cultural and life style interests of the persons to be served.

3. The review team shall submit a written report to the Commissioner and the applicant at the same time. Said report shall contain the review team's findings and recommendations regarding licensure, provisional licensure or denial of licensure. The report shall take into account the cultural and life style interests of the persons being served. The Commissioner shall consider the recommendation of the review team before final action is taken on the application.

G. The administrative procedure for implementation of this rule shall be determined by the Commissioner and shall be defined in a Commissioner's policy bulletin. The policy concerning procedure shall include:

1. A mechanism for determination of local need shall be established on the basis of standards set by the Commissioner. The Commissioner may delegate the determination of local need to county welfare boards or to a body established pursuant to the Minnesota Statutes, Sections 245.61 to 245.69 if and when the Commissioner deems such delegation appropriate.

2. Licensing policies and procedures shall be available to the public.

3. Forms to be used in the application, review and evaluation process. Forms developed by the department shall reflect coordination of local, state and federal efforts at securing information allowing for identification of overall program effectiveness and gaps in services.

4. An annual license fee schedule of not less than $25.00, and not more than $150.00 shall be set pursuant to Minnesota Statutes, Sections 245.82. All fees received by the department shall be paid into the State Treasury.

V. Minimum Standards for Issuance of a License to a Residential Program

A. Governing Body or Advisory Board - each residential program shall have a board of directors, or a board of trustees, and/or an advisory board. Every such body shall have a community representative as a member, or document that it made reasonable efforts to secure local community involvement.

B. Director - all residential programs shall have a director who shall be responsible and accountable for meeting the requirements of this rule. The Director shall:

1. Be at least 18 years of age.

2. Have at least one year of work experience in the field of chemical dependency, and demonstrated ability based on experience, in administration and personnel supervision.

3. Have completed training in a chemical dependency program approved by the Commissioner or be currently registered or involved in such a program with the prospect of completion within one year, or have knowledge of chemical dependency gained through informal education and/or experience.

4. If the director has a documented history of dependency on alcohol or drugs, he must provide sufficient evidence to satisfy the Commissioner that he has been free of dependency for at least two years.

C. Staffing Requirements - there shall be present at all times at the facility at least one responsible adult with skills appropriate to the program, who shall be responsible for the operation of the program.

1. Prescription medication shall be administered by qualified personnel as specified by the Minnesota Department of Health.

2. At least one trained counselor shall be available in the facility for services to each forty residents. A trained counselor for the purpose of this rule is defined as an individual who has demonstrated competency

at counselling chemically dependent persons. Such competence may be demonstrated by a minimum of one year work experience in counselling chemically dependent persons and appropriate training or education as determined by the Commissioner. If the individual has a documented history of dependency on alcohol or drugs, that individual must provide sufficient evidence to satisfy the Commissioner that he has been free of dependency for at least two years.

D. Staff Qualifications - personnel involved in the direct service to residents shall demonstrate adequate skills in the area of human relations. Said skills may be demonstrated as the result of past experience in areas related to chemical dependency treatment and/or mental health, educational experience and training, or in-service training provided by the residential program.

1. If the individual has a documented history of dependency on alcohol or drugs that individual must provide sufficient evidence to satisfy the director of the program that he is free of dependency.

2. If the individual has not completed a training program approved by the Commissioner that individual must work under the supervision of a staff member who has completed such training.

E. Personnel Policies - the original application and all renewal applications shall describe the nature and extent of the training and qualifications of the staff and shall include a description of the staff organization.

1. The applicant shall maintain personnel policies including the qualifications, performance and evaluation standards, rules, remuneration and fringe benefits for each staff position. These policies shall include procedures regarding hiring, suspension, dismissal, assignment, promotion, grievance procedures, and other appropriate policies.

2. These policies shall be maintained and communicated to the staff, prospective staff, volunteers, and prospective volunteers of the program.

3. These policies are to be carried out without regard to sex, race, religion, creed, marital status, unrelated job disability, color or national origin.

F. Staff Training - each program shall maintain or arrange for a staff development program which includes orientation and training of new staff, and continuing development of staff skills and abilities through a defined in-service program, and/or participation in other training programs.

G. Evaluation - all residential programs shall develop an evaluation system adequate to reflect the program and fiscal functioning.

1. Such an evaluation system shall be developed to show the adequacy of the care, treatment and rehabilitation services provided by the applicant in light of the purpose, goals, and methadology of the program as described in the application.

2. The evaluation system shall utilize forms developed by the department (referred to in IV. G. 3. of this rule) with such additions as the applicant shall deem appropriate. Every applicant shall submit a completed evaluation form to the department with each application for renewal of license.

H. Administration and Management - the residential program shall have written administrative and management policies related to the administration and supervision of the operations, program, and physical facilities. Such policies shall include:

1. An individual confidential record shall be maintained for each resident of the facility, and shall include a written individual treatment plan; a statement signed by the resident and the director outlining the expectations, responsibilities and legal rights of the resident and the facility; written consent of the resident or guardian for any release of information to persons not otherwise authorized to receive it; a written medical and social history of the resident; written progress notes; and a written discharge summary. All entries in the resident's record shall be legible, dated and authorized by the signature and identification of the individual making the entry. The record keeping system shall be structured and located so as to provide a means of communication both in and out of the facility and to furnish documentary evidence of the residents response to his program. The resident shall have access to his treatment/rehabilitation plan unless the administrator documents reasons for denying such access.

2. Annual reports to the governing and/or advisory body covering overall status and operation of the facility. The reports shall be available to the Commissioner and contractors of service upon request.

3. An admission procedure including a description of the referral process, and a copy of a physical examination report. Said examination shall be conducted no more than thirty days prior to, or three days following admission to the facility.

4. A program plan including a statement of purpose intake policies, maximum number of residents to be served, description of population served, description of treatment design and methadology including a documentation of availability of the following services: medical, psychiatric, psychological, social work, educational, religious, financial assistance, and vocational and recreational rehabilitation.

5. A description of discharge policies concerning provision for housing, relationships with family, finances, employment and follow-up.

5. Financial records including an annual budget, records of income and expenditure, fee policies, and a record of audit. New programs must document in writing assurances of funding sufficient to meet total projected program costs for a period of at least three months.

7. Statistical records shall be kept on a continuing basis which accurately reflect the number and dates of resident applications accepted and rejected, number and dates of resident discharges, length of stay, and disposition of residents upon leaving the program.

8. Financial and statistical records shall be contained in application for renewal of license.

9. A statement of provision of emergency medical and/or psychiatric care.

10. When it is necessary for staff to supervise the use of personal funds or property, the system for such supervision shall be submitted in writing along with the application for approval by the Commissioner.

11. Written documentation of insurance coverage in an amount sufficient to protect the interests of the residents.

12. If physical or chemical restraints are used, the program shall submit with it's application a copy of it's policies in these areas. No physical or chemical restraints may be used except as outlined in such a policy that is approved by the Commissioner.

VI. Explanation of Program - all residential facilities shall at the time of admission fully explain their program and policy to those applying or being considered for treatment.

VII. Right to Entry - the Commissioner shall be free to enter any residential program during normal program hours.

VIII. Confidentiality - confidential information regarding a resident shall not be released to any person or agency, accept pursuant to Minnesota Statutes 1973, Chapter 572, Section 16.

IX. Issuance of License to a Residential Primary Treatment Program - Beyond compliance with the above stated regulations, if an applicant wishes to be licensed as a residential primary treatment program as defined in III. H. of this rule the following minimum standards must be met:

A. Director - the director shall:

1. Have three years work experience in the field of chemical dependency, and have demonstrated ability based on experience in administration and personnel supervision.

2. If the director has a documented history of dependency on alcohol or drugs that individual shall provide sufficient evidence to satisfy the Commissioner that he has been free of dependency for at least three years.

B. Staffing Requirements - Beyond V. C. of the rule there shall be:

1. A licensed medical doctor either on staff or by written contractural agreement who shall be responsible for medical examination, routine medical care, emergency medical services, and medical reporting (at least at the time of admission and discharge) to all residents of the facility.

2. At least one registerd nurse or licensed practical nurse shall be on duty a minimum of forty hours a week. One such person shall be responsible to the director for the level of nursing care to the residents.

3. At least one trained counselor as defined in V. C. 2. of this rule for each fifteen residents.

4. A Board certified or Board eligible psychiatrist and licensed psychologist either on staff or by written contractural agreement who shall be available, at the discretion of the director, for psychiatric and psychological services and consultation.

C. Administration and Management - Beyond V. H. of this rule policies concerning administration and management shall include:

1. Maintenance of face sheet with application and admission information, written report of a physical examination, and if deemed applicable by the director, a written report of psychiatric or psychological interviews and psychological testing.

2. Quarterly report to the governing or advisory body covering the overall status and operation of the facility. The reports shall be available to the Commissioner and contractors of service upon request.

X. Effective date - the effective date of this rule is _____

FINAL DRAFT

PROPOSED

D.P.W. Rule 36

DEPARTMENT OF PUBLIC WELFARE RULE FOR THE LICENSING AND OPERATION OF ALL RESIDENTIAL PROGRAMS FOR MENTALLY ILL PERSONS

I. Statutory Citation - Minnesota Statutes, Section 245.78 through 245.82, established the authority of the Commissioner of Public Welfare to license all residential facilities providing programs for mentally ill persons and establish such rules, regulations, and guidelines as are necessary to carry out the purpose of the statute. These rules, therefore, carry the force and effect of law.

II. Statement of Purpose -

A. This rule is designed to aid in the development of a system of residential programs for the mentally ill which:

1. Promotes the greatest degree of independence possible for the resident.

2. Enhances the ability of each resident to cope with his environment.

3. Maximizes and fosters the human qualities of each resident.

4. Provides a home like atmosphere where the resident is recognized as an individual whose personal interests are maintained and developed and whose personal dignity is respected and safeguarded.

5. Elicits and maintains behavior as culturally normative as possible, taking into account sub-cultural differences.

6. Provides safe and sanitary facilities with appropriate treatment, rehabilitation programs, and staff.

B. The rule allows residential programs sufficient latitude to organize their services differently for quality outcomes which can be substantiated and are consistent with the needs of the resident.

C. The rule mandates that the director has a major responsibility to insure that the residents are being provided care and services appropriate to their needs, whether provided in the facility or in the community.

D. The rule mandates that sufficient information about the program and services be given to residents and referrants to make comparisons between programs.

E. The rule provides specific criteria so that, in combination with other sources of information, the licensing agency can evaluate the program.

F. The rule mandates careful and realistic individual planning at all stages including admission, occupancy, release, discharge, and transfer.

III. Definitions - In terms of this rule the following shall mean:

A. Administrator - the person or persons, whether or not owners, who have administrative responsibility for the residential program and who are responsible for the program plan and individual treatment/rehabilitation plans of the residents.

B. Applicant - a "residential program" applying for a license or renewal thereof under this rule.

C. Commissioner - the Commissioner of the Department of Public Welfare or his designee.

D. Department - the Department of Public Welfare.

E. License - the certificate issued by the Commissioner which validates compliance with this rule, and authorizes the applicant to operate a residential program.

F. Mentally ill person - an individual currently diagnosed or judged as having mental illness problems by a Health officer, as defined in the Minnesota Hospitalization and Commitment Act, or by a court having jurisdiction.

G. Program - the planned and purposeful set of conditions and events established by or through the residential program which cover all or a portion of the major areas of the resident's life.

H. Program Director - the member of the program staff responsible for the planning and implementation of all programs. The program director's professional training, education, and experience shall be of sufficient quality and quantity to satisfy the Commissioner.

I. Provisional License - the certificate issued by the Commissioner, pursuant to these regulations, prior to, or in lieu of, the issuance of a license which authorizes the program to operate. A "provisional license" may be issued to an applicant when compliance with provisions of the rule cannot be met, but in the opinion of the Commissioner applicant will nevertheless provide adequate care, treatment, or rehabilitation to its residents. A "provisional license" will be valid for a period not to exceed six (6) months, and may be renewed for one additional period of six (6) months subject to the approval of the Commissioner. A residential program holding either a "license" or a "provisional license" shall be deemed to be a duly licensed residential program.

J. Residential Program - any program which accepts for treatment/rehabilitation five or more mentally ill persons on a regular basis for more than three consecutive days, and which the person uses at least for the purposes of sleeping, maintaining his clothing, papers, and other possessions or as his designated mailing address.

K. Service Living Unit - a unit that houses the primary living group and provides access to bedroom, dining room, kitchen, and bathroom.

L. Volunteer Coordinator - a designated staff person responsible for the recruitment, selection, and training of volunteers for the residential program.

IV. Licensure -

A. All residential programs must have a current valid license or provisional license to operate in the state of Minnesota.

B. All residential programs must apply to the Commissioner within 60 days of the effective date of this rule and comply with the provisions of this rule to secure and maintain a license.

C. Application for a renewal shall be made each year 60 days prior to the date of expiration.

D. A license is issued for a specific program at a specific location and may not be transferred.

E. The license shall specify the maximum number of residents who can be cared for at one time.

F. Application and re-application shall be made on forms furnished by the Commissioner.

G. Any change in the terms of the license must have prior approval of the Commissioner.

H. Every applicant for license shall be furnished with a copy of these rules.

I. All residential programs must comply with applicable requirements of the Minnesota Department of Health.

J. If the Commissioner determines that the applicant or license holder is not complying with the provisions of this rule, or that the public interest is not served by granting or continuing the license, the license may be denied, revoked, or not renewed after notice to the applicant or license holder. The denial, revocation, or failure to renew shall proceed in accordance with the provisions of Minnesota Statutes, Chapter 15.

K. Review Team - There shall be a review team appointed by the Commissioner, made up of five persons including one representative from each of the following areas: one person from the local area mental health center; one person from the local county welfare department; and three representatives from the community at large.

L. It shall be the responsibility of the review team to examine the application, review the service living unit, make a site visit, and conduct whatever other inquiries the Commissioner may deem appropriate and necessary to make a recommendation concerning issuance or denial by the Commissioner.

M. A separate review team shall be individually selected for each applicant.

N. The review team shall submit a written report to the Commissioner and the applicant at the same time. Said report shall contain the review team's findings and recommendations regarding licensure, provisional licensure, or denial of licensure. The Commissioner shall consider the recommendation of the review team before final action is taken on the application.

O. The administrative procedure for implementation of this rule shall be determined by the Commissioner and shall be defined in a Commissioner's policy bulletin. The policy concerning procedure shall include:

1. A mechanism for determination of local need shall be established on the basis of standards set by the Commissioner. The Commissioner may delegate the determination of local need to county welfare boards or to a body established pursuant to Minnesota Statutes, Sections 245.61 to 245.69 if and when the Commissioner deems such delegation appropriate.

2. Licensing policies and procedures shall be available to the public.

3. An annual license fee schedule of not less than $25., and not more than $150. shall be set pursuant to Minnesota Statutes, Section 245.82. All fees received by the department shall be paid into the State Treasury.

V. Minimum Standards for Issuance of a License to a Residential Program

A. Administrative Organization

1. The residential program shall establish and maintain a written statement of its current philosophy and treatment goal which is available to all interested parties.

2. The administrator of the residential program shall be responsible for its continuous overall operations, and in his absence, there shall be a staff person designated to assume the administrator's responsibilities.

B. Community Representation

Each program shall provide for meaningful community representation and public participation in its operation to an extent reasonable with its operation. However, no facility shall operate without at least a three-member advisory committee to satisfy the Commissioner.

C. The Service-Living Unit

Grouping and organization of service-living units

1. The service-living unit (hereafter referred to as unit) shall be of appropriate size to ensure the proper delivery to each resident of all services described in his treatment/rehabilitation plan.

a. The unit is that area which houses the primary living group. It may be a group home, foster home, ward, wing, floor, etc.

b. The unit shall contain bedroom(s), living room, bathroom, and connecting areas. It shall provide access to the dining room and kitchen.

c. There shall be provision for other appropriate program facilities as indicated by the individual treatment/rehabilitation plan.

d. In all cases there shall be at least (1) one on-premise living room for each (25) twenty-five residents.

2. The unit or complex of such units shall house both male and female residents to the extent that this conforms to the prevailing cultural norms and unless contraindicated by program plan. Such living arrangements shall include provision for privacy and for appropriate separation of male and female residents.

3. Residents shall be allowed free use of all space within the living unit, with due regard for privacy and person poaawaaiona.

4. Any resident shall have access to a quiet, private area where he can withdraw from the group.

D. Treatment/Rehabilitation Plan

Each resident is entitled to receive care, treatment, and rehabilitation according to the best available and most advanced contemporary standards. The program director and resident and the resident's physician and county welfare social worker, if appointed, shall develop a treatment/rehabilitation plan which shall be stated in writing in the person's record. This plan shall define precisely the problems to be overcome, and the specific measures to be used in the solution or remediation of the problems. The treatment/rehabilitation plan shall be reviewed by the program director and the resident at at least quarterly intervals. Such quarterly reviews shall be noted in writing. If for any reason the resident does not participate in his treatment/rehabilitation planning, the facility record shall indicate the reason for such lack of participation and proposed remedies.

E. Physical and Chemical Restraint and Seclusion

No physical or chemical restraint may be used except as outlined in a policy that is approved by the Commissioner.

F. Individualized Resident Records

1. An individual record shall be maintained for each resident of the program. All information contained in the resident's record shall be managed so as to protect the confidentiality and legal

rights of the resident. The written consent of the resident or guardian shall be required prior to the release of information from the record to persons not otherwise authorized to receive it. The resident shall have access to his treatment/ rehabilitation plan unless the administrator documents reasons for denying such access.

2. All entries in the resident's record shall be legible, dated, and authenticated by the signature and identification of the individual making the entry.

3. All records shall contain information to be entered at the time of admission, including identifying information, most current health record, reason for referral, and individual treatment/ rehabilitation plan.

4. The record keeping system shall be structured and located so as to provide a means of communication of information both in and out of the facility and to furnish documentary evidence of the resident's response to his program.

5. When it is necessary for a facility staff to supervise the use of personal funds, the system for such supervision shall be submitted along with its application and must be approved by the Commissioner.

G. Financial Records

Each program shall maintain at least the following financial records: an annual budget, records of income and expenditure, fee policies, and a record of audit. New programs must document in writing assurance of funding sufficient to meet total projected program costs for a period of at least three months.

H. Staff, Qualifications, and Designations

1. Staff personnel involved in direct services to residents shall demonstrate knowledge, skills, and attitudes in the area of human relations appropriate with his position. Such knowledge and skills and attitudes may be demonstrated as a result of past experience in areas related to mental health, education experiences, and training or in-service training. Each program shall designate a program director, a volunteer coordinator, and an administrator.

2. The program director shall be employed for at least the following time minimum:

0 - 15 residents	4 hours per week
16 - 31 residents	10 hours per week
32 - 47 residents	20 hours per week
48 - 64 residents	30 hours per week
more than 64 residents	full time

I. Staff and Volunteer Training

Each program shall have a documented training program, to satisfy the Commissioner, appropriate to its operation, including, but not limited to:

a) Orientation for new employees and volunteers.

b) Initial and monthly in-service training for each employee and volunteer.

J. Personnel Policies

Each program shall implement written personnel policies which shall be made available to each staff member.

a) The hiring, assignment, and promotion of employees shall be based on their qualifications without regard to sex, race, religion, creed, age, unrelated job disability, marital status, ethnic, or national origin.

b) Personnel policies shall include, but not be limited to:

1. Qualifications, job descriptions, annual salary, promotion, probation, fringe benefits, and grievance procedures for each position.

2. Annual employee evaluation.

3. A policy for prohibiting neglect or abuse of residents.

4. A procedure for suspension and/or dismissal of employee for cause.

5. A policy protecting the confidentiality of residents and their records.

K. Admissions and Release Procedures

General Provisions:

1. The number of residents in any program at any given time shall not exceed its licensed capacity.

2. A program shall have at least the following descriptive information available to the public:

a) Pre-admission and admission services and procedures.

b) Limitations of age, length of stay, geographic area served, degree of handicap, and program description.

c) A plan for the grouping of residents in living units.

d) Release and follow-up procedures.

3. The program shall provide each new resident, during the admission procedure, a written copy of the facility's general operating policies.

L. Cooperation with Local Agencies

Each program shall furnish documented evidence of its working arrangements with all appropriate community health, education, rehabilitative, recreation, and welfare services.

Good morning. We'll start our public hearing now.

My name is Jim Hiniker, I am the Deputy Commissioner of the Minnesota Department of Public Welfare, and I'll be the official hearings officer for the hearing this morning. On my right is Mrs. Barbara Kaufman, Director of our Licensing Division, and on my far left is David Van Wick who will explain the mental illness licensing rule, and immediately to my left is Joel Egertson who will explain the chemical dependency rule. We are here this morning to take testimony against the questions on the Department of Public Welfare Rules 35 and 36. Rule 35 is for the licensing and operation of residential programs for inebriate and drug-dependent persons, and Rule 36 is for the licensing and operation of residential programs for mentally ill persons. These rules were put together by the Department of Public Welfare, along with help from the advisory committees and the Minnesota Department of Public Health. Notice of this hearing was sent on August 9 pursuant to law. In addition to accepting oral comments this morning for the record, we will also accept written comments addressed to the Commissioner of Public Welfare for twenty days from today to October 3. The testimony this morning, along with those written comments, will be considered before the final rule will be promulgated by the department. Procedurely today, Joel Egertson will explain Rule 35 and will follow that explanation with questions and testimony from the audience. Following that, David Van Wick will explain briefly Rule 36 and will follow that with questions and answers from the audience. It is imperative, and I emphasize the word imperative, that anyone asking a question or presenting testimony first come to the microphone on my left over here and identify himself for the record. We have to prepare a formal written record to testify who said what, and we must have names, so again I remind you, don't ask questions or speak for the record from the audience. First, come to the microphone and identify yourself. We will kind of start with people this side of the room and work back and you can kind of work your way up to the microphone. With that, we'll start with the Chemical Dependency Rule.

Joel Egertson: Minnesota Statute, Section 245.78 thru 245.82, specifically establishes the authority of the Commissioner of Public Welfare to license all facilities providing programs for immediate and drug-dependent persons. This section of Minnesota law, known as Chapter 627, was enacted by the 1971 Minnesota Legislature. Subsequent to that time, the Community Program Section of the Department of Public Welfare set about writing rules and regulations and guidelines to implement law. The initial draft or drafts of these rules were widely disseminated, were considered by large groups and diverse groups of people with concern in the alcohol and drug field, and there was a very strong reaction. Subsequently, the department said about trying to incorporate input from absolutely as many people as possible regarding the content of the rule. During this time also, there was a reorganization within the Department of Public Welfare wherein there was created the Division of Licensing, which Mrs. Kaufman represents here today. Without going into lengthy explanation, rules were not promulgated during the time of the enactment of the act until this time because there was such wide spread concern, such diverse opinions as to what the rule should contain. In the spring of 1973, Commissioner Likins instructed me to set about writing a rule in conjunction with an advisory committee that

would represent the best effort and compromise of those views expressed to the Department from various sources. The Commissioner appointed an advisory committee; we worked through the summer and what you see before you, represents the culmination of that work. I would just like to say for the record that I think this is an effort that represents arduous deliberation; it's an honest effort on the part of virually every faction of the alcohol and drug community to come up with a rule that would set reasonable standards in the State of Minnesota to assure that anyone presenting the problem of alcohol or drug dependency would be assured of reasonable services, those services to be conducted in a totally humane way. The Rule is set out in several sections the first of which is the Statement of Purpose was adopted for the most part from deliberations of the committee working on the mental illness DPW Rule 36. We think it reflects the concern and assurances for humane delivery of services. The next section is, Definitions, which is self-explanatory. The next section is Licensure which sets out what must be accomplished in order to secure license and defines the procedure, most of which by design, will be left to the guidelines that will subsequently be developed to implement this Rule. Section V, sets down minumum standards for the issuance of license to any program any facility conducting a program, residential program for chemically dependent people in the state. Sections VI thru VIII are self-explanatory. Section IX sets down the minimum standards for issuance of a license to a program wishing to be designated as a residential primary treatment program. Residential primary treatment program is a language contained in Minnesota Statutes, Chapter 585 which has to do with insurance coverage, and it is the intent that those programs qualifying under this provision would be eligible for third party reimbursement subsequent to the effective date of this Rule. It should be understood that this Rule is designed to include only residential programs. Subsequently, Rules will be promulgated concerning out-patient day care, after-care programs. This Rule is distinquished from DPW Rule 32 for issuance of license to detoxification or receiving centers. Are there any questions on the Rule, or is there anyone in the audience that would like to present testimony or comments on the Rule?

Leonard Boche: Hennepin County Alcohol and Inebriacy Office. In preparation for this meeting we invited programs to come to our office to express their concern and, in part, I am speaking in behalf of those programs in the expression of some concerns which they set forth. Part of the expression of concern may be due to some of the necessary duties but we would like to call it to your attention as well. The evaluation and reporting forms indicated in the license was of some concern. We would appreciate, I think, the same level of consultation and interest which you have exhibited in drawing the Rule in the consideration and the actual establishment of the forms and mechanisms so that the programs might have an opportunity to participate with you in the establishment of that standardization. Secondly, we didn't know if it was a new policy or if something was brought in without another set of guidelines. There seems to be in the Rule the reference to approved training programs by the Commissioner. There is no standards that we know of for the approval of any programs. We would strongly urge that if in fact we are establishing a new mechanism, that within the context of Chapter 15, that we look at guidelines for the establishment of approved training programs. The third point I would like to raise for definition is that there is the reference to a physical thirty days prior to admission.

Again, there was question raised as to what is meant by a physical. I know we don't want too much detail in the Rule but I think that some general guidance may be necessary as to whether they are, how superficial are we, speaking of it here, how complete, just what's meant by a physical. There is some problems around the thrity days prior, I think those need to be worked out on a program level, especially when we are talking at some of the longterm programs making referrals, for instance, to a halfway house. There has been some concern expressed in terms of the amount of detail in case records. I don't think there was any question as to the necessity for case records, but we are concerned with something of what is really the expectation in the case records. There are a variety of categories of information listed and there is no problem with the categories but I think that we are concerned with whether we are really going to be in a position having to develop a classical medical case record, or whether we are talking about a social summary case record that can be where we can use the variety of shortcuts of summarization as well as checklists, etc. to give an adequate picture of the progress in growth rather than getting us locked into something that looks like a state hospital case record which we would find objectionable. In the Rule IV F3, there is reference made to cultural and life style of the program being represented or to be taken into account with the review team. We would like to underscore that a consideration. Whether there needs to be stronger language or not may be open to some discussion, but we would strongly want to urge that in the administration of the Rule that consideration be given to this. A case in point, for instance, is a halfway house for prison discharges suffering from alcoholism or from opium addiction. This is a very special kind of cultural life style group in which we would want to assure that there was adequate representation from that type of program on the review team so that we do in effect, in fact have pure group review. The last question we had was, does this licensing replace anything which we now have to meet or is this superimposed upon everything else? Most of the programs are licensed, for instance, under hotel, motel license. Will we no longer have to apply for that license? Is there some other way of handling?

Barbara Kaufman: It is not contemplated that there will be simply one license for any residential program. We have an arrangement with the Health Department based on a cooperative agreement that the Health Department won't license programs, and we won't license health things; therefore, you will still have to have a license from the Health Department. For the interim it will be a boarding and lodging license such as you presently hold. The Health Department is contemplating in the near future, sometime this fall, holding a public hearing also on a rule for what they are calling at this point a supervised living facility. This will contain the health and safety components that are very obviously missing in this Rule, and they're missing because they are going to be incorporated in the Health Department Rule. It is not our intent really to make things more difficult, but we felt that the Welfare Department is simply not competent to look at health and safety.

Leonard Boche: Perhaps I don't know if it's appropriate to follow this up with another question or whether we should hold it to the next hearing, and that is the relationship between state licensure and licensure within the context of cities of the first class.

Barbara Kaufman: This is primarily a problem that I think has to be faced and discussed with agencies, such as, the Department of Health, Department of Administration. We are very much aware of the problem and it's not going to be dropped. It is going to be pursued. Thank you.

Joel Egertson: Thank you, Mr. Boche. Is there anyone else in the audience who has any questions or comments?

Steve Jackson: Senate Majority Research, Minnesota State Senate. A couple of questions, first of all, is this the first Rule that has been ready for the hearing regarding this issue of licensure? It has already been announced by the Department for a hearing on this issue?

Joel Egertson: Yes, it is. On the residential facilities, it is DPW Rule 32 has been through hearing which addresses itself to the area of chemical dependency but not residential facilities per se as defined in this Rule.

Steve Jackson: I believe on August 29th, 1972, that there was an announcement by the department that there would be a hearing held at that time regarding proposals that were ready for hearing on Proposed Rule 35 at that time. I would like to know what happened to those a year ago.

Joel Egertson: Mr. Jackson, that I attempted to explain that in my preliminary comments. That Rule was not deemed by the department to reflect what the constituency really wanted in the licensing rule, therefore, it was set aside; the hearing was not held for the purpose of more input for the purpose of more deliberation on what the Rule should look like.

Steve Jackson: Was this information transmitted to those people who were notified at the hearing at that time?

Joel Egertson: I cannot comment on that at this time, I don't know. It was communicated informally to those that the Department was aware to have an interest in the problem.

Steve Jackson: Are any of you aware of the loss of any money by any residential treatment programs regarding a reimbursement, let's say, of Veterans Administration program, or as a result of the fact that they couldn't claim they were licensed?

Joel Egertson: We are not aware of such a loss that concern having been expressed to the Department, the Department of Welfare and members of the Alcohol Commission staff made a concerned effort to determine if in fact there had been loss of monies and, to my knowledge, there has not been any loss of monies to this date, specifically because of the fact that the Rule hadn't been promulgated. Thank you.

Jim Hiniker: Thank you, Mr. Jackson. Is there anyone else in the audience now with questions or testimony on this Rule?

David Auran: I represent the Minnesota State Medical Association. I am a member of the subcommittee on Alcoholism and Drug Abuse of that assoication.

First, a few comments, Section V A, Mandates of Governing Body or an Advisory Board. Now, in the case of hospital-based programs, would this be separate from the hospital's board, forming a separate governing advisory board, or would the hospital board sufice for this purpose; it would seem that imposing an additional board would be impractical. Section V E sets forth certain personnel policies, again with respect to a hospital-based program--most hospitals have their own personnel policies, and it would seem impractical to impose an additional set of employment criteria on such a facility. Section V H, relates a certain business records, again with reference to hospital records and to impose additional record-keeping may impose a problem for the hospitals. Section V H 12, refers to physical and chemical restraints giving the Commissioner authority to impose restrictions without any reference to the judgment to the attending physician, again with reference to a programs physician in attendance. As a general matter, this appears to be a creation of a single set of rules and regulations for wide variety of program that may have substantially different characteristics. The need for substantial detail when dealing with non-institutional programs is evident. However, institutional programs, such as, existing hospital programs are being included, it would seem this type of detail may not be necessary. If it is considered necessary that a single set of rules and regulations exist for all agencies, we would favor exempting or excluding hospital-based programs. Hospitals are already licensed by usually a joint commission on the creditation, as well as, other licensing agencies as well as the State Board of Health. It would seem that additional licensing would impose problems. Finally, there is a feeling that, not only is this duplication of paper work and duplication of services, but that the movement of recent years has been to draw alcohol treatment programs in general hospitals back into the main-stream of medicine and to isolate it off and make it a separate area licensed by the State Department of Public Welfare, might in effect pull the treatment of alcoholism and chemical dependency back away out of the main-stream of the medical practice again and it would be a step in the direction opposite from which we have been traying to move. Thank you.

Arthur Noot: Assistant Director, Ramsey County Welfare Department. We are preparing a formal statement for the Commissioner representing our position, and, I think, just to summarize the position of the Department, as developed by a number of staff members directly involved in chemical dependency and MI, we feel that both of the Rules should specify the primary responsibility of the Welfare Department in placing chemical dependency and mentally ill clients in facilities, or at least those for whom public assistance or social services funding is involved. We would like to avoid and, in fact object to, any Rule as being purely a functional responsibility. The second item is regarding supportive semi-independent living. It's not mentioned in either of the Rules, and some question we are sending some material about propose either inclusion in Rule or possibly commissioners will. Some statement to the effect that if the Department has a position. The third point relates to the statutory mandate that the Welfare Department is the basic coordinator if services are going to continue with residential programs being one of component. It would follow that for clients who benefit from public assistance for social service funding, records or copies of records should become the property of the Welfare Department at the point in time the resident leaves facility. And, I think, this would assist us very directly in our own internal monetary efforts and certainly assist us as we get definitely into external contracts. Again, as to Rule 35, specifically. We had some feeling on the part of our staff that the role of the Welfare Department re a facility in developing program should be a little

more precise. In other words, we feel that we should be involved in the development of program, and as to an observation in the Rule itself, the committee working on it, felt that there was an under-emphasis on services to residents and possibly an over-emphasis on the staff qualifications. As to Rule 35, and I apologize for mixing 35 and 36, but there were some similarities. I think our concern about the types of license in 36, some specification, for example, by the Minnesota State Board of Health, DPW, Local, we have board and lodging locally, some specification laying it out. We weren't too sure if this will be appropriate for Rule or if this should be by bulletin or some other mechanism, but, I think, to your point you will be looking into the matter of other regulations. I think most of all we saw a process in the development of these Rules, that was very positive and we look on that as a good step.

Joel Egertson: Thank you, Mr. Noot. Is there anyone else now?

D. Christenson: Granville House and Team House. We have some concerns about the mountains of paper work, it looks like it's going to add to our problems, and I think for halfway houses particular. We who are directors of those halfway houses are also program directors and general maintenance people and housekeepers and counselors, and what these kinds of things are tending to do to us is disallowing us to help people and making us full-time paperwork people. I have found this total year to be nothing but paperwork for me, and yet I have been supposedly program director at Granville, and I seriously wonder whether that was the intent of anybody. I see, for instance, that we're going to have four applications for licensing each year. I wonder if one realizes how much time that takes. We are going to have a new evaluation forms put out by DPW. We have our own evaluation tools that we have developed who work in the field, and I think that our evaluation tools are very good. I wonder why we are going to be forced to use a state form for evaluation? If it weren't going to be work that we had to do, I can understand it, but it just seems like more paperwork. We have our budget problems which are bad enough. Another thing, under MHD 274, this looks like what it is going to require us to do is to put in commercial kitchens. We can't meet our payrolls, say nothing, where are we going to find the funds to put in commercial kitchens. I don't know the answers to these problems, but it seems to me that when these regulations are here is the time to at least bring these problems up. It's a real problem to us. There is another question. I haven't got the number on here, but it's under, Dispensing Medications. It states that it must be a nurse or a doctor who dispenses medications. Now, our particular facilities and, I don't know how many of these facilities would have this same problem, has certain people who must take, for instance, seizure mediations. We have entered a new policy where we will take people in our halfway houses who will probably for the rest of their life need an anti-depressant. However, we are a chemical dependency house we do not like those medications to be in the rooms or on the person and yet this new law says, we can't dispense the medicine. So I really think we need a clarification of that. Either we will have to exempt, we will have to cease this new experiment of taking people who will need medication the rest of their life, or there is no way we can find a nurse to do it. I was also concerned about the same problem that Len Boche had, physical examinations; what does that mean? We don't have anything in our budget for physical examinations, and yet many of the people that we get have probably been

in treatment for five months, and haven't had a physical examination for at least four months. So you know, what is that going to mean to us? Those are my big questions. Thank you, Mrs. Christensen.

My name is Rife: I am a physician and have been Director of Medical Education at St. John's hospital for four years, before that, in private practice for many years. I am also a member of the Chemical Dependency Sub-Committee of the Minnesota State Medical. But my remarks are directed strictly from my own experience, not as part of that committee, and maybe my question as much as Mr. Auran referred to is that the concerns are that this one document attempts to do so much, and in some places, the wording perhaps can't comply across the board, but I have some similar questions to the ones he raised, specifically, before I forget it, I would think one of the things that could be done on this physical examination thing would be that any person transferred to your unit might well require a physical examination from the unit transferred that would take the responsibility off of the halfway houses, or some other unit like that. But one of the things that I am concerned about is from our experience that our unit and from other units like ours, I see such a high number of secondary diagnosis, medical diagnosis, a fact that people working in this field for many years have, of course, told us about for years. These people have ignored the state of their health, in some cases, have been rejected by the health care institutions and personnel, and so in many cases, through no fault of their own, their physical state needs repair. In the majority, well over half of the cases, we find secondary diagnosis, and in 20 per cent over the past two years, 20 per cent we have found new diagnosis requiring medical care, so that my remarks stem from those concerns and from our details that we find on treating these people. For instance, under IV f, under Licensure, there shall be a review team. I wonder if it wouldn't be wise to include somebody on those review teams who has a concern for medical problems, perhaps trained in looking at medical problems and seeing how they are handled. Again, Minimal Standards, V, into some of the personnel considerations, while I am not a long-time worker in this field, still I wonder whether one year of work experience for directors is sufficient. My feeling from watching this involved in the last 2 or 2 1/2 years as we have at our hospital, and in some time before that, it would seem to me a director in charge of this kind of supervision would require more years of experience. I wonder again, under IV b, Director, whether free of dependency of two years is sufficient. Perhaps some of the workers who have more experience in the field than I have could either substantiate that or express some concern on it. Under Staffing Requirements, V, I am concerned one trained counselor for 40 people perhaps in some experience the people present here we could find that number truly is sufficient, but I find these people represent so many problems, not just medical problems but pyscho-soical problems that I wonder if one counselor for forty people is sufficient. It would seem to me that the patient is going to suffer from that kind of a ratio. Finally, I would like to say something, well, two more things--one is under Evaluation and Mr. Boche referred to this properly as an area. (Interuption) I strongly feel that there should be a large input from the people in the field who are working in this field and have had years of experience on this evaluation system. While I would agree that it seems unlikely that we have to have a whole new form, but let's all be speaking in the same terms so the form that Granville House uses or any other house uses could share a common base that we measure the right kinds

of things and we do the same thing in every unit. Finally, I really want to speak most strongly Under Section IX, B, Staffing Requirements. While I can understand the difficulties that a licensed unit might have in fulfilling the obligation for physical examinations and the like, yet I see unless there is some very strong relationship between a primary treatment center or a residential center and the medical facility, that there is strong possibility, maybe even probability, that physical problems, medical problems that we have seen could go if not undected, at least untreated, and the patient is going to be the one to suffer. I would feel very strongly there should be some specific terms about not only physical examinations and a contract medical officer but indeed a medical facility capable of total medical care for some of these problems that would have a connection with the treatment center. All I am saying is that the treatment center should have something documented in writing form that, yes, this hospital will accept a patient from this center that a physician says needs medical care. Unfortunately, some primary medical centers, hospitals, I am talking about primarily, may still reject such a patient because of the stigma attached to it.

Joel Egertson: Thank you, Dr. Rife.

I am Roger Leaf: I am representing Hennepin County Welfare Department. I have just three great basic comments to make. First, with regard to the staffing requirements. It seems ridiculous to me to put any number in for a staffing requirement. It seems to me what you're most concerned about is you're trying to get the job done as efficiently and effectively as possible, and to do that, you should require that an individual facility have enough staff there to get the job done and have appropriate staff there rather than trying to pretend to be a god and require that a certain staff have a certain number of people there regardless of their purpose, and it seems to me that's extremely wasteful in terms of dollars. The other response I would like to make is in regard to the licensing. We have heard a number of people get up and express concern about licensing. I think that I would like to underscore this responsibility that somebody has got to take at the state level r sponsibility to see that each type of organization is represented before a license is granted. We had some really bad experiences within Hennepin County where Halfway Houses have been licensed and we found that they didn't have the housing license, they were in the wrong zone--there was a whole variety of things that occurred to them, and to get back to Mr. Jackson's comments, I indeed feel that some facilities if they were not forced to close down have been certainly threatened with being closed down simply because they could not meet the license requirements in terms of physical plant and that relates back to a comment that is made, although I think that the present contract between the Health Department and the Welfare Department again is a very positive and an excellent step. I want to stress that I certainly support that. That it's only part of the job and we've got to get as quickly as possible the Fire Department involved and we've got as quickly as possible get the building inspectors involved, because up to now, that that physical plant program and the program component are really kind of talking in half truths--they aren't really giving the applicant the full picture. Thank you.

Barbara Kaufman: Thank you, Mr. Leaf, we intend to do just that.

I am G. McCarthy: Administrator of St. John's Hospital, St. Paul, and I'd like to underscore the comments made by Dr. Rife and Dr. Auran regarding the

medical necessities from these programs. As administrator, I am primarily concerned over the multiplicity of licensing agencies that we are facing. We currently receive accreditation visits from approximately four agencies now, such as, the Joint Commission, Medicare, State of Minnesota, City of St. Paul, State Fire Marshalls' Office. This would like to be the sixth visit of a team approach which is going to affect us in the methods that we handle our administrative bodies at the hospital. I think some consideration should be given within the program somewhere of our meeting criteria which is actually more stringent than these the rules and regulations and to attempt to maybe short circuit some of the indepth analysis that might be necessary for you to make in a free-standing facility not subject to some of the criteria that we are. So that from our standpoint we recognize the necessity of this type of review, but hopefully you will coordinate your roles with those of other reviewing bodies which we already face and advise us of a criteria which would, we are currently meaning being sufficient for your needs. Thank you.

Joel Egertson: Thank you, Mr. McCarthy.

Thomas Lindquist: Director, Scott County Welfare Department. Since the material received, the Rule itself was received in August 31, it's been fairly difficult to get together a group to review the Rule in terms of community input and this is in process now and will be received by the Commissioner in the future. I did want to object to the absence of an appeal procedure in the Rule, and since four state agencies are involved in the license application process, I might suggest that the appeal procedure provide for a joining of these agencies so that one appeal will serve the needs of all agencies and the applicant. I also would like to object to the absence of the specific process for appointing the review teams mentioned in both Rule 35 and 36. Thank you.

Joel Egertson: Thank you, Mr. Lindquist.

I am Connie Price from the State Department of Human Rights and I am here to reacquaint the Welfare Department with the Human Rights Act which states that it's unfair to engage in discriminatory practices. We have at the Department a history of cases in which public facilities have been licensed even after the applicant has said that they will not take minority people. In our backlog of cases we have found that these places have been licensed irregardless of the fact that they have stated this. The Acts, just to be brief and to state it for you is to discriminate against any person in admission to the full utilization any benefits from any public service because of race, color or creed, religion or national origin, so we would like you to tell us and to assure us that any place that discriminates against minority people or anyone else in area of sex, national origin or the things I have previously stated, that you will not license these people. So you would keep us in mind if you need copies of the new Act we will certainly get them to you.

Joel Egertson: Thank you. Is there anyone else that would like to testify or present comments?

I am Jim Stebner, a member of the Board of Directors, Eden House, and I would

like to respond specifically to Section 5, the Staffing Requirements. First of all, we endorse the idea of setting up standards. One of the things that we would like to call to question would be requiring that a person be clean for two years. We would like to call your attention that Eden House is a straight program that began with men who were clean but did not have two years of experience. It's a program that is very effective with the population that it's working with, and work required to meet standards such as this but would not have been able to develop and achieve the experience that it is receiving today. Also, in that Section C, in addition to questioning being clean for two years, would raise question, or ask for additional clarification on the terms of sufficient evidence. In Section D, again asking for more specificity, there is a phrase in there, adequate skills in the area of human relations. It would be helpful if this were spelled out more clearly. Further, it goes on to say as a result of past experience, and this is not specified. And I call reference back to Section B which is more specific. I think some wording to that effect in this Section B would also be helpful.

Joel Egertson: Thank you, Mr. Stebner. Is there anyone else here now? Maybe to save a little time, if there is anyone else after this lady that would like to testify to come up here now.

I am Cherry Cedarleaf: I am a director at Jamestown. No. 1, I would like to say that I am glad to see that finally some guidelines are put together that have been dingling around for at least a couple of years, leaving many organizations wondering where they are stand, whether they are fitting in to anything that might be licensed or not and leaving several organizations left knowing whether they are going to be licensed again in this year or not, and I think this has been a great concern to a number of organizations. There are a few things about this whole document that you put up, the whole draft. I think we ought to consider, and I think that No. 1 is that the hospital programs, the hospital base program I think should be divided from the programs that are out in the communities. I think these programs have a considerable amount of material already covered that you have got in your requirements and I think it might be easier for and more easily clarified if they were divided into these two categories. The other thing is that I think in the whole program I don't know whether you have had some pre-preview of what the Federal program regulations are going to be. But these are supposedly coming on October 31. Have you had them? OK. I think that, that's the other thing. I don't think anything can be completed on this until we find out what the Federal regulations are, for instance, a simple example that's been put into that plan at the present time or is being suggested is, for instance, a review on every person in any chemical dependency center every week, and if you know you send that in, that's three bucks or four bucks per person, so that's 80 bucks a week, and there are many organizations that can't stand that. Programs can't financially even exist on that, and I think that something that you had better look into to see that we fit into the Federal program which is supposedly coming on October 31; where that will be, I don't know, but I think that that's one thing we should consider when we are doing this as well. The other thing is, I think there is a, at least maybe I missed it, but I think there is nothing in here that really--I am concerned about the lack of emphasis of the programs themselves. What the programs consist of compared to all the requirements and qualifications of the directors and of the personnel and the counselors, etc. I think that there is very little in there if you're providing guidelines to help organizations to know what is expected and what they are to have in a program, and I think that too becomes

a big fact because there is so much variation within the program. But the other thing is that when you are designating so many counselors for so many residences I think this should be considered basically not on numbers again but on the program is because depending upon on what you have within your program is going to determine whatever or not you need two counselors for forty people or whether you need five counselors for fifteen people. So that I think these factors should be considered when you are re-evaluating what goes on in this program. And I very much emphasize the fact that I think the medical problem is not very clear and defined in here, and we have found many medical problems in our kids that have not been brought out before in programs that they have been in. They have not been picked up there and they have been picked up with the kind of written contractual program we have with one of the hospitals. But I think that's a very important thing partly because I think as you know on September 30th, insurance companies are going to start to be paying insurance for chemical dependency treatment, but they're not going to be paying insurance for any place that is not adequately medically covered, and I think this becomes a problem to have to have it clarified in our program what insurance companies want and need and also make it possible so that smaller groups can get enough coverage so that they too can be covered under the insurance programs. Otherwise, they won't be able to exist. I think these should be considered.

Joel Egertson: Thank you, Mrs. Cedarleaf.

I am Dr. Robert Garnson: I am from St. Paul-Ramsey Hospital. Under the letter f, IV on Page . The first sentence reads, "that the review team shall submit a written report to the Commissioner and the applicant at the same time." The final sentence in that paragraph reads, "that the Commissioner shall consider the recommendation of the review team before final action is taken on the application". I would like to suggest that the Commissioner, if he acts adversely to the recommendations of this review team, also submit a written report both to the applicant and to the review team in order that the reasons for his action might be a matter of record.

Joel Egertson: Thank you, Dr. Garnson.

My name is Dick Pappenfus: I am from St. Paul-Ramsey Mental Health Center. I related my feelings at the Regional meetings but I would like to also relate them at this public hearing, and that when the State law is actually implemented, that grave concern be held for local wisdom. More specifically, in the area of the supervised living facilities that will be coming up that will be running around some of the existing housing-code, fire-code kinds of things. I see some real latitude here in the programing, but I think my real concern will be whose code is going to prevail--the State code or the local code.

Jim Hiniker: Thank you. Is there anyone else that would like to testify or present comments on this Rule? Remind you again that Commissioner will accept written comments until October 3 on this Rule as well as Rule 36. We will proceed then with Rule 36 and Dave Van Wick will briefly explain that.

We would like to resume the hearing with those that are standing in the isle; please be seated.

David Van Wick: DPW Rule 36 is promulgated in accordance with the same statute that the DPW Rule 35 is, Sections 245.78 through 245.82. I think the Rule is quite straight forward in the way it's presented. It represents a great deal of work on a part of a great many people, both within the Department of Public Welfare within the agencies that provide services to the mentally ill within the County Welfare Departments, Area Mental Health Centers, and Mental Health Association, people who have an abiding interest and concern in what happens to the mentally ill. Drafting a rule is a very difficult thing and sometimes when you go through a great number of drafts you inadvertently leave something out that you had in an initial draft and things get mixed up. I think we should make reference to the fact and we will make reference to the fact in the final draft that this Rule applies to the facility with five residents or over and that those residents will be over eighteen. That will be included in the draft. On Page 5, C(3), we have a tremendous error in misspelling. The last word should be, personal possession. I hate to draw your attention to my mistakes, but I would like to get that cleared up. We'll go through the Rule rather briefly. The statement of purpose as Joel said in Rule 35 was lifted out of Rule 36, and I forget where I lifted it from. I thought it was very good; some of it we lifted and some of it we developed. It's a good check list we feel that if you apply the Rule diligently and with force, these outcomes and these things will be met. In our final test of the Rule we found that if we did indeed apply the Rule the way we felt it should be applied, we would get these kind of purposes reached. The definitions, we feel they're adequate. The definition of mental illness, of course, is a difficult thing, what a mentally ill person is. This represents a compromise over many, many definitions which we had to consider. How you get a license is the next section of the Rule--who you apply to, how long it's good for, where you can have it and those kinds of things. Minimum standards, we have some standards about what an administrative organization should be, how the community should be represented in a facility, what the service living unit should like, what the treatment rehabilitation plan should look like, who drafts it, the issue of physical and chemical restraints is addressed, individual records is addressed, financial records, staff qualifications and designations, staff and volunteer training, personnel policies, admission and release procedures, and also the issue of cooperation with local agencies. One item which is not addressed in this Rule is Medications. We have deliberately left it out since the Supervised Living Facility rule which the Health Department is promulgating will address that issue. So with that explanation, we'll take questions now.

I am Wally McLaughlin of the State Mental Health Association, Minnesota Association for Mental Health. There are a couple of questions that we have, and I would like to emphasize the fact that we do not wish to appear hostile in anyway to the Rule or the concept of licensure. The first question, that the current draft of the Rule talks about licensing programs for the mentally ill. Earlier drafts reflect that the legislative intention to license facilities which should provide programs for the mentally ill. The starting point of the legislative process was recognition that some facilities providing day care and residential services for the mentally ill was in fact not providing basic programs to help individuals. Although the State was already licensing the physical plants, no one was looking at programs provided either in scope or quality. Legislative intent was to give the State through the Department of Public Welfare leverage to require minimum programs staff and program

content, the idea being that facilites which did not meet the minimum standards would either have to conform or stop working with the mentally ill. We want to make sure that when the Department of Public Welfare proposes licensing programs rather than facilities, they have not moved away from this original concept. For example, what about the boarding care, board and lodging operator who says, "I don't have any programs, only beds and meals". You don't have really anything to license there. I think the second point relates to the fact we wonder whether the Rule shouldn't be clearer in stating that the program licensing authority applies to any and all individual agencies or corporations operating day care residential facilities and services for the mentally ill. This clearly applies not only to nursing homes, private and general hospitals and State hospitals, but also to board and care and lodging facilities, halfway houses, group homes and community mental health centers. It is the broadest possible definition and clearly covers the whole range of public and private facilities and services. There is just one other brief point that should the question come up, should be raised, and that is that we fully realize that by strictly interpreting the licensing statute, the State may force some providers either out of business or into different kinds of operations. This in turn may result in some of the mentally ill individuals returning to State hospitals. While this will not be a step forward, it would be considered an unfortunate necessity until appropriate community-based facilities and services can be developed. There is much indication that the environment and the community holding facility which only beds and feeds and maintains the mentally ill without offering programs is far worse than today's State hospitals. The licensing authority passed by the Legislature anticipate a thorough, comprehensive approach to licensing facilities and services for the mentally ill, and the Rule should reflect that thoroughness and comprehensiveness; with its present wording, it perhaps does not. Thank you.

Dave Van Wick: Thank you, Mr. McLaughlin.

Roger Leaf; Hennepin County Welfare Department. I am concerned about two basic issues in the Rule. First again, with regard to Minimum Standards. While I applaud the efforts of the State Welfare Department to begin to deal with the concept of minimum standards for the mentally ill in the community, I think at the present time the only thing that this Rule can do for residents within Hennepin County and for operators of facilities within Hennepin County, is to make everybody feel guilty. The reason I say that is that realistically, unless an individual is eligible on the basis of some other disability, there is no funds, simply put, to pay for a program and, therefore, it becomes, for lack of a better word, simply a paper tiger and as such then, there must be very quickly some policy statements developed by the Department of Public Welfare that will clarify and make it crystal clear that each county must from its own funds pay for this service now for all of the residents that are their responsibility or that the State or that the Federal government will come in with some relief. It seems to me that to do this at this time without matching the funding is to do a terrible injustice to everyone who is really trying sincerely to do the best job you can with regard to this. Secondly, in regard to the review team, and again I don't mean to be dwelling on the money--maybe that's why we are concerned. We're talking about fees that are being paid for licensure. I think there should be some clarification of why these fees aren't used to defray at least in part the expenses of the review team. Finally, it

seems to me that regard to the review process, the appeal team, the appeal process--the whole mechanical process of licensing with all due respect, it seems to me that unless we spell out very precisely within X number of days after a license is issued that a certain policy and procedures manual would be issued. But these things seem to slip by us and I guess I would emphasize that you put some sort of commitment on the Welfare Department to issue at the State level a policy and procedures manual. Thank you.

Dave Van Wick: Thank you, Mr. Leaf.

I am Doctor David Auran: I am a psychiatrist, private practice in St. Paul, and I am a member of the Minnesota State Medical Association and of the Mental Health Committee of the State Medical Association. I have the same general concern as expressed with respect to Rule 35 about duplication of effort and licensing hospitals which are already licensed. As far as specific observations under Rule 36, Section III (f), defines a mentally ill person and allows this determination to be made by any health officer. The definition of health officer, of course, is that of the commitment act. As I recall, the commitment act permits a health officer, it gives them certain authority to do things, but I don't believe it gives them to make a diagnosis of mental illness. I think this might be too broad; it might permit too many people to develop an attitude in labeling somebody as mentally ill without actual determination in this regard. Section III (j) defines a residential program. It seems paradoxical that again with reference to a hospital, a larger hospital with more than five psychiatric beds would be included and a smaller community hospital with four psychiatric beds would not be included, and I would again raise the question, should the hospital be included at all? Was this the intent of the Legislature? They are talking about licensing facilities for day care and residential facilities and we usually use the term "residential facilities" to halfway houses and resources other than hospitals. Section IV (k), describes the composition of the review team--I would ask whether a physician should be included in the review team. Section V (b), the Advisory Committee. Again, does this operate in addition to the hospital board and various staff committees, or could they fulfill this function? I see potential in Section V (c) 1 (b) regarding access to certain facilities. Obviously, there are times in a security unit when all patients cannot be guaranteed free access to these facilities at all times for their own protection. Item V (f), is access to records along the administrator to make this determination. Again, I think the attending physician should be involved in a decision like this. Section V (g), maintaining separate financial records, as I said with respect to Rule 35, this composes difficult problems and unnecessary problems in a hospital environment, and similarily with Section V (j), Personnel Policies. Again, the hospitals probably already have their own adequate existing personnel policies. Thank you.

Dave Van Wick: Thank you, Dr. Auran.

I am Roger Lynn: Program Director in mental health Halfway House under People, Incorporated. My first question or comment is on Item V (d). I think that the inclusion in there of the residents right or responsibility in drafting his own, or participating in his own program design is good; however, there doesn't seem to be adequate provision in there for the resident's participating in the whole program design of the facility itself. We are speaking here in terms of transitional living. There should be some recognition that we are dealing here not

with children but with people who have the ability and also the responsibility to structure the living environment that they are living within. I am glad that you cleared up the point on V (c) e. I thought perhaps it was a new form of mental illness. Under H, Staff Qualifications and Designations. It says there that each program shall designate a program director, a volunteer coordinator and an administrator. Do these have to be three separate persons? In K (2) c. It calls for a plan for the grouping of residents in living units. I don't understand what that means. Do you know what that means, Mr. Van Wick?

Dave Van Wick: Well, it means that you shall make available to review committee and also to the Commissioner how you handle your operation, that is, if you have a rather large operation with forty people, do you treat them as one group of forty, or do you in fact have two groups of ten and one group of twenty. What is your plan for integrating what it says in the service plan that they are to receive, as that relates to how they are scattered their facility.

Roger Lynn: And then finally, on the last page L, Cooperation with Local Agencies. What is meant by documented evidence? Would this be letters from the agencies that you are cooperating with?

Dave Van Wick: Letters would probably be sufficient. Thank you, Mr. Lynn.

My name is Harvey Tillipman: I am with Mental Health, Mental Retardation Area Program office in Hennepin County. I just have a few brief comments. I don't want to repeat anything that's already been said. I had one concern in particular about the Review Team under 4 Licensure M, says a separate team shall be individually selected for each applicant. It appears to me that's a bit unwieldy in the sense that it may yield some discontinuity between teams. It seems administratively bad to do that kind of procedure, and it may want to look toward a one review team or separate review teams for a particular county. I don't know if that's been changed or altered or if that's what you actually meant by that statement.

Dave Van Wick: It could go either way. It could be it was deemed by the Commissioner in a particular county that we should have one review team for cohesion and consistency thinking if we would do that if in our opinion that was advisable it would be done.

Harvey Tillipman: Maybe you want to clarify that a little bit more. It appears on reading that there will be a separate Review Team. I have the same concern as Roger Leaf on 03 that, since there are funds going to be coming into the State Treasury, question would revolve around possible reimbursement to the Review Team. It seems to me the Review Team is going to be spending time, where might the money be coming from to pay for the amount of time that will be spent in reviewing those programs, and a possible source of that may be those funds or unless other sources of funds may have been designated or may have been thought about, I'm not sure.

Dave Van Wick: Nothing is indicated as to reimbursement for time spent by the review team. We are specifically excluded by law from using that money because that's designated for the Treasury.

Harvey Tillipman: Then my concern would be the same as Roger's. Where would the money come from to pay for that time spent? Under 5(b), just the language

there, however no facilities shall operate without at least a three-member advisory committee may be satisfactory to the Commissioner rather than to satisfy the Commissioner. Under C4, any residence shall access to a quiet private area where he can withdraw from the group. I might want to explain that a little bit more. My concern might be that if a person withdrew from the group completely, would that be included in the plan for the person or would they have the opportunity to just completely withdraw and be ignored. Maybe there should be set some limits on that or some explanation as to the limits of withdrawal. We do not promote withdrawal. I realize that but that's not the way it reads. Backing up under licensure, the last concern that I had again with the Review Team under K, one person from local area Mental Health Center, you may want to add in their area program or area program. Thank you.

I am Jon Olson: I am from the Carver-Scott Mental Health Program, Mental Health and Retardation Program. I am reflecting some staff concerns, and I think, probably follow this with a letter, but briefly, I will list some of our concerns in response to Rule 36. Our first concern is with the statement of purpose under No. 5, maintains behavior as cultural normal as possible taken into account of cultural differences. We think that smacks a little bit of 1984 kind of an approach to conformity. We feel a better value would be to promote the expression of differences compatible with the community laws and we would recommend substitution of a statement which allows for the maximum degree of individual behavior of the differences compatible with community law. The next point would be under V (d) talking about the treatment and rehabilitation plan. Specific provision is made there for the County Welfare Social Worker to be active in making this plan for the resident among other people but no mention is made of the area board mental health worker. We feel community programs, mental health programs have a responsibility to deal with the mentally ill and should not be excluded from being a part of making a plan if it's appropriate that they do so, and we feel that perhaps the statements there should read, the community agency representative rather than county welfare social worker, which would be a broader statement. And under V (f), which talks about patients' access to records. Actually it does not say that the patient has access to his record. It says that he shall have access to his treatment/rehabilitation plan. We don't know if you mean record but we feel that the client should have access to his record unless it's indicated that he shouldn't for some reason. So we would like to make it clear that he have access not only his plan but to his total record. I think that takes care of all the comments.

Jim Hiniker: Thank you, Mr. Olson. Is there anyone else with questions or comments on this Rule? There being none, we remind you again that the Commissioner will accept written comments addressed to her until October 3 prior to promulgation of either of these Rules. The hearing is adjourned.

STATEMENT OF COMPLIANCE

I, Special Assistant Attorney General Tibor M. Gallo, do hereby declare that I have examined the proposed DPW Rules 35 and 36 and all related documents and that, based on them and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: February 4, 1974.

Tibor M. Gallo

Tibor M. Gallo
Special Assistant Attorney General

ADOPTED

D. P. W. Rule 35

DEPARTMENT OF PUBLIC WELFARE RULE FOR THE LICENSING OPERATION OF ALL RESIDENTIAL PROGRAMS FOR INEBRIATE AND DRUG DEPENDENT PERSONS

Statutory Citation - Minnesota Statutes, Section 245.78 through 245.82, establishes the authority of the Commissioner of Public Welfare to license all residential facilities providing programs for five or more inebriate, and drug-dependent persons, and establish such rules, regulations, and guidelines necessary to carry out the purpose of the statute. These rules, therefore, carry the force and effect of law.

(a) Statement of Purpose

(1) This rule is designed to aid in the development of a system of residential programs for inebriate and drug dependent persons which:

(aa) Promotes the greatest degree of independence possible for the resident and at the same time guards against overdependency on the program.

(bb) Enhances the ability of each resident to cope with his environment.

(cc) Maximizes and fosters the human qualities of each resident.

(dd) Provides a home-like atmosphere where the resident is recognized as an individual whose personal interests are maintained and developed and whose personal dignity is respected and safeguarded.

(ee) Elicits and maintains behavior that allows for the maximum degree of individual behavioral differences compatible with community laws.

(ff) Provides appropriate treatment and rehabilitation programs and staff.

(2) The rule encourages residential programs to organize services differently, consistent with the needs of individual residents and with quality outcomes.

(3) The rule mandates that the residents be provided care and services appropriate to their needs, whether those services are provided in the facility or in the community.

(4) The rule mandates that sufficient information about the program and services be given to residents and referrants to enable comparisons among programs.

(5) The rule provides specific criteria so that, in combination with other sources of information, the licensing agency can evaluate the program.

(6) The rule mandates careful and realistic individual planning at all stages, including admission, occupancy, post-occupancy, and transfer.

(b) Definitions - for the purposes of this rule, the following terms shall mean:

(1) Applicant - any person, agency, or organization applying for a license or renewal license under this rule.

(2) Commissioner - the Commissioner of the Department of Public Welfare or a designated representative of the Commissioner.

FILED
RICHARD L. BRUBACHER
Commissioner of Administration

FEB 4 1974 2:40 pm

BY Eda Staudenmaier (EJ)

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
FEB 4 - 1974 - 2:15 P.M.
Arlen I. Erdahl
Secretary of State

(3) "Department" - the Department of Public Welfare.

(4) "Drug-Dependent Person" - any inebriate person or any person incapable of managing himself or his affairs or unable to function physically or mentally in an effective manner because of the use of a psychological or physiological dependency producing drug including alcohol.

(5) "Inebriate Person" - any person incapable of managing himself or his affairs by reason of habitual and excessive use of intoxicating liquors, narcotics or other drugs.

(6) "License" - the certificate issued by the Commissioner that validates compliance with this rule, and authorizes the applicant to operate a residential program.

(7) "Program Director" - the staff member responsible for planning and implementing all aspects of the program. The Program Director may delegate specific functions to other staff members, but the director shall be held accountable for the functioning of the program and compliance with these rules and regulations.

(8) "Provisional License" - the certificate issued by the Commissioner, prior to or in lieu of the issuance of a license. A provisional license may be issued to an applicant when compliance with all provisions of the rule cannot be made, but, in the opinion of the Commissioner, the applicant will nevertheless provide adequate care, treatment, or rehabilitation to its residents. A provisional license will be valid for a period not to exceed six months, and may be renewed for one additional period of six months. A residential program holding either a license or a provisional license shall be considered a duly licensed residential program.

(9) "Residential Program" - a planned and purposeful set of conditions and events for the care of inebriates and drug-dependent persons which in the normal course of that program provides care and treatment for five or more inebriate or drug-dependent persons on a 24-hour basis. Excluded from the definition are receiving (detoxification) centers for intoxicated persons as defined in Minnesota Statutes 1971, Chapter 892, and contained in DPW Rule 32. "Residential Programs" include:

(aa) "Residential Primary Treatment Program" - a social rehabilitation setting that provides, on a residential basis, relevant intensive rehabilitation services for the treatment of inebriate or drug-dependent persons.

(bb) "Extended Rehabilitation Program" - a social rehabilitation setting that provides long-term assistance in major life-style changes through therapeutic milieu with highly specialized facilitative rehabilitation services.

(cc) "Halfway House" - a social rehabilitation setting that provides a program of services to assist in making transition from treatment to responsible community living in a supportive environment with a home-like atmosphere.

(dd) "Hospital" - any medical facility licensed under provisions of Minnesota Statutes, Section 144.50 - 144.58, Minnesota State Hospital; US Public Health Service Hospital; Veterans Administration Hospital; or any medical or psychiatric facility which is equipped to provide intensive medical treatment and care to inebriate and drug-dependent persons with acute and critical health needs.

(c) Licensure

(1) Every residential program must have a current and valid license or provisional license to operate in the state of Minnesota. The license shall prescribe the maximum number of residents to be cared for and the location of the program.

(2) Every residential program must apply to the Commissioner within 60 days of the effective date of this rule and comply with the provisions of the rule to obtain and maintain a license. Application for renewal of license shall be made each year 45 days prior to the date of expiration. Application and reapplication shall be made on forms furnished by the Commissioner.

(3) A license shall be valid for one year after the date of issuance. A license may not be transferred from one program or location to another. Changes in the membership of the governing body or advisory board or program director must be reported in writing to the Commissioner within 20 days of the change.

(4) Any changes in the maximum number of residents to be cared for or the location of the program must have prior written approval of the Commissioner.

(5) Every residential program shall hold or have applied for a facility license from the Minnesota Department of Health.

(6) Every applicant shall be furnished with a copy of these rules.

(7) If the Commissioner determines that the applicant or the license-holder is not complying with the provisions of this rule, or that the public interest is not served by granting or continuing the license, the license may be denied, revoked, or not renewed after notice to the applicant or license-holder. The denial, revocation, or failure to renew shall proceed in accordance with the provisions of Minnesota Statutes, Chapter 15.

(8) There shall be a review team appointed by the Commissioner, made up of no fewer than five persons. The review team shall be staffed by the Department. At least one member of the review team shall be a consumer.

It shall be the responsibility of the review team to examine the application for a new residential program and to conduct whatever inquiries are appropriate and necessary to make a recommendation to the Commissioner concerning issuance or denial of a license.

The review team shall submit a written report to the Commissioner and the applicant at the same time. This report shall contain the review team's findings and recommendations about licensure, provisional licensure, or denial of license. The report shall take into account the cultural and life-style interests of the persons to be served. The Commissioner shall consider the recommendations of the review team before final action is taken on the application.

(9) Prior to the issuance of a license or provisional license, the following steps shall be completed:

(aa) The need for the program shall be determined under Area Board coordination. A mechanism for the determination of local need shall be established on the basis of guidelines set by the Commissioner.

(bb) A completed application shall be submitted to the Commissioner.

(cc) A written report with recommendations about licensing or not licensing the prospective program shall be submitted to the Commissioner by the review team.

(dd) The fee for license shall be paid. An annual license fee of not less than $25.00 and not more than $150.00 shall be set by the Commissioner.

(10) Licensing policies and procedures shall be available to the public.

(11) A specific regulation may be waived for not more than one year with the approval of the Commissioner, provided that the health and safety of residents is assured. The granting of a waiver shall not constitute a precedent.

(12) No resident shall be discriminated against in relation to admissions, terminations, or treatment on the basis of race, creed, color, national origin, or or religion.

(d) Minimum Standards for Issuance of a License to a Residential Program

(1) Governing Body or Advisory Board - each residential program shall have a board of directors, a board of trustees, and/or an advisory board. Every such body shall have a community representative as a member, or document that it has made reasonable efforts to secure local community involvement. Every such body shall include a resident of the program.

(2) Director - every residential program shall have a director who shall be responsible and accountable for meeting the requirements of this rule. The Director shall:

(aa) Be at least 18 years of age.

(bb) Have at least one year of work experience in the field of chemical dependency, and demonstrated ability based on experience, in administration and personnel supervision.

(cc) Have completed training in a chemical dependency program approved by the Commissioner or be currently registered or involved in such a program with the prospect of completion within one year, or have knowledge of chemical dependency gained through other education and/or experience.

(dd) If the director has a documented history of dependency on alcohol or drugs, he must provide evidence to satisfy the Commissioner that he has been free of dependency for at least two years.

(3) Staffing Requirements - there shall be present at all times at the facility at least one responsible adult with skills appropriate to the program, who shall be responsible for the operation of the program.

(aa) Prescription medication shall be administered by qualified personnel as specified by the Minnesota Department of Health.

(bb) At least one trained counselor shall be available in the facility for services to each 40 residents. A trained counselor for the purpose of this rule is defined as an individual who has demonstrated competency at counseling chemically dependent persons. Such competence may be demonstrated by a minimum of one year work experience in counseling chemically dependent persons or appropriate training or education as determined by the Commissioner. If the individual has a documented history of dependency on alcohol or drugs, that individual must provide evidence satisfactory to the Commissioner that he has been free of dependency for at least two years.

(4) Staff Qualifications - personnel involved in the direct service to residents shall demonstrate skills in the area of human relations. Skills may be demonstrated as the result of past experience in areas related to chemical dependency treatment and/or mental health, educational experience and training, or in-service training provided by the residential program.

(aa) If the individual has a documented history of dependency on alcohol or drugs,that individual must provide evidence to satisfy the director of the program that he is free of dependency.

(bb) If the individual has not completed a training program approved by the Commissioner that individual must work under the supervision of a staff member who has the qualifications of a director.

(5) Personnel Policies - the original application and all renewal applications shall describe the nature and extent of the training and qualifications of the staff and shall include a description of the staff organization.

(aa) The applicant shall maintain personnel policies including the qualifications, performance, and evaluation standards, rules, remuneration and fringe benefits for each staff position. These policies shall include procedures governing hiring, suspension, dismissal, assignment, promotion, grievance procedures, and other appropriate policies.

(bb) These policies shall be maintained and communicated to the staff, prospective staff, volunteers, and prospective volunteers of the program.

(cc) These policies are to be carried out without regard to sex, race, religion, creed, marital status, unrelated job disability, color or national origin.

(6) Staff Training - each program shall provide or arrange for a staff development program which includes orientation and training of new staff, continuing development of staff skills and abilities through a defined in-service program, and/or participation in other training programs. Volunteers shall be included in staff development programs.

(7) Evaluation - all residential programs shall develop an evaluation system adequate to reflect the program and administrative functioning.

(aa) The evaluation system shall show the adequacy of the care, treatment, and rehabilitation services provided by the applicant in light of the purpose, goals, and methadology of the program as described in the application.

(bb) Every applicant shall submit a completed evaluation to the Department with his application for renewal of license.

(8) Administration and Management - every residential program shall have written administrative and management policies governing the administration and supervision of the operations, the program, and the physical facilities. Such policies shall include:

(aa) An admission procedure including a description of the referral process, and a copy of a physical examination report. Said examination shall be conducted no more than thirty days prior to, or three days following admission to the facility. The admission procedure shall specify the role and responsibility of community agencies.

(bb) An individual, confidential record shall be maintained for each resident of the facility, and shall include:

a. a written individual treatment plan, with specific goals .
b. a statement signed by the resident and the director outlining the expectations, responsibilities, and legal rights of the resident and the facility.
c. written consent of the resident or guardian for any release of information to persons not otherwise authorized to receive it.
d. a written medical and social history of the resident.
e. written progress notes.
f. a written discharge summary.

All entries in the resident's record shall be legible, dated, and authorized by the signature and identification of the individual making the entry. The record keeping system shall be structured and located so as to provide a means of communication both in and out of the facility and to furnish documentary evidence of the resident's response to the program. Every resident shall have access to his records, unless the director documents reasons acceptable to the Commissioner for denying such access.

(cc) A program plan including a statement of purpose, intake policies, maximum number of residents to be served, description of population served, description of treatment design and methadology including a documentation of availability of the following services: medical, family, psychiatric, psychological, social work, educational, religious, financial assistance, and vocational and recreational rehabilitation.

(dd) A description of discharge policies concerning provision for housing, relationships with family, finances, employment and follow-up. The discharge policy shall specify the role and responsibility of community agencies.

(ee) Financial records including an annual budget, records of income and expenditure, fee policies, and a record of audit. New programs must document in writing assurances of funding sufficient to meet total projected program costs for a period of at least three months, plus start-up costs.

(ff) Statistical records shall be kept on a continuing basis that accurately reflect the number and dates of residents accepted and rejected, number and dates of resident discharges, length of stay, and what happens to residents upon leaving the program.

(gg) Annual reports to the governing and/or advisory body covering overall status and operation of the facility. The reports shall be available to the Commissioner and contractors of service upon request.

(hh) A description of provisions for emergency medical and/or psychiatric care.

(ii) When it is necessary for staff to supervise the use of personal funds or property, the system for such supervision shall be submitted in writing along with the application for approval by the Commissioner.

(jj) Written documentation of insurance coverage in an amount sufficient to protect the interests of the residents and staff.

(kk) If physical or chemical restraints are used, the program shall submit with its application a copy of its policies in these areas. No physical or chemical restraints may be used except as outlined in such a policy, approved by the Commissioner.

(ll) A description of the methods by which residents' legal, civil, and human rights will be protected. This shall include the procedures for handling complaints and grievances by residents, their relatives, and/or guardians.

(e) Explanation of Program - all residential facilities shall at the time of admission clearly explain their program and policy to those applying or being considered for treatment.

(f) Right to Entry - the Commissioner shall be free to enter any residential program.

(g) Confidentialty - confidential information regarding a resident shall not be released to any person or agency, except pursuant to Minnesota Statutes 1973, Chapter 572, Section 16.

(h) Issuance of License to a Residential Primary Treatment Program - Beyond compliance with the above stated regulations, if an applicant wishes to be licensed as a residential primary treatment program as defined in (b)(9)(aa)of this rule, the following minimum standards must be met:

(1) Director - the director shall:

(aa) Have three years work experience in the field of chemical dependency, and have demonstrated ability based on experience in administration and personnel supervision.

(bb) If the director has a documented history of dependency on alcohol or drugs, that individual shall provide sufficient evidence to satisfy the Commissioner that he has been free of dependency for at least three years.

(2) Staffing Requirements - Beyond (e)(3) of the rule there shall be:

(aa) A written contractual arrangement for medical examination, routine medical care, emergency medical services, and medical reporting (at least at the time of admission and discharge) for all residents of the facility.

(bb) At least one registered nurse or licensed practical nurse shall be on duty a minimum of forty hours a week. One such person shall be responsible to the director for the level of nursing care to the residents.

(cc) At least one trained counselor as defined in (e)(3)(bb) of this rule for each fifteen residents.

(dd) A Board-certified or Board-eligible psychiatrist and licensed psychologist either on staff or by written contractural agreement who shall be available, at the discretion of the director, when needed, for psychiatric and psychological services and consultation.

(3) Administration and Management - Beyond (e)(8) of this rule, policies concerning administration and management shall include:

(aa) Maintenance of face sheet with application and admission information, written report of a physical examination, and if deemed applicable by the director, a written report of psychiatric or psychological interviews and/or psychological testing.

(bb) Quarterly report to the governing or advisory body covering the overall status and operation of the facility. The reports shall be available to the Commissioner and contractors of service upon request.

DPW RULE 36

DEPARTMENT OF PUBLIC WELFARE RULE FOR THE LICENSING AND OPERATION OF ALL RESIDENTIAL PROGRAMS FOR ADULT MENTALLY ILL PERSONS

Statutory Citation - Minnesota Statutes, Section 245.78 through 245.82, establish the authority of the Commissioner of Public Welfare to license all residential facilities providing programs for five or more adult mentally ill persons and to establish such rules, regulations, and guidelines necessary to carry out the purpose of the statute. These rules, therefore, carry the force and effect of law.

(a) Statement of Purpose -

(1) This rule is designed to aid in the development of a system of residential programs for the mentally ill that:

(aa) Promotes the growth of independence and realistic interdependence for the resident and while guarding against overdependency on the program.

(bb) Enhances the ability of each resident to cope with his environment.

(cc) Maximizes and fosters the human qualities of each resident.

(dd) Provides a home-like atmosphere where the resident is recognized as an individual whose personal interests are maintained and developed and whose personal dignity is respected and safeguarded.

(ee) Elicits and maintains behavior that allows for the acceptable degree of individual behavioral differences compatible with community laws.

(ff) Provides appropriate treatment and rehabilitation programs and staff.

(gg) Promotes early return as a functioning member of the community, where appropriate.

(2) The rule encourages residential programs to organize services differently, consistent with the needs of individual residents and with quality outcomes.

(3) The rule mandates that the residents be provided care and services appropriate to their needs, whether those services are provided in the facility or in the community.

(4) The rule mandates that sufficient information about the program and services be given to residents and referrants to enable comparisons among programs.

(5) The rule provides specific criteria so that, in combination with other sources of information, the licensing agency can evaluate the program.

(6) The rule mandates careful and realistic individual planning at all stages, including admission, occupancy, post-occupancy, and transfer.

(b) Definitions - for the purpose of this rule, the following terms shall mean:

(1) Active Treatment - a goal-directed program, utilizing competent staff to intervene in maladaptive adjustment with the view of ameliorating disvalued behavior.

(2) Administrator - the person or persons, whether or not owners, who have administrative responsibility for the residential program and are accountable for compliance with these rules and regulations.

(3) Applicant - any person, agency, or organization applying for a license or renewal license under this rule.

(4) Commissioner - the Commissioner of the Department of Public Welfare or a designated representative of the Commissioner.

(5) Department - the Department of Public Welfare.

(6) License - the certificate issued by the Commissioner that validates compliance with this rule and authorizes the applicant to operate a residential program.

(7) Mentally ill and/or behavioral disabled person - a person who behaviorally shows an inability to interpret his surroundings in a realistic way that would lend itself to adequate coping with his life situation.

(8) Program Director - the member of the program staff responsible for the planning and implementation of all parts of the program. The program director may delegate specific functions to another staff member, but the director shall be held accountable for the functioning of the program.

(9) Provisional License - the certificate issued by the Commissioner prior to or in lieu of the issuance of a license. A provisional license may be issued when compliance with all provisions of the rule cannot be met, but, in the opinion of the Commissioner, the applicant will nevertheless provide adequate care, treatment, or rehabilitation for its residents. A provisional license is valid for a period not to exceed six months, and may be renewed for one additional period of six months. A residential program holding either a license or a provisional license shall be considered a duly licensed residential program.

(10) Residential Program - a planned purposeful set of conditions and events for the treatment and rehabilitation of five or more mentally ill adults on a 24-hour basis for more than three consecutive days.

(11) Service-Living-Unit - the area housing the primary living group. It may be a group home, a foster home, a ward, a wing, etc.

(12) Volunteer Coordinator - a person designated as responsible for the recruitment, selection, and training of volunteers for the residential program.

(c) Licensure

(1) Every residential program must have a current and valid license or provisional license to operate in the state of Minnesota. The license shall prescribe the maximum number of residents to be cared for and the location of the program.

(2) Every residential program must apply to the Commissioner within 60 days of the effective date of this rule and comply with the provisions of the rule to obtain and maintain a license. Application for renewal of license shall be made each year 45 days prior to the date of expiration. Application and reapplication shall be made on forms furnished by the Commissioner.

(3) A license shall be valid for one year after the date of issuance. A license may not be transferred from one program or location to another. Changes in the membership of the facility advisory board or program director must be reported in writing to the Commissioner within 20 days of the change.

(4) Any changes in the maximum number of residents to be cared for or the location of the program must have prior written approval of the Commissioner.

(5) Each residential program shall hold or have applied for a facility license from the Minnesota Department of Health.

(6) Each applicant shall be furnished with a copy of these rules.

(7) If the Commissioner determines that the applicant or the license-holder is not complying with the provisions of this rule, or that the public interest is not served by granting or continuing the license, the license may be denied, revoked, or not renewed after notice to the applicant or license-holder. The denial, revocation, or failure to renew shall proceed in accordance with the provisions of Minnesota Statutes, Chapter 15.

(8) There shall be a review team appointed by the Commissioner, in accordance with Commissioner's guidelines, made up of no fewer than five persons. The review team shall be staffed by the Department. At least one member of the review team shall be a consumer.

It shall be the responsibility of the review team to examine the application for a new residential program and to conduct whatever inquiries are appropriate and necessary to make a recommendation to the Commissioner concerning issuance or denial of a license.

The review team shall submit a written report to the Commissioner and the applicant at the same time. This report shall contain the review team's findings and recommendations about licensure, provisional licensure, or denial of license. The report shall take into account the cultural and lifestyle interests of the persons to be served. The Commissioner shall consider the recommendations of the review team before final action is taken on the application.

(9) Prior to the issuance of a license or provisional license, the following steps shall be completed:

(aa) The need for the program shall be determined under Area Board coordination. A mechanism for the determination of local need shall be established on the basis of guidelines set by the Commissioner.

(bb) A completed application shall be submitted to the Commissioner.

(cc) A written report with recommendations about licensing or not licensing the prospective program shall be submitted to the Commissioner by the review team.

(dd) The fee for license shall be paid. An annual license fee of not less than $25.00 and not more than $150.00 shall be set by the Commissioner.

(10) Licensing policies and procedures shall be available to the public.

(11) A specific regulation may be waived for not more than one year with the approval of the Commissioner, provided that the health and safety of residents is assured. The granting of a waiver shall not constitute a precedent.

(12) No resident shall be discriminated against in relation to admissions, terminations, or treatment on the basis of race, creed, color, national origin, or religion.

(d) Minimum Standards for Issuance of a License to a Residential Program

(1) Administrative Organization

(aa) Every residential program shall establish and maintain a current written statement of its philosophy and program treatment goals, available to all interested persons.

(bb) An individual shall be designated as administrator of the residential program. The administrator shall be responsible for continuous overall operation. In his absence, a staff member shall be designatated to assume the responsibilities of the administrator.

(cc) An individual shall be designated as program director of the residential program. The professional training, education, and experience of the program director shall be approved by the Commissioner.

(dd) An individual shall be designated as volunteer coordinator of the residential program.

(ee) In those residential programs serving ten or fewer mentally ill persons, the functions of administrator, program director, and volunteer coordinator may be combined if, in the judgment of the Commissioner, these functions can be satisfactorily performed by the same individual.

(2) Program Staff

(aa) Staff persons involved in direct services to residents shall demonstrate

knowledge, skills, and attitudes in the area of human relations. Such knowledge, skills, and attitudes may be demonstrated through experience related to mental health, education and training.

(bb) The service of the program director shall be available for at least the following amount of time:

Five - 15 residents	Four hours per week
16 - 31 residents	Ten hours per week
32 - 47 residents	20 hours per week
48 - 64 residents	30 hours per week
More than 64 residents	40 hours per week

(3) Staff Training - every program shall provide or arrange for a staff development program that includes orientation and training of new staff, continuing development of staff skills and abilities through a defined in-service program, and/or participation in other training programs. Volunteers shall be included in staff development and orientation programs.

(4) Advisory Committee - every program shall provide for broad community representation and public participation in its operation to the extent reasonable. Every such body shall have a community representative as a member and document that it has made reasonable efforts to secure local community involvement. Every such body shall provide residents of the program access to the advisory committee. No program shall operate without at least a three-member advisory committee. Every such body shall include a resident of the program.

(5) The Service-Living-Unit (Unit) shall be of appropriate size to ensure the delivery to each resident of all services described in his treatment-rehabilitation plan.

(aa) The unit shall contain bedroom(s), living room, bathroom, and connecting areas. The unit need not contain dining and kitchen areas, but residents shall have access to dining room and kitchen. There shall be a minimum of one unit living room for every 25 residents.

(bb) There shall be space adequate for other program activities as indicated by the individual treatment-rehabilitation plans.

(cc) The unit or complex of units shall house both male and female residents in so far as this conforms to prevailing cultural norms, unless contraindicated by the program plan. The unit shall include provision for privacy and for appropriate separation of male and female residents.

(dd) Residents shall have free use of all space within the unit, with due regard for privacy and personal possessions.

(ee) Every resident shall have opportunity for privacy.

(6) Treatment-Rehabilitation Plan - every resident is entitled to care, treatment, and rehabilitation according to the best available standards. This care, treatment, and rehabilitation shall be indicated to each resident in a written plan.

(aa) Each resident shall be involved in an active treatment program.

(bb) A preliminary individual treatment-rehabilitation plan shall be developed for each resident within ten days of his admission to the residential program.

(cc) A complete individual treatment-rehabilitation plan shall be developed for each resident within 30 days of admission. The plan shall be based on a physical, psychological, and social diagnosis of the resident, prior to his admission to the residential program, by professional persons.

(dd) The plan shall be developed by the resident, the program director, a representative of the referring agency, other appropriate resources including medical and other health and mental health services.

(ee) The plan shall define the specific problems to be overcome, the specific measures to be used in the solution or mediation of the problems, and the specific goals to be achieved.

(ff) The plan shall be reviewed at least quarterly to evaluate progress towards the specified goals. This review shall be noted in the residents record.

(gg) If, for any reason, the resident does not participate in the development or the review of his plan, his record shall indicate the reason for the lack of participation and the proposed remedies.

(7) Personnel Policies - the original application and all renewal applications shall describe the nature and extent of the training and qualifications of the staff and be able to document same. Policies shall also include a description of the staff organizations.

(aa) The applicant shall maintain personnel policies including the qualifications, performance and evaluation standards, rules, remuneration and fringe benefits for each staff position. These policies shall include procedures governing hiring, suspension, dismissal, assignment, promotion, grievance procedures, and other appropriate policies.

(bb) These policies shall be maintained and communicated to the staff, prospective staff, volunteers, and prospective volunteers of the program.

(cc) These policies are to be carried out without regard to sex, race, religion creed, marital status, unrelated job disability, color or national origin.

(8) Administration and Management - every residential program shall have written administrative and management policies governing the administration and supervision of the operations, the program, and the physical facilities. Such policies shall include:

(aa) An admission procedure including a description of the referral process, and a copy of a physical examination report. Said examination shall be conducted no more than thirty days prior to, or three days following admission to the facility. The admission procedure shall specify the role and responsibility of community agencies.

(bb) An individual, confidential record shall be maintained for each resident of the facility, and shall include:

i. a written individual treatment plan.
ii. a statement signed by the resident and the director outlining the expectations, responsibilities, and legal rights of the resident and the facility.
iii. written consent of the resident or guardian for any release of information to persons not otherwise authorized to receive it.
iv. a written medical and social history of the resident.
v. written progress notes.
vi. a written discharge summary

All entries in the resident's record shall be legible, dates, and authorized by the signature and identification of the individual making the entry. The record keeping system shall be structured and located so as to provide a means of communication both in and out of the facility and to furnish documentary evidence of the resident's response to the program. Every resident shall have access to his records, unless the director documents reasons acceptable to the Commissiomer for denying such access.

(cc) A program plan including a statement of purpose, intake policies, maximum number of residents to be served, description of population served, description of treatment design and and methadology including a documentation of availability of the following services: medical, family, psychiatric, psychological, social work, educational, religious, financial assistance, and vocational and recreational rehabilitation.

(dd) A description of discharge policies concerning provision for housing, relationships with family, finances, employment, and follow-up. The discharge policy shall specify the role and responsibility of community agencies.

(ee) Financial records including an annual budget, records of income and expenditure, fee policies, and a record of audit. New programs must document in writing assurances of funding sufficient to meet total projected program costs for a period of at least three months, plus start up costs.

(ff) Statistical records on a continuing basis that accurately reflect the number and dates of residents accepted and rejected, number and dates of resident discharges, length of stay, and what happens to residents upon leaving the program.

(gg) Annual reports to the governing and/or advisory body covering overall status and operation of the facility. The reports shall be available to the Commissioner and contractors of service upon request.

(hh) A description of provisions for emergency medical and/or psychiatric care.

(ii) When it is necessary for staff to supervise the use of personal funds or property, the system for such supervision shall be submitted in writing along with the application for approval by the Commissioner.

(jj) Written documentation of insurance coverage in an amount sufficient to protect the interests of residents and staff.

(kk) If physical or chemical restraints are used, the program shall submit with its application a copy of its policies in these areas. No physical or chemical restraints may be used except as outlined in such a policy approved by the Commissioner.

(ll) A description of the methods by which residents' legal, civil, and human rights will be protected. This shall include the procedures for handling complaints and grievances by residents, their relatives, and/or guardians.

(e) Explanation of Program - all residential facilities shall at the time of admission fully explain their program and policy to those applying or being considered for admission.

(f) Right to Entry - the Commissioner shall be free to enter any residential program.

(g) Confidentiality - confidential information regarding a resident shall not be released to any person or agency, except pursuant to Minnesota Statutes 1973, Chapter 572, Section 16.

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APPROVED AS TO FORM AND LEGALITY

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