

Minnesota Attorney General: Administrative Rules Proceedings

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255

Attorney General

Tibor M. Gallo
Special Assistant
Attorney General
Department of Welfare

September 20, 1976

Michael B. Miller
Special Assistant
Attorney General

296-4692

Department of Welfare Rules 7, 27, 29, 48, 50, 54 and 57

The above-captioned rules are returned herewith for the following corrections:

1) The Order Adopting Rules should be dated;

2) The agency should include its own Findings of Fact;

3) The rules should be retyped according to the State Register's prescribed form.

4) The Statement by the Chief Hearing Examiner that there are no substantial changes should be included.

Upon resubmission with these corrections, the rules will be filed immediately.

MBM/mb

Enclosure

255

Tibor H. Gallo
Special Assistant
Attorney General

October 25, 1976

- DPW Rules 7, 27, 29, 48, 50, 54 and 57.

DPW 7 Standards for Institutions Serving Individuals Who Are Retarded

A. Introduction -- A Statement of Philosophy

In our day, we are under obligation--and should exhort others--to honor the right of every child or adult who is retarded to live freely in our society with utmost regard for his humanness.

If we accept this obligation--and this responsibility--then most children and adults who are retarded should and will receive the nurture, education, training, and opportunity for meaningful life and work in their families, homes, and communities.

The institution, whether publicly or privately owned, should be the means for training, treatment, rehabilitation, and return to the community for some who, because of the extreme disharmonies of their lives and adjustment, need a more protective environment and program for a time-limited span of their lives.

The responsibility of the institution to provide meaningful life experience and opportunity for realization of the human potential becomes exceedingly clear and obligatory.

The responsibility of the community to provide education, vocational, medical, and counseling programs also becomes paramount in order to honor the right each retarded person has to full physical, emotional, and intellectual development.

B. Definition

1. This rule governs the operation of any institution engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necessary for such an institution to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment, and other aspects of care needed for retarded individuals on a 24-hour basis.

2. This rule does not apply to foster-care facilities subject to licensure as foster boarding homes, group homes, or settings provided for under other types of licensure; nor does it apply to nursing homes, board-and-care homes, and board-and lodging places licensed by the State Department of Health.

3. Sections 256.01 and 257.175, Minnesota Statutes, charge the Commissioner of Public Welfare with the over-all responsibility for programming for mentally retarded individuals.

4. Sections 257.081 to 257.123, Minnesota Statutes, charge the Commissioner of Public Welfare with the responsibility for annual study and licensing of institutions.

5. Section 257.081, Subdivision 6, Minnesota Statutes, defines children as "one or more persons under the age of 16 years or persons over 16 years of age if for reasons of mental retardation they still require the protection needed by persons under 16 years of age".

C. Procedures for Licensing

1. Application shall be made to the Commissioner of Public Welfare, who shall determine the competence of persons or organizations seeking to be licensed or relicensed for the purpose of giving care to retarded individuals. In making this determination, the Commissioner shall be guided by the rules in this and subsequent sections.

2. All licenses shall expire one year after date of issuance unless sooner revoked.

3. A new person or organization planning to enter into residential care for the retarded shall submit, prior to building or acquiring a building, or hiring of staff, in addition to the application, materials and information the Commissioner may require to make a proper determination of the adequacy of services to be provided. Such required materials may include a statement of survey of need for the facility, articles of incorporation, plan for program, plan for administration and organization,

plan for staffing, plan for training of staff, and architectural and physical building plans.

4. An institution desiring to renew its license shall submit an application for relicensing within a period of 45 days before the license is due to expire. In applying for such renewal, the institution shall file with its application such information as the Commissioner may require to make a proper determination. Such information may include an up-to-date listing of staff, a current program plan and operation, and a declaration of self-evaluation of program outcome and results.

D. Organization and Administration

1. The philosophy, purposes, and functions of the institution shall be clearly defined and a declaration of same entered as a matter of record with the Commissioner.

2. The institution shall similarly state and file with the Commissioner a statement of the geographical area to be served, ages, and types of retarded to be accepted for care, and the extent, limitation of service, and scope of services for which it seeks licensed approval.

3. The institution shall also coordinate its services and program with other persons, agencies, or organizations serving the retarded in the community. This shall include county welfare departments, schools, vocational rehabilitation agents and agencies, mental health centers, day activity centers, parent organizations, and churches.

4. The institution shall have a sound plan of financing that gives assurance of sufficient funds to enable it to carry out its defined purposes. A new institution shall have funds assured, or a sound plan for obtaining financing sufficient to assure a complete program through the first six-months operation, even though population does not reach licensed capacity.

5. The institution shall establish written policies pertaining to:

a. Admission, care, and discharge of residents.

b. Establishment of individualized program plsns for residents.

c. Internal operations.

(1) Personnel policies and practices.

(2) Operating rules, including administrative or policy-making duties for the conduct of its officers, members, and staff.

(3) Clear lines of communication and responsibility among its staff members and between the governing body and the administrator.

6. There shall be a system of business management and staffing to assure maintenance of complete and accurate accounts, books, and records.

7. The governing body, or board, or a person officially representing the institution, shall notify the Department of any changes pending or occurring in the corporate structure, administration, resident program, or function of the institution directly affecting the care of the residents.

8. All licensed individuals or organizations shall operate on a non-discriminatory basis, according equal treatment and access to their services to all persons.

E. Program

1. Each facility shall have a clear statement of philosophy, goals, responsibilities, and limitations for the facility. There shall be a specific program plan for each resident.

2. Each facility shall have a system of planning and carrying out specific program plans for each individual. Whenever possible, it is suggested that the methods, steps, and ways of carrying out the institutional or individual goal (or goals) be conveyed as clearly and with the greatest degree of specificity as possible.

3. There must be a system to coordinate program activities and to assure a continuum of services to advance the individual person's ability to function. That continuum shall include, but not be limited to, medical, social, and educational services when needed, continuous evaluation of progress, availability of vocational training and work experience, social experiences, and community-living opportunities.

4. A program plan shall be prescribed at the initial staffing for the prospective resident of the institution, in conjunction with the resident-to-be, the parents, and the referring agency. This plan shall show all services of community-service agencies

to be utilized. Individual program will be based upon the needs of residents and availability of program resources within the facility and in the community, and modified according to the progress of the individual.

5. Each resident shall be given individual attention and counsel in order to carry out his program plan on a day-to-day basis.

6. Residential personnel shall be trained to carry out the institution program, which must include training in self-help skills, speech, health and grooming habits, and other aspects of help and training provided people living in a concerned community.

7. Each resident must be involved, whenever feasible, in planning his own program, with encouragement from program staff.

a. Resident involvement, such as through a resident council, is recommended in order to develop individual and group participation and responsibility in the rule- and policy-making of the institution.*

8. Speech, vision, and hearing services should be made available to all residents in need.

9. A current physical examination on each resident must be on file with the institution.

a. Each resident should have a physical examination at least once a year.*

10. The health and individual needs of each resident, including, but not limited to, medications, nutrition, and personalized care, must be determined and attended to, or referred for attention, by institution staff.

11. Arrangements for emergency and routine medical care shall be made by institution staff.

12. The institution shall have a plan for the dental care of each resident.

13. Each resident shall have opportunity for sleep. The institution shall see to it that appropriate, comfortable, and comtemporary-styled clothing is provided for each resident's exclusive use.

*Recommended.

14. Each resident shall be encouraged and helped in attaining the highest degree of self-help possible, including training in personal hygiene and grooming.

15. Group-Living Experience--Each resident shall have a clearly delineated and identifiable program established as it relates to his residential living and socialization activities. He should be a member of a small group with an identity of its own.

16. Community-Living Experience--Each resident shall be afforded opportunity for a wholesome community-living experience.

17. Social Services--Social services here shall be defined as those services that help the person, group, or community toward better social functioning and maximal realization of potential. They should be provided by persons qualified by training and/or experience as social workers.

a. Social services shall be provided either by the institution or by contractual arrangement with a social-service agency.

b. Social services shall be a clearly defined and identifiable phase of the total care, treatment, and training program.

c. Social services should be available to all residents and their families.

d. Each facility shall have a clearly defined set of goals and objectives related to the social-service program.

The social-service program should include the following:*

(1) Assistancse in program planning for each person.

(2) Participation in family counseling.

(3) Intensive case work with the family.

(4) Assistance in the placement or follow-up of residents, both within the facility and through participation in open community programs.

(5) Referral of individuals to a community group.

18. Recreational Programming

a. Recreation, extended to all, shall be a clearly delineated and identifiable phase of the total care, training, and treatment program.

*Recommended.

b. Each facility shall have a clearly defined set of goals and objectives related to the recreational program.

Basic recreational programs should include:*

(1) Some form of recreation for all residents.

(2) Opportunities for social interchange of residents in a recreational atmosphere; e.g., dancing, game room.

(3) Instructions in a variety of hobbies, arts, and crafts, etc.

(4) An intramural sports activity program, if possible.

(5) Planned group activities; e.g., holiday celebrations, movies, dancing, etc.

(6) Provision for work/play tables, toys, games, etc., for each individual resident.

19. Educational Programming

a. Education and training shall be extended to all residents capable, or potentially capable, of participating.

b. Each facility shall have a clearly definable set of educational and training objectives. This shall include reference to the various phases, settings, and levels of education.

c. Each facility shall administratively assign or refer residents to an educational program whenever possible. Federal, state, and local programs and aids shall be utilized whenever possible.

An educational program for most residents should include, but will not be limited to:*

(1) Language development.

(2) Communication skills.

(3) Group-living skills.

(4) Home-living skills.

(5) Self-help skills.

(6) Leisure-time activities.

*Recommended.

(7) Speech therapy.

(8) Physical education (motor-skill development).

(9) Pre-vocational, vocational, and occupational training.

20. Physical--Each institution shall provide physical-development and health-maintenance programs.

a. These include, but are not limited to, such activities as small- and large-muscle development, sports, gymnastics, athletics, slimnastics, etc.*

21. Expressive Programs--Each institution shall afford the residents a program for encouraging and developing individual expression, creativity, and ingenuity.

a. Examples of such programs are music, dramatics, play production, art work, painting, crocheting, etc.*

22. Vocational Programs

a. The institution shall provide, when applicable, a vocational program that is clearly delineated and an identifiable phase of the total care, treatment, and training program.

b. Vocational training opportunities shall be extended to all retarded individuals within the limits of the individual's capabilities to participate.

Vocational services should include the following:*

(1) Vocational evaluation, with full consideration of physical, psychological, social and vocational problems, educational status, and interests.

(2) Personal and social-adjustment training and counseling.

(3) Pre-vocational and vocational work experiences; i.e., simulated job experience.

(4) Participation in production.

(5) Placement and follow-up in open community employment.

(6) Enrollment in a sheltered workshop program, or sheltered employment.

Services of the Division of Vocational Rehabilitation should be used in the vocational diagnosis, evaluation, and counseling of the resident.

*Recommended.

23. Psychological Services

a. Psychological services, diagnostic and treatment, shall be extended to all residents, as the need for such services becomes apparent.

b. Each facility shall have a clearly defined set of goals and objectives related to the program of psychological services.

A psychological program should include:*

(1) Individual assessment of intelligence, current level of functioning, general adaptive bahavior, and personality components.

(2) Consultation and reporting of findings through related staff members.

(3) Students and parent counseling and therapy.

(4) Assistance in in-service training programs.

(5) Participation in program design and implementation.

24. Religious Services--Opportunity shall be provided each resident for participating in and practicing the religious beliefs and faith of his and/or his family's preference.

F. Staff

1. All employees ahall be persons of good character, good health, and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.

2. There shall be sufficient staff to carry out the institution program and to assure the programming provisions of this Rule.

3. Every staff member shall have a medical examination before he begins work and annually thereafter. Initial and annual examinations shall include a tuberculin test, and a chest x-ray when the tuberculin test is positive.

4. Quality of Staff

a. Executive:

*Recommended.

The executive shall be a person of sound judgment and integrity. He preferably should have a B.A. degree or better in one of the behavioral sciences (i.e., special education, vocational counseling, psychology, and social work). It is desirable for him to have had training and experience in administration that will equip him for working with retarded persons and make him temperamentally adapted for administrative responsibility and direction and for working on committees and with community groups.

b. Program Director:

Responsibilities shall be assigned to one staff person, separate and apart from administrative duties, for program direction and coordination. In a facility having more than 40 residents, the position of program director, or assistant director in charge of program, shall be established. The person responsible for program direction shall be equipped by training and/or experience.

c. Clerical Staff:

Each institution shall have adequate clerical services to keep correspondence, records, bookkeeping, and files current and in good order.

d. Resident-Care Staff:

Resident-care staff shall be morally and emotionally fit for the work. Training and experience shall be sufficient to equip them for their duties. Resident-care staff shall be encouraged to attend institutes and workshops and to take courses geared to counseling and implementing a program for residents. Staff shall be at least 21 years of age unless their maturity and the staff supervision and support justify having younger persons on duty.

e. Service Personnel:

A sufficient number of domestic and maintenance staff shall be employed to carry on the everyday housekeeping and maintenance functions so that those responsible for direct care will not be hampered in giving such care. They shall be of good moral character and preferably shall have a favorable and constructive attitude toward handicapped people.

f. Relief Staff:

Relief personnel shall be part of the regular staff, able to relate well to persons who are retarded and able to understand and work toward the habilitative and rehabilitative goals of an institution. Such staff should be deployed so as to provide continuity of care and supervision to residents. Sufficient relief staff shall be employed to allow regular time off and vacations for all employees.

g. Volunteer Staff:

Volunteers shall be mindful of, and interested in, the needs of the retarded. Orientation should be provided them by the institution, and the volunteer program must support the institution program and its staff and residents.

h. Social Work Services:

Social-work services through qualified social worker(s) shall be provided by the institution, or contractual arrangements shall be made for such provision. An institution providing case-work services through its own social-services department must also meet requirements relating to licensing of social-service agencies.

i. Recreational Staff:

A recreational staff is an important aspect of the resident program, and staff members holding such responsibilities shall have training and/or experience in recreational activities.

j. Occupational-Training Staff:

Occupational training is a vital element for residents within the institution, and staff members filling such positions shall have either academic training or previous satisfactory work experience in an occupational-training setting.

k. Related Professional Staff:

Professional staff who are employed, or whose services are used, by the institution shall have the special qualifications obtained through training and experience in their respective fields to render satisfactorily the services expected of them. Such staff includes, but are not limited to, medical, dental, and health specialists; nutritionists; psychologists; music and vocational therapists; and teachers or educators.

1. Nursing Staff:

A nurse (or nurses) shall be utilized, either as staff or consultant, whenever such professional service is available to assist in setting up a regimen for giving medications and for scheduling of immunizations.

5. Personnel Policies:

Policies relating to employment shall be in writing and shall include:

a. Description of the specific duties the employee is expected to perform, when they are to be performed, and other persons involved in their performance.

b. Salary pay plan, mileage, expenses, and fringe benefits provided, including insurance coverages and sick leave.

c. Provision for meals for those who live off, as well as on, the premises, as well as the specific living quarters provided for those who live in. Residential arrangements shall assure every possibility for living a normal personal, family, and social life.

d. Work schedules that provide for daily and weekly periods of relief, and annual vacation periods sufficient in length to enable the staff to continue performing their duties efficiently.

e. Information about routines and house rules of the institution.

f. Opportunities for in-service training; attendance at institutes, workshops, and classes; and promotion or advancement.

g. Provision for probation periods and conditions for terminating employment.

G. Plant, Grounds, and Equipment

1. Grounds:

There shall be access to sufficient space and equipment for recreation. This includes individual leisure-time activities, as well as organized group activities.

2. Buildings:

a. Dining rooms. No more than eight shall be seated at one table.

b. There shall be a day room, living room, or recreation area of 35 square feet per individual.

c. No more than four persons shall be allowed in one sleeping room. In instances of severely and profoundly retarded, up to eight children may be allowed, to encourage various types of social, physical, and recreational stimulation.

d. Each resident shall have a set of bureau drawers in which to place personal articles and clothing.

e. There must be individual storage facilities for each child's day-to-day clothing, as well as other storage space for clothing not currently used.

f. Staff quarters shall be separate from those of residents but near enough to assure proper supervision.

g. Equipment that houses confidential records must be fire-resistant and so located that the records can be kept confidential.

3. Fire:

All institutions shall meet the requirements set forth by the State Fire Marshal.

4. Health:

Each institution shall meet the requirements of the State Department of Health or its agent.

H. Records

1. There shall be an individual record for each resident, available to staff, including:

a. Admissions information.

b. Statement of individual program plan and progress reports.

c. Medical and medication records.

2. The institution shall maintain adequate financial records.

3. Board minutes, articles of incorporation, and personnel policies and transactions shall be a matter of record.

4. Information of record pertaining to an individual or his family shall be held confidential and released only to authorized persons or agencies.

I. Refusal of License

Failure or inability to comply with the above standards shall be cause for refusal or revocation of license.

The right of fair hearing and appeal shall be honored in accordance with Minnesota law.

J. Isolation

Whenever an institution utilizes isolation, seclusion, or quiet rooms, adequate safeguards must be taken to prevent any detrimental effects upon the physical or emotional development of the child. Caution must be exercised in determining the frequency and duration of such periods, and the final decision to place a child in isolation must be made by the director of the institution or previously authorized staff.

If children are locked in rooms for security or isolation reasons, the following conditions must prevail:

1. The proximity of the staff will allow for visual and auditory contact with the child at all times.

2. All dangerous objects must be removed from the child prior to his placement in isolation.

3. Rooms must have doors that open out and with keyless locks that have immediate-release mechanisms.

4. All fixtures within the room shall be tamper-proof with security mattresses and of fire-resistance material. Switches must be located immediately outside the room.

5. Smoke- and fire-monitoring devi es must be an inherent part of the room, as well as proper ventilation.

6. Appropriate entries must be made in the child's file.

Effective Date--October 9, 1970

[DPW 27 Reporting Financial Information

A. This rule provides the procedure for reporting financial information.

B. County welfare boards shall ascertain the financial resources of the patients or the relatives legally responsible for their care in state institutions for mentally deficient or epileptic persons and report their findings to the Department of Public Welfare in the manner prescribed by the State Agency.]

[DPW 29 Cost of Care for Patients Admitted and Held for Care and Treatment Pending Commitment Hearing

A. This rule governs the cost of care for any patient who is admitted to a mental hospital under the control of the Commissioner of Public Welfare pursuant to Minnesota Statutes, Section 253A.04, Subdivision 2, and Section 253A.07, Subdivision 3, and is held temporarily for observation, evaluation, diagnosis, or treatment, while awaiting a hearing.

B. The Commissioner of Public Welfare shall charge a rate for such patients based on the previous year's actual average per capita costs for those patients. These costs include all maintenance, treatment, and other expense, other than that paid from the Minnesota state building fund.

C. The effective date of this rule and regulation is July 1,1969.]

DPW 48 Old Age Assistance Liens and Claims

A. This rule governs the enforcement of Old Age Assistance liens and claims.

B. County welfare boards shall maintain such records as will insure the correctness of all information necessary for the enforcement of all claims or liens created under the Old Age Assistance Act.

C. After the death of an Old Age Assistance recipient, the county welfare board shall act on behalf of the Commissioner of Public Welfare in the collections of the claim or lien created by reason of payments made during the recipient's lifetime. Such action shall recognize the rights of the spouse, minor or incapacitated children, and others, as provide by law.

D. Every request for release of lien shall be submitted to the county welfare board that filed the lien certificate. Release of lien shall be approved by the county welfare board when one of the following conditions is satisfied:

1. When the collection of the amount secured by such lien is not jeopardized.

2. When the release of the lien in whole or in part is necessary for the maintenanc or support of the recipient, his spouse, or his minor or incapacitated children.

3. When the county agency is satisfied by competent evidence that any person has made the major portion of the investment in the recipient's homestead by personal services in the home or otherwise and that only by such release can substantial justice be done.

E. Each recommendation of a county welfare board for the release of a lien shall be submitted to the State Agency and shall be effective when approved by it.

F. When a recipient or his heirs, personal representatives, or assigns repay the total amount of assistance granted to such recipient, a satisfaction or lien shall be issued by the county treasurer with the approval of the county agency. The director of the county welfare department shall prepare and present to the treasurer a statement, in duplicate, showing the amount of assistance granted since December 31, 1939. A copy of such statement shall be given by the treasurer to the recipient or his heirs,personal representatives or

assigns, together with the satisfaction of lien.

G. If a county agency is satisfied that an offer of settlement of a lien by the recipient or his heirs, assigns, or representatives is approximately equal to the amount that can be recovered by foreclosure and subsequent sale of the property, the county agency may issue a release of lien subject to approval by the State Agency on payment of such sum to the county treasurer.

H. Claims against estates of deceased Old Age Assistance recipients may be released under the same conditions as are required for the release of a lien under (f), above.

DPW 50 County Nursing-Home Standards

A. This rule provides minimum standards for county nursing homes.

B. County nursing homes: County nursing homes providing chronic or convalescent care shall be classified as nursing homes. A "nursing home" shall mean a home licensed to provide care for aged or infirm persons requiring or receiving nursing care as herein defined.

1. Definitions: For the purpose of these regulations:

   "Nursing care" shall mean care required by a person because of prolonged mental or physical illness or defect or during recovery from injury or disease and shall include any or all of the procedures commonly employed in caring for the sick. (These procedures may include: giving of bedside care; administratio of medicines, including insulin; preparation of special diets; application of dressings or bandages; and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts.)

2. A "patient" is any individual cared for in a nursing home, even though such person does not require nursing care.

3. The term "State Agency"as used in these regulations shall mean the "Minnesota Department of Public Welfare".

4. The "licensee" is the person or governing body to whom the license is issued. The licensee is held responsible for compliance with the applicable rules, regulations and standards.

C. Types of patients not to be received: Maternity patients, disturbed mental patients and persons having or suspected of having a disease endangering other resi-ents shall not be admitted to or retained in a nursing home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered a disturbed mental patient.

D. Children not to be received: A nursing home shall not receive either sick children or well children for care.

E. Capacity prescribed: Each license shall specify the maximum allowable number of patients or residents to be cared for at any one time. No greater number of patients or residents shall be kept than is authorized by the license.

F. License to be posted: The license shall be conspicuously posted in the area where patients or residents are admitted.

G. Employees to be instructed: Copies of these regulations shall be available to the personnel of the institution. They shall be instructed in the requirements of the law and the regulations pertaining to their respective duties.

H. Homes not to be represented as "hospital": The term "hospital" may not be used as part of the name of any institution unless it has been classified as a hospital by the Minnesota State Board of Health. A nursing home may not be represented as a hospital or as giving hospital care.

I. Personnel

1. 24-hour coverage: There shall be at all times a responsible person in charge as well as a person immediately available to the patients or residents.

2. Other personnel: At all times there shall be enough personnel to provide an adequate standard of care and maintenance in the home for the well-being of persons received for care. A record shall be kept of the period of service of each employee.

J. New construction

1. One-story buildings: All new one-story buildings shall be constructed of not less than one-hour fire-resistive construction throughout, except that boiler rooms, heating rooms, and combustible storage rooms shall be of three-hour fire-resistive construction.

2. Multiple-story building: All new buildings more than one story in height shall be constructed of incombustible materials using a structual framework of reinforced concrete or structural steel, except that masonry walls and piers may be utilized for buildings up to three stories in height, not accounting for penthouses.

K. Submittal of plans

1. Preliminary plans: When construction is contemplated either for new buildings or for additions or material alterations to existing buildings, the preliminary plans or sketch shall be submitted to the State Agency for review and approval before the preparation of working drawings. The preliminary plans shall be drawn to scale and shall indicate the assignment of all spaces, the sizes of areas and rooms, and the location and kind of fixed equipment.

2. Final working drawings and specifications: Before construction is begun, plans and specifications, in duplicate, covering the construction of new buildings, additions, or material alterations to existing buildings shall be submitted to and approved by the State Agency for compliance with the nursing-home regulations. These plans shall show the general arrangements of the building, including a room schedule and fixed equipment of each room, together with such additional pertinent information as the State Agency may require.

3. Plans for water supply and sewerage systems: No water supply or plumbing system or system for the disposal of sewage,garbage, or refuse shall be installed, nor shall any such existing system be materially altered or extended, until complete plans and specifications for the installation, alteration or extension, together with such additional information as the Minnesota State Board of Health may require, have been submitted to the State Agency in duplicate and approved for their sanitary features.

4. Compliance with approved plans: All construction shall take place in accordance with the approved completed plans. If it is desired to make deviations from the approved completed plans, the State Agency shall be consulted and its approval of the proposed changes obtained before construction changes are begun.

5. Preparation of plans and specifications by registered architect or engineer: Plans and revisions shall be certified by an engineer or architect registered to practice in the State of Minnesota or eligible for registration in Minnesota, as provided by state laws. (Minn. Stat., Secs. 326.02 and 326.03, requires that plans be prepared by a registered architect or registered engineer if the total cost of the improvement exceeds $2,000 paid in whole or in part from public funds, or if the total cost exceeds $10,000 paid from funds not public.)

L. Physical plant - general requirements

1. Location: The county nursing home shall be so located as to promote at all times the health, treatment, comfort, safety, and well-being of persons accommodated or to be accommodated for care.

2. Stairways: All stairways shall be well lighted and provided with handrails on both sides. All open stair wells shall be protected with guard rails. Treads shall be of non-slippery material.

3. Maintenance: The licensee shall maintain the sanitation and safety of the building. Walls and floors shall be of a character to permit frequent washing, cleaning and painting.

4. Heating: The heating plant shall be of a size and capacity to maintain a temperature of at least 70 degrees Fahrenheit in all rooms used for patients or residents.

5. Ventilation: Rooms that do not have outside windows and that are used by personnel and patients, such as toilet rooms, bathrooms, and utility rooms, shall be provided with acceptable ventilation.

6. Lighting: An electric lantern or flashlight in serviceable condition shall be available for use on every floor or in each section of the building in case of failure of electricity. Illumination of acceptable intensity shall be provided in all hallways, stairways, rooms, and bathrooms used by patients or residents.

7. Telephone: There shall be at least one telephone in each building used for patients or residents and such additional telephones as are required to summon help promptly in case of emergency.

M. Sanitation

1. Water supply: The water supply shall be of safe, sanitary quality, suitable for use; and obtained from a water supply system the location, construction, and operation of which are acceptable to the Minnesota State Board of Health. Hot water of a temperature safe for use for hand-washing shall be available at sinks and lavatories at all times.

2. Sewage disposal: Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and

disposed of in a sewage disposal system that is accepted by the Minnesota State Board of Health.

3. Plumbing: The plumbing and drainage, or other arragements for the disposal of excreta and wastes, shall be in accordance with the regulations of the Minnesota State Board of Health and with the provisions of the Minnesota plumbing code.

4. Screens: When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal not less than 16 meshes to the inch.

5. Toilets: A sufficient number of toilets shall be provided for use in accordance with the number of patients or residents of both sexes and in accordance with the number of personnel of the institution. A minimum requirement is one toilet for every eight patients or residents, or fraction thereof.

6. Lavatories: Lavatories shall be provided in the ratio of at least one lavatory to every eight patients or residents, or fraction thereof.

7. Bath tubs: A bath tub or shower shall be provided in the ratio of at least one tub or shower for each 20 patients or residents, or fraction thereof. Hand grips shall be provided for the bath tubs for the use of infirm patients or residents.

8. Waste and refuse disposal: All accumulated soiled dressings and other waste materials shall be stored in sanitary containers and disposed of in a manner acceptable to the State Agency.

N. Rooms for patients or residents

1. Locations of bedrooms: All bedrooms used for patients or residents shall be outside rooms, dry, well-ventilated, naturally lighted, and otherwise suitable for occupanc Each bedroom shall have direct access to a hall. Rooms extending more than three feet below ground level shall not be used as bedrooms for patients or residents. The window area shall be not less than one-eighth of the total floor area.

2. Floor area: Room size shall be such as to allow the minimum floor area per bed as hereafter stated. In the computation of floor area, only useable floor space shall be included.

a. A home with a previous license is to retain the same number of square feet per bed as was listed in the specifications for that license, and under no circumstances may a home have less than 60 square feet per bed. New homes, including new construction, remodeled buildings, and additions to existing homes, shall have a minimum floor area as specified below. New homes shall include transfers of ownership, for which new licenses are required.

Single rooms	100 square feet
Rooms for two persons	80 square feet per bed
Rooms for three or more persons. . . .	70 square feet per bed

3. Spacing of beds: Beds shall be placed at least three feet apart and located in such a way as to avoid drafts, excessive heat from radiators, or other discomforts to patients or residents.

O. Furnishings and equipment for care

1. Patient or resident units: For each patient or resident the following items shall be provided.

a. A comfortable and suitable bed with springs and a clean mattress. Clean bedding and bed linen shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. The bed linen shall be changed whenever soiled or unsanitary. Waterproof sheeting or other moisture-proof protection shall be provided for mattresses of all bed patients and for other beds as necessary.

b. At least one chair. For an ambulatory or semi-ambulatory patient or resident, there shall be a comfortable "easy" chair.

c. A locker, closet, or other suitable enclosed space for storage of clothing. If a common closet is used for two or more persons, there shall be separation of clothing for each person.

d. Bedside table, or its equivalent, with compartment or drawer to accommodate personal possessions and suitable bed lamps or wall lights.

e. Individual towels and washcloths.

2. Facilities for emergency care: First-aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health and well-being of patients or residents.

3. Hand-washing facilities: Hand-washing facilities shall be readily available for physicians, nurses, and other personnel attending patients or residents. Fresh linen or paper towels shall be available at all times. Use of a common towel is prohibited.

P. Laundry

1. Laundry facilities: Linen and other washable goods shall be stored and cleansed in a manner acceptable to the State Agency.

Q. Provisions for recreation

1. Day-room facilities: Day-room facilities of sufficient area for recreation, visiting, occupational therapy, and other such purposes shall be provided and shall be freely available at all times for all ambulatory and semi-ambulatory patients or residents and for visitors.

R. Food service and food sanitation

1. Food requirements: Meals for patients or residents on general diet shall be of adequate quantity and quality, well balanced, and sufficiently varied. A record shall be kept of the menu served at each meal.

2. Milk and ice: All fluid milk for use shall be pasteurized in conformity with the requirements prescribed by the Commissioner of Agriculture, Dairy, and Food.

Ice used in contact with food or drink shall be obtained from a source acceptable to the State Agency and shall be handled and dispensed in a sanitary manner.

3. Facilities for preparing and serving food: A kitchen for the proper preparation and serving of food shall be maintained in a room or rooms separate from the dining room. It shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils.

4. Hand-washing facilities: Hand-washing facilities with hot and cold water, soap, and individual towels shall be accessible for the use of all food handlers.

5. Food storage: Perishable food shall be stored in clean refrigerators of adequate capacity at temperatures less than 50 degrees Fahrenheit. Each refrigerator shall

be equipped with a thermometer. Non-perishable food shall be stored off the floor in clean, well-ventilated rooms, free of insects and rodents.

6. Garbage disposal: Garbage shall be disposed of in a manner acceptable to the State Agency. When stored, it shall be retained in water-tight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary manner.

7. Dishwashing facilities and methods:

a. Either of the following methods may be employed in dishwashing:

(1) Manual: A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load. Water-heating equipment capable of maintaining the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain racks shall be a part of the three-compartment sink, and adequate space shall be available for the drainage. Dishes and utensils shall be air-dried.

(2) Mechanical: Water pressure to the spray portion of the machine shall be 15 pounds per square inch or more. Hot water for rinsing shall be delivered to the dishwashing machine at a pressure of not less than 15 pounds per square inch and at a temperature of not less than 170 degrees Fahrenheit. The machines shall be equipped with thermometers that will accurately indicate the temperature of the wash water and rinse water. New dishwashing machines shall be of a make constructed in accordance with the recommendations of the National Research Council. Dishes and utensils shall be air-dried.

b. In order to protect the clean dishes and the utensils from contamination, proper storage space shall be provided.

S. Restraints

1. Disturbed patients not to be kept in home: Disturbed mental patiens shall not be received or retained in a county nursing home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered

disturbed mentally. If a patient or resident becomes suddenly disturbed, the person in charge of the home shall take temporary measures to protect such person and other persons in the home.

Instituting such temporary protection measures, the person in charge of the room shall place a special attendant on duty on the floor or in the section of the buildin in which such patient is restrained. No form of restraint may be used or applied in such manner as to cause injury to the patient. No door may be locked in a manner that will not permit immediate opening in case of emergency. A full record of the use of restraints or seclusion shall be kept.

T. Reports and records

1. Space for recording and filing: The admission, medical, and nursing records shall be maintained and made freely accessible to those responsible for the care of the patient. They shall be open to the inspection of representatives of the State Agency.

2. Admission and death records: Admission and death records shall be kept as prescribed by the Minnesota State Board of Health in accordance with the provisions of Minnesota Statutes, Section 155.178. Such records shall be preserved. When a home is closing or ownership is being transferred, the licensee shall apply to the State Agency for instructions about disposition of the admission and death records.

3. Physicians' orders: Physicians' orders shall be preserved with the record of the patient or resident.

4. Annual report: An annual report of services furnished during the preceding year shall be submitted to the State Agency on forms furnished for this purpose.

U. Fire protection

1. Fire Marshal approval required: Fire protection shall be provided in accordance with the requirements of the State Fire Marshal. Approval by the State Fire Marshall of an institution shall be a prerequisite for licensure.

V. Special requirements for county nursing homes

1. Supervising nurse: A supervising nurse shall be in charge of the nursing

service. She shall be either a registered nurse or a licensed practical nurse. The supervising nurse shall have the necessary authority and be held responsible for the nursing service required in the care of patients. She shall be responsible for records pertaining to nursing care, including the obtaining of orders from physicians. Nursing supervision shall be maintained during vacation or other relief periods. The State Agency shall be notified of any changes in the position of supervising nurse.

2. Night attendant: In homes licensed for the care of twelve or more persons, there shall be at least one person dressed and on duty during the night. A night attendant shall be on duty in smaller homes if the condition of the patients or other factors, such as remoteness of personnel quarters from patients' room, require.

3. Personnel record to be kept: The names, qualifications, and references of all nursing personnel shall be kept on file for inspection by the representatives of the State Agency.

4. Practitioner to be designated: Each patient or his guardian or the agency responsible for his care shall designate a licensed practitioner of the healing arts for the supervision of the care and treatment of the patient during his stay in the nursing home.

5. Admission examination required: The admission record shall contain a diagnosis of illness and definite instructions about care and treatment of the patient and shall be signed by a duly licensed practitioner of the healing arts. Every individual admitted to a county nursing home shall have a chest x-ray prior to admission and, if the need is indicated, to be followed by chest films at six-months intervals.

6. Order for treatment required: No medication or treatment shall be given a patient in a nursing home except on a written order signed by a licensed practitioner of the healing arts.

7. Emergency care: Every nursing home shall designate one or more duly licensed pratitioners to be called in emergency when the patient's physician is not available.

W. Provision for isolation

1. Isolation area: Each home in which patients do not have private rooms shall be prepared to make available a suitable screened area that can be used for seriously ill or terminal cases or for temporary isolation of a communicable disease case that may develop after admission.

X. Facilities for nursing care

1. Equipment for nursing care: There shall be adequate equipment for nursing care in accordance with the number and type of patients accepted at the home.

a. For each patient confined to bed, there shall be provided individual equipment as follows:

Bed pan,wash basin, bath blanket, mouth-wash cup, emesis basis, thermometer, signal device.

b. General equipment shall include supplies and equipment for common nursing procedures, such as enemas, dressing, catheterization, collection of specimens, and administration of medicines, including hypodermics, wheel chairs, invalid walkers, and other aids as necessary for obtaining ambulation of patients; comfort devices, such as hot water bags, invalid rings, back rests, and food cradles; weight scales; bed rails; and rubber gloves, tongue depressors, and other equipment that may be required for the examination of patients

2. Bed screens: Bed screens or curtains shall be available for use in all multi-bed rooms to insure privacy for patients.

3. Facilities for handling equipment: Space and facilities shall be provided for the proper cleansing, disinfection, sterilization, and storage of nursing supplies and equipment. A cleansing sink, a flushing rim hopper, or other disposal sink shall be provided in all homes caring for eight or more patients.

[DPW 54 Aid to the Blind

A. This rule governs the resources in real and personal property that are within the eligibility limits of Aid to the Blind.

B. An applicant or recipient of Aid to the Blind may, together with spouse, have an equity in real property not exceeding $15,000. The county agency may waive this limitation on assets when the liquidation of such assets would cause undue hardship.

C. A single applicant or recipient of Aid to the Blind may have up to $2,000 in undifferentiated liquid assets, except $750 in the form of a pre-paid funeral contract.

D. An applicant or recipient and spouse may have up to $4,000 in undifferentiated liquid assets, except that each may have $750 in the form of a prepaid funeral contract.

E. This rule is promulgated under the necessity to conform with federal requirements and under the authority of Chapter 13, Extra Session Laws, 1971.]

4. Medicine cabinet: A specially designated medicine cabinet or closet of sufficient size shall be provided for drugs supplies and individual prescriptions. This cabinet shall be conveniently located and adequately illuminated. It shall be kept locked. All narcotics shall be stored in a separate, locked compartment. Unused portions of narcotic drugs shall be forwarded to the office of the District Supervisor, Federal Bureau of Narcotics, Minneapolis. (A federal permit is necessary for the purchase of narcotics for stock use. Application for this permit must be approved by the State Board of Health. This approval is based on the proper storage of narcotics and the maintenance of a record book of narcotics in a form prescribed by the State Board of Health. This record shall contain the date, hour, name of patient, name and registration number of physician, kind of narcotic, dose, and name of person by whom administered.)

5. Handling of medication: The contents of all individual prescriptions shall be kept in the original container, bearing the original label, on which should be the prescription number. On discharge of a patient, any unused portions of individual prescriptions left in the home shall be destroyed.

6. Nursing records: A nursing record shall be kept for every patient admitted to the home. The record shall contain the date, hour, and condition of the patient at the time of admission, as well as pertinent observations at intervals of not more than four hours of the condition of the patient during the first 24 hours and as often thereafter as required by the condition of the patient.]

ADOPTED (proposed)

DPW RULE #57 MINNESOTA SUPPLEMENTAL AID

A. Introduction

This rule governs the administration of the Minnesota Supplemental Aid Program as enacted by Chapter 487, Laws of 1974.

The purpose of the Minnesota Supplemental Aid Program is to provide financial assistance to recipients of Supplemental Security Income for the Aged, Blind, Disabled (SSI), or to persons who, but for excess income or resources, would be receiving SSI, and who are found to have maintenance needs as determined by the application of the state standards in effect for the adult categories in December of 1973, which exceed their income from SSI and other sources, and who would otherwise have qualified for the benefits under the Programs of OAA, AB, or AD as such former programs were then in effect.

B. Definitions

The terms defined in this section shall have the meanings given them unless otherwise provided or indicated by the context.

1. "Supplemental Security Income" means benefits paid under the federal program of Supplemental Security Income for the Aged, Blind, and Disabled, Title XVI of the Social Security Act, as enacted by Section 301 of the Social Security Amendments of 1972.
2. "Applicant for Supplemental Security Income" means an individual who has applied for Supplemental Security Income and who, but for excess income or resources, would be a recipient of Supplemental Security Income.

3. "Supplemental Aid" means state and county payments to eligible applicants for or recipients of Supplemental Security Income, in accordance with the provisions of this act and rules and regulations promulgated by the Commissioner of Welfare.
4. "Commissioner" means the Commissioner of Public Welfare or his designee.
5. "Department" means the Department of Public Welfare.
6. "Local Agency" means the county welfare boards in the several counties of the state except that it may also include any multi-county welfare boards or departments where those have been established in accordance with law.
7. "Income" means earned and unearned income from any source whatsoever, reduced by amounts paid for federal and state personal income taxes and federal social security taxes.

C. Eligibility Requirements

Minnesota Supplemental Aid shall be granted to any person:

1. Who has attained the age of 65 years or who has met SSI criteria for blindness or disability; and
2. Whose net equity in real property:
   a. If aged or disabled, does not exceed $10,000, which maximum will be increased to $12,000, effective July 1, 1974, and to $15,000 effective January 1, 1975; or
   b. If blind, does not exceed $15,000; and
3. Whose net equity in personal property:
   a. If aged or disabled, convertible into cash does not exceed $300 if single or if married does not exceed $450;

b. If aged, does not have in excess of $1,000 cash surrender value of life insurance; or

c. If disabled, does not have in excess of $500 in cash surrender value of life insurance; or

d. If aged, blind or disabled, does not have in excess of $750 in prepaid funeral contract plus accrual of interest therein not exceeding $200;

e. If blind and single, does not have in excess of $2,000 in undifferentiated liquid assets, or if blind and married, together with his spouse does not have in excess of $4,000 in undifferentiated liquid assets, including therein up to $750 per person for a prepaid funeral contract plus an accrual of interest not over $200 per person.

f. In the form of a mobile home used as a living abode will not be a bar to eligibility; and

4. Whose current income and resources, and those of his spouse if married, are insufficient for maintaining a standard of living necessary for health and decency as determined by the application of the standards of allowances in effect in the adult categories of OAA, AB, and AD in December of 1973 in the county wherein he is presently residing.

D. Evaluation of Property Transfers

The establishment of an applicant's initial eligibility for, or a recipient's redetermination of eligibility for Minnesota Supplemental Aid in situations wherein the applicant or recipient has divested himself of resources without receiving a reasonable consideration therefore and which resources might otherwise have been available for his support, is contrary to public policy and, in some instances,

may constitute a c[redacted]inal offense on behalf of bot[redacted]he donor and the donee of the resources. To prevent this practice, county agencies shall employ the following procedure and presumptions in assessing eligibility for Minnesota Supplemental Aid.

1. Each applicant or recipient shall be required to divulge whether within the preceding three years he has transferred any property, real or personal, totalling in excess of $300 if single, or $450 if married, to any person or persons without receiving adequate consideration therefor.
2. Any property transfer as defined in (D) (1) shall be presumed to be a gift in contravention of public policy, and the property so transferred shall be presumed to remain available for the support of the applicant or recipient if reasonable effort is expended for its recovery.
3. The applicant or recipient who has transferred property in violation of this section shall be required to provide to the county agency a description (including value) of the property, the name or names of all persons who received such property, and the circumstances under which the property was transferred.
4. The applicant or recipient who has transferred property in violation of this section shall be required to make a reasonable effort, in cooperation with the county agency, to reacquire the property so transferred.
5. The information required by (D) (3) and the efforts made to reacquire the property under (D) (4) shall be entered on the appropriate application or eligibility redetermination forms.

6. If the county agency is unable to persuade the donor and/or donee of the transferred property to have it returned to the applicant or recipient for this current support, then the matter of the property transfer shall be reported with full documentation to the County Attorney for possible criminal prosecution.

7. A transfer of property in violation of this section shall not of itself constitute grounds for ineligibility for Minnesota Supplemental Aid if application of sections (D) (3) through (6) has failed to make the transferred property available for the support of the applicant or recipient.

E. Determination of County of Financial Responsibility

1. In all matters concerning payment of the county administered Minnesota Supplemental Aid, "county of financial responsibility" means:

   a. The county from which the applicant is receiving the Federally administered Supplemental Aid; or

   b. If the applicant was receiving Old Age Assistance or Aid to the Blind or Aid to the Disabled in December of 1973, but did not qualify for the Federally administered supplement and now qualifies for the county administered supplement, that county from which he was receiving OAA or AB or AD in December of 1973; or

   c. If the applicant is a recipient of Medical Assistance either as an "MA Only" case, or by having qualified for SSI benefits after January 1, 1974, the county from which he is receiving Medical Assistance; or

   d. If the applicant does not qualify under (1) (a) or (b) or (c) above, it means the county in which he was residing as of the date his effective application for the county

administered supplemental aid was signed.

2. The county thus determined to be financially responsible for payment for the county administered supplemental aid shall remain responsible for so long as his application remains in effect irrespective of his residence in other counties within this state thereafter. This supplemental grant is to be cancelled whenever the recipient has been absent from the state for one calendar month or more.

F. Minnesota Supplemental Aid Standards and State Participation

1. Local agencies shall determine need in individual cases in accordance with the standards of assistance and related income exemptions as were in effect in the adult programs of OAA, AB, and AD in December of 1973.

2. The amount of the Supplemental Aid grant is the difference between what the applicant would have received in an OAA, AB, or AD grant in December of 1973 and his current SSI including the Federally administered supplement. If the applicant is not eligible for SSI by reason of excess income and resources, then the supplemental grant shall be the difference between what he would have received in December of 1973 in an OAA, AB, or AD grant and the total of his current income.

3. The county administered supplemental aid grants shall be issued by the local agencies to the recipient or his protective-representative payee or his conservator or guardian of estate in the form of county warrants immediately redeemable in cash.

4. The state will reimburse local agencies on a monthly basis for 50 per cent of the actual payments made under this county administered supplemental aid program. Payment for non-recurring special needs is to be allowed for catastrophic major home repairs or replacement of a furnace, water heater, plumbing or the electrical system. Other allowable special needs are for necessary repairs or replacement of household furniture and appliances, for moving expenses and for annual fuel and utility adjustments for the difference between the standard allowances and verified comsumption by recipients.

5. An applicant or recipient may allocate all his net income to provide for the basic unmet needs, not to exceed the total amount of the needs as determined by state-wide standards, of persons that he is legally responsible to support, before he is expected to use such income for his own needs in all instances except: 1) statutes exist which make provision for support of legal dependents in institutions and; 2) the income is from a trust fund or other source which designates its use only for the applicant or recipient, or for some specific purpose.

G. The effective date of this Rule is April 1, 1974, except for Section D which is effective September 1, 1974.

APPROVED AS TO FORM AND LEGALITY
OCT 22 1976 19
WARREN SPANNAUS, ATTORNEY GENERAL
BY /s/ Michael B. Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
OCT 22 1976 -2:45 pm
Joan Anderson Growe
Secretary of State

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

RECEIVED
AUG 2 - 1976
Dept. of Administration

August 26, 1976

Mr. Michael B. Miller
Special Assistant Attorney General
Administration
Room 208, Administration Building
St. Paul, Minnesota 55155

Subject: In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare

Dear Mr. Miller:

Enclosed are the documents required by Attorney General's Rules 301-306 pertaining to the above-entitled matter.

Rule 57 is adopted without change from its proposed form except for formatting requirements of the State Register.

Rules 7, 27, 29, 48, 50 and 54 are repealed as proposed.

If you have any questions concerning this, please contact me at 2794.

Sincerely,

Robert J. Hamper

Robert J. Hamper, Editor
Manuals and Bulletins Section

RJH:JSW
Enclosures

Adopted VERSION SAME AS proposed

DPW RULE #57 MINNESOTA SUPPLEMENTAL AID

RECEIVED
AUG 20 1976
OFFICE OF HEARING EXAMINERS

A. Introduction

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3. Whose net equity in personal property:
   a. If aged or disabled, convertible into cash does not exceed $300 if single or if married does not exceed $450;

b. If aged, does not have in excess of $1,000 in cash surrender value of life insurance; or

c. If disabled, does not have in excess of $500 in cash surrender value of life insurance; or

d. If aged, blind or disabled, does not have in excess of $750 in prepaid funeral contract plus accrual of interest therein not exceeding $200;

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f. In the form of a mobile home used as a living abode will not be a bar to eligibility; and

4. Whose current income and resources, and those of his spouse if married, are insufficient for maintaining a standard of living necessary for health and decency as determined by the application of the standards of allowances in effect in the adult categories of OAA, AB, and AD in December of 1973 in the county wherein he is presently residing.

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may constitute a criminal offense on behalf of both the donor and the donee of the resources. To prevent this practice, county agencies shall employ the following procedure and presumptions in assessing eligibility for Minnesota Supplemental Aid.

1. Each applicant or recipient shall be required to divulge whether within the preceding three years he has transferred any property, real or personal, totalling in excess of $300 if single, or $450 if married, to any person or persons without receiving adequate consideration therefor.
2. Any property transfer as defined in (D) (1) shall be presumed to be a gift in contravention of public policy, and the property so transferred shall be presumed to remain available for the support of the applicant or recipient if reasonable effort is expended for its recovery.
3. The applicant or recipient who has transferred property in violation of this section shall be required to provide to the county agency a description (including value) of the property, the name or names of all persons who received such property, and the circumstances under which the property was transferred.
4. The applicant or recipient who has transferred property in violation of this section shall be required to make a reasonable effort, in cooperation with the county agency, to reacquire the property so transferred.
5. The information required by (D) (3) and the efforts made to reacquire the property under (D) (4) shall be entered on the appropriate application or eligibility redetermination forms.

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   c. If the applicant is a recipient of Medical Assistance either as an "MA Only" case, or by having qualified for SSI benefits after January 1, 1974, the county from which he is receiving Medical Assistance; or

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3. The county administered supplemental aid grants shall be issued by the local agencies to the recipient or his protective-representative payee or his conservator or guardian of estate in the form of county warrants immediately redeemable in cash.

4. The state will reimburse local agencies on a monthly basis for 50 per cent of the actual payments made under this county administered supplemental aid program. Payment for non-recurring special needs is to be allowed for catastrophic major home repairs or replacement of a furnace, water heater, plumbing or the electrical system. Other allowable special needs are for necessary repairs or replacement of household furniture and appliances, for moving expenses and for annual fuel and utility adjustments for the difference between the standard allowances and verified comsumption by recipients.

5. An applicant or recipient may allocate all his net income to provide for the basic unmet needs, not to exceed the total amount of the needs as determined by state-wide standards, of persons that he is legally responsible to support, before he is expected to use such income for his own needs in all instances except: 1) statutes exist which make provision for support of legal dependents in institutions and; 2) the income is from a trust fund or other source which designates its use only for the applicant or recipient, or for some specific purpose.

G. The effective date of this Rule is April 1, 1974, except for Section D which is effective September 1, 1974.

REPEAL

DPW 7 Standards for Institutions Serving Individuals Who Are Retarded

(a) Introduction — A Statement of Philosophy

In our day, we are under obligation — and should exhort others — to honor the right of every child or adult who is retarded to live freely in our society with utmost regard for his humanness.

If we accept this obligation — and this responsibility — then most children and adults who are retarded should and will receive the nurture, education, training, and opportunity for meaningful life and work in their families, homes, and communities.

The institution, whether publicly or privately owned, should be the means for training, treatment, rehabilitation, and return to the community for some who, because of the extreme disharmonies of their lives and adjustment, need a more protective environment and program for a time-limited span of their lives.

The responsibility of the institution to provide meaningful life experience and opportunity for realization of the human potential becomes exceedingly clear and obligatory.

The responsibility of the community to provide education, vocational, medical, and counseling programs also becomes paramount in order to honor the right each retarded person has to full physical, emotional, and intellectual development.

(b) Definition

(1) This rule governs the operation of any institution engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necessary for such an institution to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment, and other aspects of care needed for retarded individuals on a 24-hour basis.

(2) This rule does not apply to foster-care facilities subject to licensure as foster boarding homes, group homes, or settings provided for under other types of licensure; nor does it apply to nursing homes, board-and-care homes, and board-and-lodging places licensed by the State Department of Health.

(3) Sections 256.01 and 257.175, Minnesota Statutes, charge the Commissioner of Public Welfare with the over-all responsibility for programming for mentally retarded individuals.

(4) Sections 257.081 to 257.123, Minnesota Statutes, charge the Commissioner of Public Welfare with the responsibility for annual study and licensing of institutions.

(5) Section 257.081, Subdivision 6, Minnesota Statutes, defines children as "one or more persons under the age of 16 years or persons over 16 years of age if for reasons of mental retardation they still require the protection needed by persons under 16 years of age".

(c) Procedures for Licensing

(1) Application shall be made to the Commissioner of Public Welfare, who shall determine the competence of persons or organizations seeking to

be licensed or relicensed for the purpose of giving care to retarded individuals. In making this determination, the Commissioner shall be guided by the rules in this and subsequent sections.

(2) All licenses shall expire one year after date of issuance unless sooner revoked.

(3) A new person or organization planning to enter into residential care for the retarded shall submit, prior to building or acquiring a building, or hiring of staff, in addition to the application, materials and information the Commissioner may require to make a proper determination of the adequacy of services to be provided. Such required materials may include a statement of survey of need for the facility, articles of incorporation, plan for program, plan for administration and organization, plan for staffing, plan for training of staff, and architectural and physical building plans.

(4) An institution desiring to renew its license shall submit an application for relicensing within a period of 45 days before the license is due to expire. In applying for such renewal, the institution shall file with its application such information as the Commissioner may require to make a proper determination. Such information may include an up-to-date listing of staff, a current program plan and operation, and a declaration of self-evaluation of program outcome and results.

(d) Organization and Administration

(1) The philosophy, purposes, and functions of the institution shall be clearly defined and a declaration of same entered as a matter of record with the Commissioner.

(2) The institution shall similarly state and file with the Commissioner a statement of the geographical area to be served, ages, and types of retarded to be accepted for care, and the extent, limitation of service, and scope of services for which its seeks licensed approval.

(3) The institution shall also coordinate its services and program with other persons, agencies, or organizations serving the retarded in the community. This shall include county welfare departments, schools, vocational rehabilitation agents and agencies, mental health centers, day activity centers, parent organizations, and churches.

(4) The institution shall have a sound plan of financing that gives assurance of sufficient funds to enable it to carry out its defined purposes. A new institution shall have funds assured, or a sound plan for obtaining financing sufficient to assure a complete program through the first six-months operation, even though population does not reach licensed capacity.

(5) The institution shall establish written policies pertaining to:

(aa) Admission, care, and discharge of residents.

(bb) Establishment of individualized program plans for residents.

(cc) Internal operations.

(i) Personnel policies and practices.

(ii) Operating rules, including administrative or policy-making duties for the conduct of its officers, members, and staff.

(iii) Clear lines of communication and responsibility among its staff members and between the governing body and the administrator.

(6) There shall be a system of business management and staffing to assure maintenance of complete and accurate accounts, books, and records.

(7) The governing body, or board, or a person officially representing the institution, shall notify the Department of any changes pending or occurring in the corporate structure, administration, resident program, or function of the institution directly affecting the care of the residents.

(8) All licensed individuals or organizations shall operate on a non-discriminatory basis, according equal treatment and access to their services to all persons.

(e) Program

(1) Each facility shall have a clear statement of philosophy, goals, responsibilities, and limitations for the facility. There shall be a specific program plan for each resident.

(2) Each facility shall have a system of planning and carrying out specific program plans for each individual. Whenever possible, it is suggested that the methods, steps, and ways of carrying out the institutional or individual goal (or goals) be conveyed as clearly and with the greatest degree of specificity as possible.

(3) There must be a system to coordinate program activities and to assure a continuum of services to advance the individual person's ability to function. That continuum shall include, but not be limited to, medical, social, and educational services when needed, continuous evaluation of progress, availability of vocational training and work experience, social experiences, and community-living opportunities.

(4) A program plan shall be prescribed at the initial staffing for the prospective resident of the institution, in conjunction with the resident-to-be, the parents, and the referring agency. This plan shall show all services of community-service agencies to be utilized. Individual program will be based upon the needs of residents and availability of program resources within the facility and in the community, and modified according to the progress of the individual.

(5) Each resident shall be given individual attention and counsel in order to carry out his program plan on a day-to-day basis.

(6) Residential personnel shall be trained to carry out the institution program, which must include training in self-help skills, speech, health and grooming habits, and other aspects of help and training provided people living in a concerned community.

(7) Each resident must be involved, whenever feasible, in planning his own program, with encouragement from program staff.

(aa) Resident involvement, such as through a resident council, is recommended in order to develop individual and group participation and responsibility in the rule- and policy-making of the institution.*

(8) Speech, vision, and hearing services should be made available to all residents in need.

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*Recommended.

(9) A current physical examination on each resident must be on file with the institution.

(aa) Each resident should have a physical examination at least once a year.*

(10) The health and individual needs of each resident, including, but not limited to, medications, nutrition, and personalized care, must be determined and attended to, or referred for attention, by institution staff.

(11) Arrangements for emergency and routine medical care shall be made by institution staff.

(12) The institution shall have a plan for the dental care of each resident.

(13) Each resident shall have opportunity for sleep. The institution shall see to it that appropriate, comfortable, and contemporary-styled clothing is provided for each resident's exclusive use.

(14) Each resident shall be encouraged and helped in attaining the highest degree of self-help possible, including training in personal hygiene and grooming.

(15) Group-Living Experience — Each resident shall have a clearly delineated and identifiable program established as it relates to his residential living and socialization activities. He should be a member of a small group with an identity of its own.

(16) Community-Living Experience — Each resident shall be afforded opportunity for a wholesome community-living experience.

(17) Social Services — Social services here shall be defined as those services that help the person, group, or community toward better social functioning and maximal realization of potential. They should be provided by persons qualified by training and/or experience as social workers.

(aa) Social services shall be provided either by the institution or by contractual arrangement with a social-service agency.

(bb) Social services shall be a clearly defined and identifiable phase of the total care, treatment, and training program.

(cc) Social services should be available to all residents and their families.

(dd) Each facility shall have a clearly defined set of goals and objectives related to the social-service program.

The social-service program should include the following:*

(i) Assistance in program planning for each person.

(ii) Participation in family counseling.

(iii) Intensive case work with the family.

(iv) Assistance in the placement or follow-up of residents, both within the facility and through participation in open community programs.

(v) Referral of individuals to a community group.

(18) Recreational Programming

(aa) Recreation, extended to all, shall be a clearly delineated and identifiable phase of the total care, training, and treatment program.

*Recommended.

(bb) Each facility shall have a clearly defined set of goals and objectives related to the recreational program.

Basic recreation programs should include:*

(i) Some form of recreation for all residents.

(ii) Opportunities for social interchange of residents in a recreational atmosphere; e.g., dancing, game room.

(iii) Instructions in a variety of hobbies, arts and crafts, etc.

(iv) An intramural sports activity program, if possible.

(v) Planned group activities; e.g., holiday celebrations, movies, dancing, etc.

(vi) Provision for work/play tables, toys, games, etc., for each individual resident.

(19) Educational Programming

(aa) Education and training shall be extended to all residents capable, or potentially capable, of participating.

(bb) Each facility shall have a clearly definable set of educational and training objectives. This shall include reference to the various phases, settings, and levels of education.

(cc) Each facility shall administratively assign or refer residents to an educational program whenever possible. Federal, state, and local programs and aids shall be utilized whenever possible.

An educational program for most residents should include, but will not be limited to:*

(i) Language development.

(ii) Communication skills.

(iii) Group-living skills.

(iv) Home-living skills.

(v) Self-help skills.

(vi) Leisure-time activities.

(vii) Speech therapy.

(viii) Physical education (motor-skill development).

(ix) Pre-vocational, vocational, and occupational training.

(20) Physical — Each institution shall provide physical-development and health-maintenance programs.

(aa) These include, but are not limited to, such activities as small- and large-muscle development, sports, gymnastics, athletics, slimnastics, etc.*

(21) Expressive Programs — Each institution shall afford the residents a program for encouraging and developing individual expression, creativity, and ingenuity.

(aa) Examples of such programs are music, dramatics, play production, art work, painting, crocheting, etc.*

(22) Vocational Programs

(aa) The institution shall provide, when applicable, a vocational program that is clearly delineated and an identifiable phase of the total care, treatment, and training program.

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*Recommended.

(bb) Vocational training opportunities shall be extended to all retarded individuals within the limits of the individual's capabilities to participate.

Vocational services should include the following:*

(i) Vocational evaluation, with full consideration of physical, psychological, social, and vocational problems, educational status, and interests.

(ii) Personal and social-adjustment training and counseling.

(iii) Pre-vocational and vocational work experiences; i.e., simulated job experience.

(iv) Participation in production.

(v) Placement and follow-up in an open community employment.

(vi) Enrollment in a sheltered workshop program, or sheltered employment.

Services of the Division of Vocational Rehabilitation should be used in the vocational diagnosis, evaluation, and counseling of the resident.

(23) Psychological Services

(aa) Psychological services, diagnostic and treatment, shall be extended to all residents, as the need for such services becomes apparent.

(bb) Each facility shall have a clearly defined set of goals and objectives related to the program of psychological services.

A psychological program should include:*

(i) Individual assessment of intelligence, current level of functioning, general adaptive behavior, and personality components.

(ii) Consultation and reporting of findings through related staff members.

(iii) Students and parent counseling and therapy.

(iv) Assistance in in-service training programs.

(v) Participation in program design and implementation.

(24) Religious Services — Opportunity shall be provided each resident for participating in and practicing the religious beliefs and faith of his and/or his family's preference.

(f) Staff

(1) All employees shall be persons of good character, good health, and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.

(2) There shall be sufficient staff to carry out the institution program and to assure the programming provisions of this Rule.

(3) Every staff member shall have a medical examination before he begins work and annually thereafter. Initial and annual examinations shall include a tuberculin test, and a chest x-ray when the tuberculin test is positive.

(4) Quality of Staff

(aa) Executive:

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*Recommended.

The executive shall be a person of sound judgment and integrity. He preferably should have a B.A. degree or better in one of the behavioral sciences (i.e., special education, vocational counseling, psychology, and social work). It is desirable for him to have had training and experience in administration that will equip him for working with retarded persons and make him temperamentally adapted for administrative responsibility and direction and for working on committees and with community groups.

(bb) Program Director:

Responsibilities shall be assigned to one staff person, separate and apart from administrative duties, for program direction and coordination. In a facility having more than 40 residents, the position of program director, or assistant director in charge of program, shall be established. The person responsible for program direction shall be equipped by training and/or experience.

(cc) Clerical Staff:

Each institution shall have adequate clerical services to keep correspondence, records, bookkeeping, and files current and in good order.

(dd) Resident-Care Staff:

Resident-care staff shall be morally and emotionally fit for the work. Training and experience shall be sufficient to equip them for their duties. Resident-care staff shall be encouraged to attend institutes and workshops and to take courses geared to counseling and implementing a program for residents. Staff shall be at least 21 years of age unless their maturity and the staff supervision and support justify having younger persons on duty.

(ee) Service Personnel:

A sufficient number of domestic and maintenance staff shall be employed to carry on the everyday housekeeping and maintenance functions so that those responsible for direct care will not be hampered in giving such care. They shall be of good moral character and preferably shall have a favorable and constructive attitude toward handicapped people.

(ff) Relief Staff:

Relief personnel shall be part of the regular staff, able to relate well to persons who are retarded and able to understand and work toward the habilitative and rehabilitative goals of an institution. Such staff should be deployed so as to provide continuity of care and supervision to residents. Sufficient relief staff shall be employed to allow regular time off and vacations for all employees.

(gg) Volunteer Staff:

Volunteers shall be mindful of, and interested in, the needs of the retarded. Orientation should be provided them by the institution, and the volunteer program must support the institution program and its staff and residents.

(hh) Social Work Services:

Social-work services through qualified social worker(s) shall be provided by the institution, or contractual arrangements shall be made for such provision. An institution providing case-work services through its own social-

services department must also meet requirements relating to licensing of social-service agencies.

(ii) Recreational Staff:

A recreational staff is an important aspect of the resident program, and staff members holding such responsibilities shall have training and/or experience in recreational activities.

(jj) Occupational-Training Staff:

Occupational training is a vital element for residents within the institution, and staff members filling such positions shall have either academic training or previous satisfactory work experience in an occupational-training setting.

(kk) Related Professional Staff:

Professional staff who are employed, or whose services are used, by the institution shall have the special qualifications obtained through training and experience in their respective fields to render satisfactorily the services expected of them. Such staff include, but are not limited to, medical, dental, and health specialists; nutritionists; psychologists; music and vocational therapists; and teachers or educators.

(ll) Nursing Staff:

A nurse (or nurses) shall be utilized, either as staff or consultant, whenever such professional service is available to assist in setting up a regimen for giving medications and for scheduling of immunizations.

(5) Personnel Policies:

Policies relating to employment shall be in writing and shall include:

(aa) Description of the specific duties the employee is expected to perform, when they are to be performed, and other persons involved in their performance.

(bb) Salary pay plan, mileage, expenses, and fringe benefits provided, including insurance coverages and sick leave.

(cc) Provision for meals for those who live off, as well as on, the premises, as well as the specific living quarters provided for those who live in. Residential arrangements shall assure every possibility for living a normal personal, family, and social life.

(dd) Work schedules that provide for daily and weekly periods of relief, and annual vacation periods sufficient in length to enable the staff to continue performing their duties efficiently.

(ee) Information about routines and house rules of the institution.

(ff) Opportunities for in-service training; attendance at institutes, workshops, and classes; and promotion or advancement.

(gg) Provision for probation periods and conditions for terminating employment.

(g) Plant, Grounds, and Equipment

(1) Grounds:

There shall be access to sufficient space and equipment for recreation. This includes individual leisure-time activities, as well as organized group activities.

(2) Buildings:

(aa) Dining rooms. No more than eight shall be seated at one table.

(bb) There shall be a day room, living room, or recreation area of 35 square feet per individual.

(cc) No more than four persons shall be allowed in one sleeping room. In instances of severely and profoundly retarded, up to eight children may be allowed, to encourage various types of social, physical, and recreational stimulation.

(dd) Each resident shall have a set of bureau drawers in which to place personal articles and clothing.

(ee) There must be individual storage facilities for each child's day-to-day clothing, as well as other storage space for clothing not currently used.

(ff) Staff quarters shall be separate from those of residents but near enough to assure proper supervision.

(gg) Equipment that houses confidential records must be fire-resistant and so located that the records can be kept confidential.

(3) Fire:

All institutions shall meet the requirements set forth by the State Fire Marshal.

(4) Health:

Each institution shall meet the requirements of the State Department of Health or its agent.

(h) Records

(1) There shall be an individual record for each resident, available to staff, including:

(aa) Admissions information.

(bb) Statement of individual program plan and progress reports.

(cc) Medical and medication records.

(2) The institution shall maintain adequate financial records.

(3) Board minutes, articles of incorporation, and personnel policies and transactions shall be a matter of record.

(4) Information of record pertaining to an individual or his family shall be held confidential and released only to authorized persons or agencies.

(i) Refusal of License

Failure or inability to comply with the above standards shall be cause for refusal or revocation of license.

The right of fair hearing and appeal shall be honored in accordance with Minnesota law.

(j) Isolation

Whenever an institution utilizes isolation, seclusion, or quiet rooms, adequate safeguards must be taken to prevent any detrimental effects upon the physical or emotional development of the child. Caution must be exercised in determining the frequency and duration of such periods, and the final decision to place a child in isolation must be made by the director of the institution or previously authorized staff.

If children are locked in rooms for security or isolation reasons, the following conditions must prevail:

(1) The proximity of the staff will allow for visual and auditory contact with the child at all times.

(2) All dangerous objects must be removed from the child prior to his placement in isolation.

(3) Rooms must have doors that open out and with keyless locks that have immediate-release mechanisms.

(4) All fixtures within the room shall be tamper-proof with security mattresses and of fire-resistance material. Switches must be located immediately outside the room.

(5) Smoke- and fire-monitoring devices must be an inherent part of the room, as well as proper ventilation.

(6) Appropriate entries must be made in the child's file.

Effective Date — October 9, 1970

DPW 8 Standards for Group Homes and Licensing Procedures

The authority of the Department of Public Welfare, Licensing Division, to prescribe and publish minimum standards for the approval and licensing of group homes is contained under Minnesota Statutes, Sections 257.081 through 257.15. Standards prescribed, and contained herein, shall be in force until revoked or revised by authority of the Department.

The Commissioner of Public Welfare is delegated responsibility by the State Legislature to see that the minimum requirements as herein prescribed are met and maintained by county welfare departments, licensed child-placing agencies, licensed children's institutions, foster-family group homes, and independent operators of group homes.

(a) Introduction

In our day, we are greatly concerned about every child in society and his need for proper care. We have the responsibility to see that proper resources are established and maintained. With our growing child and youth population and expansion of needs, we find that there are gaps between the service needed and the variety of resources available to provide the service.

In recent years, in an attempt to meet diverse needs, new resources for care have been established. One of these new resources is the group home. Group

REPEAL

DPW 27 Reporting Financial Information

(a) This rule provides the procedure for reporting financial information.

(b) County welfare boards shall ascertain the financial resources of the patients or the relatives legally responsible for their care in state institutions for mentally deficient or epileptic persons and report their findings to the Department of Public Welfare in the manner prescribed by the State Agency.

Effective Date -- July 4, 1956

REPEA

DPW 29 Cost of Care for Patients Admitted and Held for Care and Treatment Pending Commitment Hearing

(a) This rule governs the cost of care for any patient who is admitted to a mental hospital under the control of the Commissioner of Public Welfare pursuant to Minnesota Statutes, Section 253A.04, Subdivision 2, and Section 253A.07, Subdivision 3, and is held temporarily for observation, evaluation, diagnosis, or treatment, while awaiting a hearing.

(b) The Commissioner of Public Welfare shall charge a rate for such patients based on the previous year's actual average per capita costs for those patients. These costs include all maintenance, treatment, and other expense, other than that paid from the Minnesota state building fund.

(c) The effective date of this rule and regulation is July 1, 1969.

Effective Date -- July 1, 1969

REPEAL

DPW 48 Old Age Assistance Liens and Claims

(a) This rule governs the enforcement of Old Age Assistance liens and claims.

(b) County welfare boards shall maintain such records as will insure the correctness of all information necessary for the enforcement of all claims or liens created under the Old Age Assistance Act.

(c) After the death of an Old Age Assistance recipient, the county welfare board shall act on behalf of the Commissioner of Public Welfare in the collection of the claim or lien created by reason of payments made during the recipient's lifetime. Such action shall recognize the rights of the spouse, minor or incapacitated children, and others, as provided by law.

(d) Every request for release of lien shall be submitted to the county welfare board that filed the lien certificate. Release of lien shall be approved by the county welfare board when one of the following conditions is satisfied:

(1) When the collection of the amount secured by such lien is not jeopardized.

(2) When the release of the lien in whole or in part is necessary for the maintenance or support of the recipient, his spouse, or his minor or incapacitated children.

(3) When the county agency is satisfied by competent evidence that any person has made the major portion of the investment in the recipient's homestead by personal services in the home or otherwise and that only by such release can substantial justice be done.

(e) Each recommendation of a county welfare board for the release of a lien shall be submitted to the State Agency and shall be effective when approved by it.

(f) When a recipient or his heirs, personal representatives, or assigns repay the total amount of assistance granted to such recipient, a satisfaction of lien shall be issued by the county treasurer with the approval of the county agency. The director of the county welfare department shall prepare and present to the treasurer a statement, in duplicate, showing the amount of assistance granted since December 31, 1939. A copy of such statement shall be given by the treasurer to the recipient or his heirs, personal representatives, or assigns, together with the satisfaction of lien.

(g) If a county agency is satisfied that an offer of settlement of a lien by the recipient or his heirs, assigns, or representatives is approximately equal to the amount that can be recovered by foreclosure and subsequent sale of the property, the county agency may issue a release of lien subject to approval by the State Agency on payment of such sum to the county treasurer.

(h) Claims against estates of deceased Old Age Assistance recipients may be released under the same conditions as are required for the release of a lien under (f), above.

Effective Date — December 21, 1959

REPEAL

depreciation, interest, property taxes, administration and earnings allowance will be calculated by dividing such allowable costs by 93 per cent of total capacity patient days for licensed beds. *Facilities qualifying for the special care rates of 4923c.2. may adjust the capacity limitation by the same formula. The capacity limitation cannot be reduced below 90 per cent of total capacity patient days for licensed beds.*

2. *Calculation of patient days.* For purposes of calculating patient days at 93 per cent of licensed capacity and to assign a greater proportion of costs to private rooms, a factor of 1.5 times the number of licensed private beds will be used in determining the number of patient days. This provision shall apply only to facilities applying for a Certificate of Need after August 15, 1972.

3. *Licensed bed capacity.* Useable or operable bed capacity may be used for purposes of the calculation required by 4939a. and b. if the provider can justify in writing, to the satisfaction of the Commissioner that licensed beds is an inappropriate measure of capacity.

4. *Waiver of limitation.* Providers may apply for a waiver of the provisions of 4939a. and b. in the following instances:

   a. For new facilities or facilities with major changes in capacity, that are applying for a certificate of need after the effective date of these regulations, the Commissioner may grant a waiver of this capacity calculation and allow a rate based on anticipated actual patient days for the period through the end of the first full fiscal year.

   b. In cases of extreme hardship, nursing homes not covered by 4939d.1. and having over 65 per cent welfare patient days may be granted an annual waiver by the Commissioner of this capacity calculation and be allowed a rate based on actual patient days. "Extreme hardship" will include a financial situation in which projected cash flow indicates the fact that debt and operating obligations cannot be met.

   c. ~~Facilities~~ *Skilled care facilities which* have a patient population in ~~a care level~~ with an annual average length of stay of 180 days or less.

V. Section 4950 — Implementation Procedures

A. *Effective Date of DPW Rule 49 Revisions*

1. All revisions of this revised DPW Rule 49 shall take effect beginning with reports covering fiscal years ending after July 31, ~~1973~~ *1974*.

~~b. Providers may file no later than October 31, 1973, a revised or amended report to take into account the revised rule. The revised rate so determined shall be effective as of July 1, 1973.~~

1. Providers may request, by letter, no later than December 31, 1974, a revised rate as affected only by sections 4911 c.1.(i) and 4914 c.3. through 5. The revised rate may be effective as of September 1, 1974.

DPW 50 County Nursing-Home Standards

a. This rule provides minimum standards for county nursing homes.

b. County nursing homes: County nursing homes providing chronic or convalescent care shall be classified as nursing homes. A "nursing

home" shall mean a home licensed to provide care for aged or infirm persons requiring or receiving nursing care as herein defined.

(1) Definitions: For the purpose of these regulations:

"Nursing care" shall mean care required by a person because of prolonged mental or physical illness or defect or during recovery from injury or disease and shall include any or all of the procedures commonly employed in caring for the sick. (These procedures may include: giving of bedside care; administration of medicines, including insulin; preparation of special diets; application of dressings or bandages; and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts.)

(2) A "patient" is any individual cared for in a nursing home, even though such person does not require nursing care.

(3) The term "State Agency" as used in these regulations shall mean the "Minnesota Department of Public Welfare".

(4) The "licensee" is the person or governing body to whom the license is issued. The licensee is held responsible for compliance with the applicable rules, regulations, and standards.

c. Types of patients not to be received: Maternity patients, disturbed mental patients, and persons having or suspected of having a disease endangering other residents shall not be admitted to or retained in a nursing home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered a disturbed mental patient.

d. Children not to be received: A nursing home shall not receive either sick children or well children for care.

e. Capacity prescribed: Each license shall specify the maximum allowable number of patients or residents to be cared for at any one time. No greater number of patients or residents shall be kept than is authorized by the license.

f. License to be posted: The license shall be conspicuously posted in the area where patients or residents are admitted.

g. Employees to be instructed: Copies of these regulations shall be available to the personnel of the institution. They shall be instructed in the requirements of the law and the regulations pertaining to their respective duties.

(h) Homes not to be represented as "hospital": The term "hospital" may not be used as part of the name of any institution unless it has been classified as a hospital by the Minnesota State Board of Health. A nursing home may not be represented as a hospital or as giving hospital care.

(i) Personnel

(1) 24-hour coverage: There shall be at all times a responsible person in charge as well as a person immediately available to the patients or residents.

(2) Other personnel: At all times there shall be enough personnel to provide an adequate standard of care and maintenance in the home for the well-being of persons received for care. A record shall be kept of the period of service of each employee.

(j) New construction

(1) One-story buildings: All new one-story buildings shall be constructed of not less than one-hour fire-resistive construction throughout, except that boiler rooms, heating rooms, and combustible storage rooms shall be of three-hour fire-resistive construction.

(2) Multiple-story building: All new buildings more than one story in height shall be constructed of incombustible materials, using a structural framework of reinforced concrete or structural steel, except that masonry walls and piers may be utilized for buildings up to three stories in height, not accounting for penthouses.

(k) Submittal of plans

(1) Preliminary plans: When construction is contemplated either for new buildings or for additions or material alterations to existing buildings, the preliminary plans or sketch shall be submitted to the State Agency for review and approval before the preparation of working drawings. The preliminary plans shall be drawn to scale and shall indicate the assignment of all spaces, the sizes of areas and rooms, and the location and kind of fixed equipment.

(2) Final working drawings and specifications: Before construction is begun, plans and specifications, in duplicate, covering the construction of new buildings, additions, or material alterations to existing buildings shall be submitted to and approved by the State Agency for compliance with the nursing-home regulations. These plans shall show the general arrangements of the building, including a room schedule and fixed equipment of each room, together with such additional pertinent information as the State Agency may require.

(3) Plans for water supply and sewerage systems: No water supply or plumbing system or system for the disposal of sewage, garbage, or refuse shall be installed, nor shall any such existing system be materially altered or extended, until complete plans and specifications for the installation, alteration, or extension, together with such additional information as the Minnesota State Board of Health may require, have been submitted to the State Agency in duplicate and approved for their sanitary features.

(4) Compliance with approved plans: All construction shall take place in accordance with the approved completed plans. If it is desired to make deviations from the approved plans, the State Agency shall be consulted and its approval of the proposed changes obtained before construction changes are begun.

(5) Preparation of plans and specifications by registered architect or engineer: Plans and revisions shall be certified by an engineer or architect registered to practice in the State of Minnesota or eligible for registration in Minnesota, as provided by state laws. (Minn. Stat., Secs. 326.02 and 326.03, requires that plans be prepared by a registered architect or registered engineer if the total cost of the improvement exceeds $2,000 paid in whole or in part from public funds, or if the total cost exceeds $10,000 paid from funds not public.)

(l) Physical plant — general requirements

(1) Location: The county nursing home shall be so located as to promote at all times the health, treatment, comfort, safety, and well-being of persons accommodated or to be accommodated for care.

(2) Stairways: All stairways shall be well lighted and provided with handrails on both sides. All open stair wells shall be protected with guard rails. Treads shall be of non-slippery material.

(3) Maintenance: The licensee shall maintain the sanitation and safety of the building. Walls and floors shall be of a character to permit frequent washing, cleaning, and painting.

(4) Heating: The heating plant shall be of a size and capacity to maintain a temperature of at least 70 degrees Fahrenheit in all rooms used for patients or residents.

(5) Ventilation: Rooms that do not have outside windows and that are used by personnel and patients, such as toilet rooms, bathrooms, and utility rooms, shall be provided with acceptable ventilation.

(6) Lighting: An electric lantern or flashlight in serviceable condition shall be available for use on every floor or in each section of the building in case of failure of electricity. Illumination of acceptable intensity shall be provided in all hallways, stairways, rooms, and bathrooms used by patients or residents.

(7) Telephone: There shall be at least one telephone in each building used for patients or residents and such additional telephones as are required to summon help promptly in case of emergency.

(m) Sanitation

(1) Water supply: The water supply shall be of safe, sanitary quality, suitable for use; and obtained from a water supply system the location, construction, and operation of which are acceptable to the Minnesota State Board of Health. Hot water of a temperature safe to use for hand-washing shall be available at sinks and lavatories at all times.

(2) Sewage disposal: Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system that is accepted by the Minnesota State Board of Health.

(3) Plumbing: The plumbing and drainage, or other arrangements for the disposal of excreta and wastes, shall be in accordance with the regulations of the Minnesota State Board of Health and with the provisions of the Minnesota plumbing code.

(4) Screens: When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal not less than 16 meshes to the inch.

(5) Toilets: A sufficient number of toilets shall be provided for use in accordance with the number of patients or residents of both sexes and in accordance with the number of personnel of the institution. A minimum requirement is one toilet for every eight patients or residents, or fraction thereof.

(6) Lavatories: Lavatories shall be provided in the ratio of at least one lavatory to every eight patients or residents, or fraction thereof.

(7) Bath tubs: A bath tub or shower shall be provided in the ratio of at least one tub or shower for each 20 patients or residents, or fraction thereof. Hand grips shall be provided for the bath tubs for the use of infirm patients or residents.

(8) Waste and refuse disposal: All accumulated soiled dressings and other waste materials shall be stored in sanitary containers and disposed of in a manner acceptable to the State Agency.

(n) Rooms for patients or residents

(1) Location of bedrooms: All bedrooms used for patients or residents shall be outside rooms, dry, well-ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to a hall. Rooms extending more than three feet below ground level shall not be used as bedrooms for patients or residents. The window area shall be not less than one-eighth of the total floor area.

(2) Floor area: Room size shall be such as to allow the minimum floor area per bed as hereafter stated. In the computation of floor area, only useable floor space shall be included.

(aa) A home with a previous license is to retain the same number of square feet per bed as was listed in the specifications for that license, and under no circumstances may a home have less than 60 square feet per bed. New homes, including new construction, remodeled buildings, and additions to existing homes, shall have a minimum floor area as specified below. New homes shall include transfers of ownership, for which new licenses are required.

Single rooms	100 square feet
Rooms for two persons	80 square feet per bed
Rooms for three or more persons	70 square feet per bed

(3) Spacing of beds: Beds shall be placed at least three feet apart and located in such a way as to avoid drafts, excessive heat from radiators, or other discomforts to patients or residents.

(o) Furnishings and equipment for care

(1) Patient or resident units: For each patient or resident the following items shall be provided.

(aa) A comfortable and suitable bed with springs and a clean mattress. Clean bedding and bed linen shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. The bed linen shall be changed whenever soiled or unsanitary. Waterproof sheeting or other moisture-proof protection shall be provided for mattresses of all bed patients and for other beds as necessary.

(bb) At least one chair. For an ambulatory or semi-ambulatory patient or resident, there shall be a comfortable "easy" chair.

(cc) A locker, closet, or other suitable enclosed space for storage of clothing. If a common closet is used for two or more persons, there shall be separation of clothing for each person.

(dd) Bedside table, or its equivalent, with compartment or drawer to accommodate personal possessions and suitable bed lamps or wall lights.

(ee) Individual towels and washcloths.

(2) Facilities for emergency care: First-aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health and well-being of patients or residents.

(3) Hand-washing facilities: Hand-washing facilities shall be readily available for physicians, nurses, and other personnel attending patients or residents. Fresh linen or paper towels shall be available at all times. Use of a common towel is prohibited.

(p) Laundry

(1) Laundry facilities: Linen and other washable goods shall be stored and cleansed in a manner acceptable to the State Agency.

(q) Provisions for recreation

(1) Day-room facilities: Day-room facilities of sufficient area for recreation, visiting, occupational therapy, and other such purposes shall be provided and shall be freely available at all times for all ambulatory and semi-ambulatory patients or residents and for visitors.

(r) Food service and food sanitation

(1) Food requirements: Meals for patients or residents on general diet shall be of adequate quantity and quality, well balanced, and sufficiently varied. A record shall be kept of the menu served at each meal.

(2) Milk and ice: All fluid milk for use shall be pasteurized in conformity with the requirements prescribed by the Commissioner of Agriculture, Dairy, and Food.

Ice used in contact with food or drink shall be obtained from a source acceptable to the State Agency and shall be handled and dispensed in a sanitary manner.

(3) Facilities for preparing and serving food: A kitchen for the proper preparation and serving of food shall be maintained in a room or rooms separate from the dining room. It shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils.

(4) Hand-washing facilities: Hand-washing facilities with hot and cold water, soap, and individual towels shall be accessible for the use of all food handlers.

(5) Food storage: Perishable food shall be stored in clean refrigerators of adequate capacity at temperatures less than 50 degrees Fahrenheit. Each refrigerator shall be equipped with a thermometer. Non-perishable food shall be stored off the floor in clean, well-ventilated rooms, free of insects and rodents.

(6) Garbage disposal: Garbage shall be disposed of in a manner acceptable to the State Agency. When stored, it shall be retained in water-

tight metal cans equipped wtih tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary manner.

(7) Dishwashing facilities and methods:

(aa) Either of the following methods may be employed in dishwashing.

(i) Manual: A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load. Water-heating equipment capable of maintaining the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain racks shall be a part of the three-compartment sink, and adequate space shall be available for the drainage. Dishes and utensils shall be air-dried.

(ii) Mechanical: Water pressure to the spray portion of the machine shall be 15 pounds per square inch or more. Hot water for rinsing shall be delivered to the dishwashing machine at a pressure of not less than 15 pounds per square inch and at a temperature of not less than 170 degrees Fahrenheit. The machines shall be equipped with thermometers that will accurately indicate the temperature of the wash water and rinse water. New dishwashing machines shall be of a make constructed in accordance with the recommendations of the National Research Council. Dishes and utensils shall be air-dried.

(bb) In order to protect the clean dishes and the utensils from contamination, proper storage space shall be provided.

(s) Restraints

(1) Disturbed patients not to be kept in home: Disturbed mental patients shall not be received or retained in a county nursing home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered disturbed mentally. If a patient or resident becomes suddenly disturbed, the person in charge of the home shall take temporary measures to protect such person and other persons in the home.

Instituting such temporary protection measures, the person in charge of the room shall place a special attendant on duty on the floor or in the section of the building in which such patient is restrained. No form of restraint may be used or applied in such manner as to cause injury to the patient. No door may be locked in a manner that will not permit immediate opening in case of emergency. A full record of the use of restraints or seclusion shall be kept.

(t) Reports and records

(1) Space for recording and filing: The admission, medical, and nursing records shall be maintained and made freely accessible to those responsible for the care of the patient. They shall be open to the inspection of representatives of the State Agency.

(2) Admission and death records: Admission and death records shall be kept as prescribed by the Minnesota State Board of Health in accordance with the provisions of Minnesota Statutes, Section 155.178. Such records shall be preserved. When a home is closing or ownership is being transferred, the licensee shall apply to the State Agency for instructions about disposition of the admission and death records.

(3) Physicians' orders: Physicians' orders shall be preserved with the record of the patient or resident.

(4) Annual report: An annual report of services furnished during the preceding year shall be submitted to the State Agency on forms furnished for this purpose.

(u) Fire protection

(1) Fire Marshal approval required: Fire protection shall be provided in accordance with the requirements of the State Fire Marshal. Approval by the State Fire Marshal of the fire protection of an institution shall be a prerequisite for licensure.

(v) Special requirements for county nursing homes

(1) Supervising nurse: A supervising nurse shall be in charge of the nursing service. She shall be either a registered nurse or a licensed practical nurse. The supervising nurse shall have the necessary authority and be held responsible for the nursing service required in the care of patients. She shall be responsible for records pertaining to nursing care, including the obtaining of orders from physicians. Nursing supervision shall be maintained during vacation or other relief periods. The State Agency shall be notified of any changes in the position of supervising nurse.

(2) Night attendant: In homes licensed for the care of twelve or more persons, there shall be at least one person dressed and on duty during the night. A night attendant shall be on duty in smaller homes if the condition of the patients or other factors, such as remoteness of personnel quarters from patients' room, require.

(3) Personnel record to be kept: The names, qualifications, and references of all nursing personnel shall be kept on file for inspection by the representatives of the State Agency.

(4) Practitioner to be designated: Each patient or his guardian or the agency responsible for his care shall designate a licensed practitioner of the healing arts for the supervision of the care and treatment of the patient during his stay in the nursing home.

(5) Admission examination required: The admission record shall contain a diagnosis of illness and definite instructions about care and treatment of the patient and shall be signed by a duly licensed practitioner of the healing arts. Every individual admitted to a county nursing home shall have a chest x-ray prior to admission and, if the need is indicated, to be followed by chest films at six-months intervals.

(6) Order for treatment required: No medication or treatment shall be given a patient in a nursing home except on a written order signed by a licensed practitioner of the healing arts.

(7) Emergency care: Every nursing home shall designate one or more duly licensed practitioners to be called in emergency when the patient's physician is not available.

(w) Provision for isolation

(1) Isolation area: Each home in which patients do not have private rooms shall be prepared to make available a suitable screened area that can be used for seriously ill or terminal cases or for temporary isolation of a communicable disease case that may develop after admission.

(x) Facilities for nursing care

(1) Equipment for nursing care: There shall be adequate equipment for nursing care in accordance with the number and type of patients accepted at the home.

(aa) For each patient confined to bed, there shall be provided individual equipment as follows:

Bed pan, wash basin, bath blanket, mouth-wash cup, emesis basin, thermometer, signal device.

(bb) General equipment shall include supplies and equipment for common nursing procedures, such as enemas, dressing, catheterization, collection of specimens, and administration of medicines, including hypodermics, wheel chairs, invalid walkers, and other aids as necessary for obtaining ambulation of patients; comfort devices, such at hot water bags, invalid rings, back rests, and food cradles; weight scales; bed rails; and rubber gloves, tongue depressors, and other equipment that may be required for the examination of patients.

(2) Bed screens: Bed screens or curtains shall be available for use in all multi-bed rooms to insure privacy for patients.

(3) Facilities for handling equipment: Space and facilities shall be provided for the proper cleansing, disinfection, sterilization, and storage of nursing supplies and equipment. A cleansing sink, a flushing rim hopper, or other disposal sink shall be provided in all homes caring for eight or more patients.

(4) Medicine cabinet: A specially designated medicine cabinet or closet of sufficient size shall be provided for drugs supplies and individual prescriptions. This cabinet shall be conveniently located and adequately illuminated. It shall be kept locked. All narcotics shall be stored in a separate, locked compartment. Unused portions of narcotic drugs shall be forwarded to the office of the District Supervisor, Federal Bureau of Narcotics, Minneapolis. (A federal permit is necessary for the purchase of narcotics for stock use. Application for this permit must be approved by the State Board of Health. This approval is based on the proper storage of narcotics and the maintenance of a record book of narcotics in a form prescribed by the State Board of Health. This record shall contain the date, hour, name of patient, name and registration number of physician, kind of narcotic, dose, and name of person by whom administered.)

(5) Handling of medication: The contents of all individual prescriptions shall be kept in the original container, bearing the original label, on which should be the prescription number. On discharge of a patient, any unused portions of individual prescriptions left in the home shall be destroyed.

(6) Nursing records: A nursing record shall be kept for every patient admitted to the home. The record shall contain the date, hour, and condition of the patient at the time of admission, as well as pertinent observations at intervals of not more than four hours of the condition of the patient during the first 24 hours and as often thereafter as required by the condition of the patient.

Effective Date — July 4, 1956

REPEAL

DPW 54 Aid to the Blind

(a) This rule governs the resources in real and personal property that are within the eligibility limits of Aid to the Blind.

(b) An applicant or recipient of Aid to the Blind may, together with spouse, have an equity in real property not exceeding $15,000. The county agency may waive this limitation on assets when the liquidation of such assets would cause undue hardship.

(c) A single applicant or recipient of Aid to the Blind may have up to $2,000 in undifferentiated liquid assets, except that $750 may be in the form of a prepaid funeral contract.

(d) An applicant or recipient and spouse may have up to $4,000 in undifferentiated liquid assets, except that each may have $750 in the form of a prepaid funeral contract.

(e) This rule is promulgated under the necessity to conform with federal requirements and under the authority of Chapter 13, Extra Session Laws, 1971.

Effective Date -- December 6, 1971

#2

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS

COMMISSIONER OF PUBLIC WELFARE

DPW-76-009-PE

In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare.

ORDER FOR HEARING

The Commissioner of the Minnesota Department of Public Welfare deems it necessary to consider adoption of the proposed amendment to Rule 57 and the proposed repeal of Rules 7, 27, 29, 48, 50 and 54 pursuant to the authority vested in her by Minnesota Statutes 1974, as amended.

NOW, THEREFORE, IT IS ORDERED this 24th day of May, 1976, that a public hearing on the proposed rules captioned above be held in the State Office Building Auditorium, St. Paul, Minnesota, on June 29, 1976, commencing at 9:00 a.m., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard concerning rules scheduled each day.

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

VERA J. LIKINS
COMMISSIONER, MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Dated: May 24, 1976

RECEIVED
JUN 7 1976
OFFICE OF HEARING EXAMINERS

STATE OF MINNESOTA

BEFORE VERA J. LIKINS

COUNTY OF RAMSEY

COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare.

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to Minnesota Statutes 15.0412, subd. 4 (1974), as amended, regarding the above-entitled matter, in the State Office Building Auditorium (Room 83), Wabasha Street (between Aurora and Fuller), St. Paul, Minnesota, on Tuesday, June 29, 1976, commencing at 9:00 A.M., and continuing until all representatives or other interested groups or persons have had an opportunity to be heard concerning amendment of Rule 57 and the repeal of the Rules 7, 27, 29, 48, 50 and 54, by submitting either oral or written data, statements or arguments. Statements or briefs may be submitted without appearing at the hearing. This hearing is authorized by Minnesota Statutes, Chapters 15, 246, 253A, 256, and 257.

Attached hereto and expressly incorporated by reference is a schedule giving a summary of the specific rules (number, title and description) to be heard. The rules will be heard in the order they are listed.

Under Minnesota Statutes 10A.01, subd. 11 (1974), any individual representing persons or associations attempting to influence administrative action, such as promulgation of these rules, must register with the State Ethics Commission as a lobbyist within five (5) days of the commencement of such activity by the individual (The State Ethics Commission is located at Room 410, State Office Building, St. Paul, Minnesota 55155.)

Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand and may be presented either orally or in writing at the public hearing or by mailing a statement to Peter Erickson, Office of Hearing Examiner, 1745 University Avenue, St. Paul, Minnesota 55104, within 20 days following conclusion of the hearing. If the person submitting a written document cannot be present to read his statement at the eharing, the document will be entered into the record. For those persons wishing to submit written statements or exhibits, it is requested that at least three (3) copies of each statement, exhibit or summary be furnished at the hearing. It is suggested that to save time and avoid duplication, those organizations or associations sharing common viewpoints or interests in these proceedings join together where possible and present a single statement on behalf of such interests. All statements submitted should clearly identify the rule number to which the statement pertains.

Copies of the rules are now available and a free copy may be obtained by writing: Sue Wierstad, Minnesota Department of Public Welfare, Manuals Section, Fourth Floor, Centennial Office Building, St. Paul, Minnesota 55155. Additional copies will be available at the door on the date of the hearing.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins

VERA J. LIKINS
Commissioner

Dated: May 24, 1976.

Proposed Amendment to Rule 57:

1. Rule DPW 57, Minnesota Supplemental Aid, governs the adminsitration of Minnesota Supplemental Aid Program.

   The proposed amendment to this Rule sets forth policy in the area of allocation of income to dependents. It is the result of a court decision and currently the subject of Emergency Rule 57A.

The proposal is to repeal the following rules:

1. Minnesota Rule DPW 7, Standards for Institutions serving Individuals Who Are Retarded, governs the operation of any institution engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necesary for such an institution to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training, and/or treatment, and other aspects of care needed for retarded individuals on a 24-hour basis.

   Rule DPW 7, originally promulgated under Minnesota Statute, 257.081, in 1970, has been superseded by Rule DPW 34, promulgated under Minnesota Statutes, 252.28, in 1973.

2. Rule DPW 27, Reporting Financial Information, provides the procedure for county welfare boards to ascertain the financial resources of patients or the relatives legally responsible for their care in state institutions for mentally deficient or epileptic persons and report their findings to the Department of Public Welfare in the manner prescribed by the State Agency.

   This rule has been superseded by Minnesota Statutes, 246.50 through 246.55 which places the responsibility of reporting financial information on the Commissioner of Public Welfare.

3. Rule DPW 29, Cost of Care for Patients Admitted and Held for Care and Treatment Pending Commitment Hearing, governs the cost of care for any patient who is admitted to a mental hospital under control of the Commissioner of Public Welfare and is held temporarily for observation, evaluation, diagnosis, or treatment while awaiting a hearing.

   This rule does not appear necessary since it does nothing more than repeat what is stated in Minnesota Statute, 253A.10, the Minnesota Hospitalization and Commitment Act.

4. Rule DPW 48, Old Age Assistance and Claims, governs the enforcement of Old Age Assistance liens and claims.

   The Old Age Assistance Lien Law, Minnesota Statutes, 256.26, was in effect from January 1, 1940, to the date of its repeal on April 11, 1973, by the enactment of Chapter 78, Laws of 1973. The Old Age Assistance Program was repealed by Section 33, Chapter 717, Laws of 1973, effective January 1, 1974, when responsibility for the primary maintenance support of needy persons 65 years and over, was assumed by the Federal Social Security Administration under the new Supplemental Security Income for Aged, Blind and Disabled Program. Therefore, the need for Rule #48 ceased to exist after April 11, 1973.

5. Rule DPW 50, County Nursing Home Standards, provides minimum standards for county nursing homes.

   Minnesota Laws, 1973, Chapter 139, transferred all the licensing and related functions that the Commissioner had regarding county nursing homes to the Board of Health.

6. Rule DPW 54, Aid to the Blind, governs the resources in real and personal property that are within the eligibility limits of Aid to the Blind.

   The Aid to the Blind statute was repealed by Section 33, Chapter 717, Laws of 1973, effective January 1, 1974, when the Federal Social Security Administration took over financial support of needy blind persons under the new SSI program.

MAILING FOR JUNE 29th HEARING

87 County Welfare Departments

State Hospitals

Human Service Boards

Secretary of State's List

The above were sent a Notice of Hearing 30 days prior to hearing.

Ken Kober
Willmar State Hospital
Willmar, Minnesota

Charles Kroeger
122 N. W. 7th St.
Faribault, Minnesota 55021

Chrysalis Advocacy
2104 Stevens Avenue, So.
Minneapolis, Mn. 55404

W. J. "Chum" Bohr
Executive Vice President
Minnesota Restaurant Association
2001 University Avenue
St. Paul, Minnesota 55104

Joyce M. Schowalter, R.N.
Executive Director
Minnesota Board of Nursing
Minneapolis, Minnesota

Mr. Ronald Johnson
Asst. Administrator
Cook Nursing Home
2501 Rice Lake Road
Duluth, Minnesota 55811

Donald J. Ferguson
Administrator
Chisago Lakes Hospital
Chisago City, Minnesota 55013

John Fjelstul, Director
Cass County Department of
Social Services
P. O. Box 519
Walker, Minnesota 56484

Roger A. Elverhoy, Director
Business Management Division
St. Louis County Welfare
422 W. Third Street
Duluth, Minnesota 55806

Mr. George Meirick, ACSW
Coordinator
Neighborhood Services Division
Catholic Welfare Services of
Minneapolis
404 South 8th Street
Minneapolis, Minnesota 55404

Duane F. LeBrun, Director
Redwood County Welfare Department
P. O. Box 27
Redwood Falls, Minnesota 56283

The above represent those who requested and were sent copies of the rules.

PUBLIC WELFARE

Allin, Kent, Welfare Advocacy Unit, 370 Selby Ave., St. Paul 55102
Blade, Joe -Mpls Star, 425 Portland Ave.,Mpls. 55488

Community Mental Health Board of the Northern Pines Mental Health Center, 103-105 1st St. S.E., Little Falls 56345
Curtis, Dr. E.Louis, Prof.Education, U of M., Morris 56267

Deephaven Montessori School, Inc. 188 So. Circle A Drive, Wayzata 55391

Goldberg, Paula, 5315 James Ave. S., Mpls. 55419

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

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

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

Lutheran Soc.Service,Attn.H.L.Paulsen, 2414 Park Ave S.,Mpls. 55404

Minneapolis & Hennepin County Mental Health Clinic,619 S. 5th St.,MPls., 55415
Minn.Ass'n for Ed. Young Children,373 So.Griggs-MidwayBldg,1821 Univ.St.Paul55104
Minnesota Legislative Comm. of Blind, 1605 Eustis, St. Paul 55108

Minn. State Pharmaceutical Ass'n., 2388 Univ. Ave. St.Paul 55104

Moratzka, Timothy, 1304 Vermillion St., Hastings 55033

Neff, Dr. Walter S., Virginia 55792

Northland Mental Health Center, 415 S. Pokegema, Grand Rapids 55744

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

Sister Letitia M. Close, B.V.M., 415 Summit Ave., St.Paul 55102

Southwestern Mental Health Center, 306 N. McKenzie St., Luverne 56156
Upper Mississippi Mental Health Center, Attn: Dr. Howard C.Reid,510Beltrami Av. Bemidji 56601

Veterans' Affairs, Veterans Service Bldg., St. Paul 55155

Welfare Rights Organization,% Stephen Parsons, 1118 Newton Av.No.Mpls.55411

West Central Mental Health Center, 323 W. 6th St., Willmar 56201

706 1ST ST SO PO BX 878
WILLMAR MN
56201

2172 CAPITOL AVE
ST PAUL MN
551[illegible]

SENATE GOV OP COMM
RM 303 STATE CAPITOL
ST PAUL MN
55155

SHABATURA EUGENE H
2833 LAKE AVE SO
DULUTH MN
55811

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

SITE ENGINEERS INC
900 REDWELL LANE
APPLE VALLEY MN
55124

SMITH MICHAEL
1423 NEWTON AVE N
MPLS MN
55411

SNELL LYN
BOX 314
EDEN VALLEY MN
55329

SODERMAN ANTHONY
152 S PLAZA BLDG
MPLS MN
55416

STANSFIELD ARLENE LAND CLKS
PO BOX 116
MPLS MN
55440

STD AM LIFE & ANNUITY CO
3801 W 80TH ST
MPLS MN
55410

STEELWORKERS CREDIT UNION
BOX 250
BABBITT MN
55706

STUPKA & MOREM
MIDTOWN BLDG
AUSTIN MN
55912

SULLIVAN J KIRK
PO BOX 200
BOISE ID
83701

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

SWANSON DALE
P O BOX 339
FOREST LAKE MN
55025

TATE VERN 3M CO
3M CENTER 220/6W
ST PAUL MN
55101

TIMESAVERS INC ATT R S VOLD
5270 HANSON COURT
MPLS MN
55422

TOUCHE ROSS & CO K H STOCKE
780 NORTHSTAR CNTR
MPLS MN
55402

UNION STOCK YARDS
ATTN PRES
SO ST PAUL MN
55075

700 TORREY BLDG
DULUTH MN
55802

DEPT SECONDARY ED UOF M
DLLLTH MN
55[redacted]

VOSS REV GORDON O
11120 NE 7TH ST
BLAINE MN
55434

VOS LEROY
2137 BURNS AVE
ST PAUL MN
55119

WALTERS THOS H
4510 W 77TH ST STE 235
MPLS MN
55435

WELLINGTON R R SKELLY OIL
PO BOX 1650
TULSA OK
75102

WESTIN CHAS W
220 MEDICAL ARTS BLDG
DLLLTH MN
55802

WILCOX J PATRICK
1220 NORTHERN FED BLDG
ST PAUL MN
55102

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

WIS FEEDER PIG MARKET CO-OP

FRANCIS CREEK WI

WOLKERSTORFER THEODORE
676 17TH AVE NW
NEW BRIGHTON MN
55112

220 GRAIN EX 400 S 4TH
MPLS MN
55415

707 DEGREE OF HONOR BLD
ST PAUL MN
55101

ANCHOR BLOCK COMPANY
PO BOX 3360
ST PAUL MN
55165

ANDERSON GRAHAM
951 E HENN
MPLS MN
55414

ANDERSON JAMES
7703 NORMANDALE RD
MPLS MN
55435

ANDERSON STANFORD P
14600 MINNETONKA BLVD
MINNETONKA MN
55343

ARROWHEAD REGIONAL DEV COMM
900 ALWORTH BLDG
DULUTH MN
55802

ARVER JOHN A
2467 COHANCY
ST PAUL MN
55113

ASSOCIATED INDUST OF MPLS
NATIONAL BLDG
MPLS MN
55402

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

BABCOCK LOCHER NELSON ET
118 E MAIN ST
ANOKA MN
55303

BARTHOLOW HAROLD E FIRE CHF
2600 109 AVE N W
COON RAPIDS MN
55433

BECK PAT
953 HYACINTH AVE
ST PAUL MN
55106

BEMIDJI STATE COLLEGE
PLACEMENT BUR.J.C.BRADY
BEMIDJI MN
56601

BENSONI PETER USW OF AM
609 PROVIDENCE BLDG.
DULUTH MN

BEST FLANAGAN ET AL
4040 IDS CENTER
MPLS MN
55402

BEUTEL ROBERT
2200 SILVER LAKE RD
NEW BRIGHTON MN
55112

BREHL JAMES W
332 HAMM BLDG
ST PAUL MN
55102

BRIGGS & MORGAN - B F FRI
2200 W 1ST NATL BK BLDG
ST PAUL MN
55101

BROOKS WILLIAM F JR
854 MIDLAND BK BLDG
MPLS MN
55401

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

BURTON HALL
MPLS. MN
55455

5044 BRENT AVE E
INV GRV HTS MN
55075

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

BUSCH NOEL
3131 FERNBROOK LANE N
MPLS MN
55441

CAIRNS JOHN A
47TH FLR IDS CENTER
MPLS MN
55402

CARLSON CARL L
7516 80TH ST S
COTTAGE GROVE MN
55016

CENTRAL BUSINESS DATA
BENSON RADIO ARCADE BLD
BENSON MN
56215

CENTRAL MN REGIONAL DEV C
1139 FRANKLIN AVE
SAUK RAPIDS MN
56379

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

CHRISTIAN SCI COMM ON PUB
1821 UNIV AVE SUITE 271
ST PAUL MN
55104

CITY CLERK
386 CITY HALL
ST PAUL MN
55102

CITIZENS LEAGUE
530 SYNDICATE BLDG
MPLS MN
55402

COLEMAN NICHOLAS D
700 LINWOOD AVE
ST PAUL MN
55105

COLLIN LAURENCE
RT 2
ISANTI MN
55040

CONSUMER SERVICES DEPT COMM
5TH FLR METRO SQ BLDG
ST PAUL MN
55101

COUNTY ATTYS COUNCIL
95 SHERBURNE AVE S203
ST PAUL MN
55103

CROW WING CO PLANNING & ADV
COURT HOUSE
BRAINERD MN
56401

CUSHMAN J S DAYTON HUDSON
700 NICOLLET MALL
MPLS MN
55402

DANKERS, KENNETH
1200 WEST FOURTH STREET
RED WING MN
55066

DANIELSON RODNEY L
418 AUDITORIUM
ST PAUL MN
55102

DICKINSON MRS JOANNE
BOX 1065
MARSHALL MN
56258

DIEHL JOHN
26 KENWOOD PKWY
ST PAUL MN
55105

525 OSBORN BLDG
ST PAUL MN
55102

MIDLAND MI
48640

DUNN CLIVER PLUMBERS LOC 15
708 SO 10TH ST
MPLS MN
55404

DZUGAN KEN ST PAUL PLANNI
421 WABASHA ST
ST PAUL MN
55102

ELDER DR JAMES B
11140 WASHBURN AVE SO
BLOOMINGTON MN
55431

ELDRED R W ARMOUR & CO
UNION STOCK YARDS
SO ST PAUL MN
55075

ENNIS A F BOISE CASCADE
PO BOX 713
INTL FALLS MN
56649

ENV SERV-GEN RESOURCE COR
6340 INDUSTRIAL DR
HOPKINS MN
55343

ESSE KENNETH
4801 W 50TH ST
EDINA MN
55424

ETHICS COMM
RM 410 STATE OFF BLDG
ST PAUL MN
55155

EWALD DOUGLAS MINN HOSP ASSN
2333 UNIV AVE SE
MPLS MN
55414

EWING MRS WM
42 ASTAR RD
BABBITT MN
55706

FARMERS ELEVATOR ASSN
852 GRAIN EXCH BLDG
MPLS MN
55415

FARRELL FRANK BUR NOR
RM 1180 176 E 5TH ST
ST PAUL MN
55101

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

FLADLAND CLINTON MN L&P B
796 RAYMOND AVE
ST PAUL MN
55114

FORBES GORDON MINN RRS ASSN
203 HANOVER 480 CEDAR
ST PAUL MN
55101

FORSBERG AGR SERV
518 SUMMIT AVE
NEW ULM MN
56073

FREDIN CONRAD M
811 FIRST NATL BK BLDG
DULUTH MN
55802

FREDRIKSON BYRON ET AL
47TH FLR IDS CENTER M
PLS MN
55402

GALVIN M J JR
W2162 1ST NATL BK BLDG
ST PAUL MN
55101

C/C BARBAROSSA R3
OSSEO MN
55369

200 CAPITOL SQ BLDG
ST PAUL MN
55101

HYLAND DEAN
1501 W 50TH ST
MPLS MN
55419

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

IVERSON DR JOS DEPT ED
ST OLAF COLLEGE
NORTHFIELD MN
55057

IZAAK WALTON LEAGUE MN DI
106 TIMES BLDG. 57 S 4TH
MPLS MN
55401

JAIN NIRMAL ENIV PROCESS
1220 GLENWOOD AVE
MPLS MN
55405

JENOS INC
525 LAKE AVE SO
DULUTH MN
55801

JOHNSON CLARENCE IBEW LU 292
3615 37TH AVE S
MPLS MN
55406

JOHNSON LEROY
9939 BLUEBIRD ST NW
COON RAPIDS MN
55433

KABLE RICHARD W

BETHEL MN
55006

KEENAN RICHARD J
4444 IDS BLDG
MPLS MN
55402

KEILY DANILE
3549 V2 PLEASANT AVE
MPLS MN
55408

KLUZ STEVEN J
1910 1ST NATL BK BLDG
MPLS MN
55402

KNOPP TIMOTHY
COLLEGE FORESTRY U OF M
ST PAUL MN
55108

KNUDSON ROBT
4375 BROWNDALE AVE
MPLS MN
55424

KOLLER MR & MRS ERWIN A
1568 DULUTH ST
ST PAUL MN
55108

KRONLOKKEN J E
10048 NORD RD
BLOOMINGTON MN
55437

[illegible] 80TH ST S
COTTAGE GROVE MN
55016

ST PAUL MN
55101

LARSON HANS P DIV HOSP SERV
717 DELAWARE ST SE
MPLS MN
55440

LEAGUE MN MUNIC
300 HANOVER 480 CEDAR
ST PAUL MN
55101

LINDALL & JONATHAN DEVELOP.
VILLAGE ONE CENTER
CHASKA MN
55318

LOCKNER GARY
R R 1 BOX 23
BAUDETTE MN
56623

LYNCH DONALD SIBLEY CO
184 E 6TH ST
ST PAUL MN
55102

MCGIBBON MRS SHIRLEY
11 EVERGREEN LN
BABBITT MN
55706

MCLELLAN LARKIN
215 ADM BLDG ST CAPITOL
ST PAUL MN
55101

MANKATO STAT STUDENT SENATE
CENTENNIAL STUDENT UN
MANKATO MN
56001

MANKATO STATE STUDENT AS
BOX 58 MANKATO COLLEGE
MANKATO MN
56001

MAUL WARREN E
320 S 4TH ST
MPLS MN
55415

MAYO FOUNDATION G ORWOLL
200 FIRST AVE NW
ROCHESTER MN
55901

MERRITT GRANT POLLUTION CONT
1935 W CO RD 32
ROSEVILLE MN
55113

MET TFR MEN ASSN A ROSENT
1821 UNIV AVE
ST PAUL MN
55104

MILLER RICHARD A
1020 PLYMOUTH BLDG
MPLS MN
55402

MILLER TOM
2311 PILLSBURY AVE S
MPLS MN
55404

MPLS STAR PRESS ROOM
STATE CAPITOL
ST PAUL MN
55101

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
55415

MPLS APT ASSN
[illegible]GS-MIDWAY BLDG
ST PAUL MN
55104

MN. ASN.C&IND H.D.PETERSO
480 CEDAR ST.
ST.PAUL MN
55101

55 SHERBURNE AVE
ST PAUL MN
55103

4901 W 77TH ST
MPLS MN
55435

MINN AUTOMOBILE DEALERS ASSN
GRIGGS MIDWAY BLDG
ST PAUL MN
55104

MINN COMM FOR HANDICAPPED
METRO SQ 492 7TH & ROBT
ST PAUL MN
55101

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

MINN DENTAL HYGIENISTS
5041 YVONNE TERRACE
MPLS MN
55436

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

MINN FOOD RETAILERS ASSN
555 WABASHA
ST PAUL MN
55101

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

MINN HWYS MANAGEMENT SERV
407 HWY BLDG
ST PAUL MN
55101

MINNE MINE CREDIT UNION
3000 HUDSON PK S 100
ST PAUL MN
55119

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

MN REP STATE CENTRAL COMM
555 WABASHA AVE
ST PAUL MN
55102

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

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

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

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

MINN STATE MED ASSN
375 JACKSON ST
ST PAUL MN
55101

MINN TBR PRODUCERS ASSN
200 CHRISTIE BLDG
DULUTH MN
55802

MINN.TURKEY GROWERS ASSN
2383 UNIV AVE
ST PAUL MN
55114

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

MN PUB INT RESEARCH GROUP
3036 UNIV AVE SE
MPLS MN
55414

COLLEGEVILLE MN
56321

FOLEY MN
56329

MUELLER SHIRLEY A
787 W COTTAGE AVE
ST PAUL MN
55117

NATL COUNCIL JEWISH WOMEN
4330 CEDAR LK RD
MPLS MN
55416

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

NEDELL HAROLD - MEINEKE
6300 W LOOP S SUITE 200
BELLAIRE TX
77401

NEREN MADONNA
376 NEAL AVE S
AFTON MN
55001

NIELSEN STOCK & BLACKBURN
415 730 BLDG
MPLS MN

NO SUB MONTESSORI-S SADDL
2487 HELEN COURT
NO ST PAUL MN
55109

NURSING HOME ADMRS BD EXAMRS
RM 340 717 DELAWARE SE
MPLS MN
55414

NUTTER JULIA
743 W MONTANA
ST PAUL MN
55117

O'BRIEN J.DENNIS
1100 1ST NATL.BANK BLDG
MINNEAPOLIS MN
55402

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
ST PAUL MN
55101

OSTRUM DONALD E
PO BOX 33163
COON RAPIDS MN
55433

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

PAYNE COL ALVIN

DEGRAFF MN
56233

PAYNE WM B
2400 FIRST NATL BK BLDG
MPLS MN
55402

PFEIFER AND SHULTZ, INC
1433 UTICA AVE S
MPLS MN
55416

PHAR MFGRS ASSN WM D PATT
1155 15TH ST NW
WASHINGTON DC DC
20005

POPOVICH PETER S
314 MINN BLDG
ST PAUL MN
55101

PORTER LYLE O

TRACY MN
56175

6301 SHINGLE CREEK PKWY
BROCKLYN CTR MN
55430

BOX 675
FERGUS FALLS MN
56357

PULSCHER RBT SPRINGSTED INC
813 OSBORN BLDG
ST PAUL MN
55102

RANALLO CLARENCE
800 CENTRAL AVE N E
MPLS MN
55413

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

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

REID DAVID H
5633 WASHBURN AVE S
MPLS MN
55410

RENQUIST ARTHUR NSP CO
414 NICOLLET MALL
MPLS MN
55401

RICHARDSON THOS
7851 METRO PKWY S 103
MPLS MN
55420

ROBBIE JOSEPH
904 CARGILL BLDG NO CTR
MPLS MN
55402

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

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

SAX DOVE & STENSON
310 ENDICOTT BLDG
ST PAUL MN
55101

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

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

SCHLICHT REV ROBT
611 W MAIN ST
BELLE PLAINE MN
56011

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

SCHNEIDER MAHLON
GREEN GIANT
LESUEUR MN
56058

SCHWERMAN EARL JR
1535 8TH AVE SE
ROCHESTER MN
55901

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

STATE CAPITOL
ST PAUL MN
55101

SHARP BOB
4025 HIGHWOOD RD
ST LOUIS PK MN
55416

SLOCUM CHARLES A
1203 IDS TOWER
MPLS MN
55402

SNYDER ROBERT W
248 CG B U OF M
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

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

SWANSON GERALD H
212 CITY HALL
ROCHESTER MN
55901

THOMPSON CONRAD
1107 23RD ST NW
ROCHESTER MN
55901

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

VAN CLEVE JOHN H
2101 HENN AVE
MPLS MN
55405

113 STATE CAPITOL
ST PAUL MN
55101

SHAW ROBERT M
616 MOBIL OIL BLDG
MPLS MN
55402

SMERIKA WN.
BOISE CASCADE PAPERS
INTL FALLS MN
56649

SODERBERG HAROLD J
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

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

STOLPESTAD BROWN & SMITH
1550 NW BK BLDG
ST PAUL MN
55101

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

SWEITZER R L HONEYWELL IN
2701 4TH AVE S
MPLS MN
55408

THOMPSON HESSIAN ET AL
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

VAN DRAKE STEPHEN R
BOX 353
PELICAN RAPID MN
56572

VILLAGE OF [illegible]
561 TOWER DRIVE
NEWPORT MN
55055

IDS 8TH & MARQUETTE
MPLS MN
55402

WALD JEAN
5746 SANDER DR
MPLS MN
55417

WANQUIST ALLEN
RM 252 FEDERAL BLDG
ST PAUL MN
55101

WELK G V NORTHERN STATES
414 NICOLLET MALL
MPLS MN
55401

WHITING RALPH
555 WABASHA SUITE 204
ST PAUL MN
55102

WHITLOCK A G
ECON LAB OSBORN BLDG
ST PAUL MN
55102

WILEY ENTERPRISES
101 5TH AVE SE
CSSEO MN
55369

WILSON R GARY PPG INDUST.
1 GATEWAY CENTER
PITTSBURGH PA
15222

WCZNIAK D D
401 FIRST FED BLDG
ST PAUL MN
55101

WYANT CLINTON W ATTY

ATKIN MN
56431

566 JACKSON ST
ST PAUL MN
551[illegible]

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

AM INST PROF GEOLOGISTS
2201 PRINCETON AVE
ST PAUL MN
55105

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

ANDERSON HAROLD
BOX 3047
MANKATO MN
56001

ANTHONY DICK WDSM RADIO
230 E SUPR ST
DULUTH MN
55102

ARNOLD ROBERT MESPA
41 SHERBURNE
ST PAUL MN
55103

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

ASSOCIATED GEN CONTROF MN
48 E 8TH STREET
ST PAUL MN
55101

ASSN RESIDENCES FOR RETARDED
459 RICE SUITE 301
ST PAUL MN
55103

AUTOMOBILE MFRS ASSN INC
55 SHERBURNE AVE
ST PAUL MN
55103

BADALICH JOHN P
2025 THOMPSON AVE
SO ST PAUL MN
55075

BARRETT FRED
ST LOUIS CO COURT HOUSE
DULUTH MN

BECKLIN ROBERT C
447 N W 4TH
CAMBRIDGE MN
55008

BEECHER EVERETT
10 10 1ST ST SO
HOPKINS MN

BERGERUD ALF
300 ROANOKE BLDG
MPLS MN
55402

BERGSETH THOMAS
1011 NICOLLET MALL
MPLS MN
55403

BLOMQUIST BARRY L
NORTH BRANCH MN
55056

BLOOMINGTON CITY CLERK
2215 W OLD SHAKOPEE RD
BLOOMINGTON MN
55431

BRIGHAM E M III
RR4
RED WING MN
55066

BROEKER JOHN
2850METRO DR. SUITE 504
BLOOMINGTON MN
55420

4961 KINGSBERRY LANE
MINNETONKA MN
55343

208 ADM BLDG
ST PAUL MN
55101

BURGER ALBERT
600 DEGREE OF HONOR BLD
ST PAUL MN
55101

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

CAIN RUTH
730 E 38TH ST
MPLS MN
55407

CARLSON VERNE E
BOX 755 CITY HALL
WILLMAR MN
56201

CARRISON DALE K
MANKATO STATE COLLEGE
MANKATO MN
56001

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

CHAMBERLAIN JOHN L
PO BOX 241
MPLS MN
55440

CHRISTIANSEN FREDRIK
RM 505 CAPITOL SQ BLDG
ST PAUL MN
55155

CHRYSALIS CENTER FOR WOMEN
2104 STEVENS AVE S
MPLS MN
55404

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

CLAUSEN PHILLIP
2307 STANDISH ST
ST PAUL MN
55108

COMMUNITY DESIGN CENTER
118 E 26TH ST
MPLS MN
55404

CONCORDIA COLLEGE
DEAN
MOORHEAD MN
56560

CRAVEN NORMAN
10637 THOMAS AVE S
BLOOMINGTON MN
55431

DAILEY THOMAS ECONOMICS LAB
370 WABASHA ST
ST PAUL MN
55102

DAYTON CHAS SIERRA CLUB
800 MIDLAND BANK BLDG
MPLS MN
55401

DEVELOP DISABILITIES PROGRAM
STATE PLAN 101 CAP SQ
ST PAUL MN
55155

PRESS RM STATE CAPITOL
ST PAUL MN
55101

2400 1ST NATL BANK BLDG
MPLS MN
554

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

DUDLEY E F
RT 7 BOX 122
EXCELSIOR MN
55331

EBELING EDWARD H.
161 W. MAIN
PERHAM MN
56573

ELMER EDWIN W
2901 PLEASANT AVE
MPLS MN
55408

EMERICK RICHARD A
1900 IDS CENTER
MPLS MN
55402

ERDMAN ROGER TENNANT CO.
701 N LILAC DR
MPLS MN
55441

ERNEST K LEHMANN & ASSOC.
1409 WILLOW ST.
MPLS MN
55403

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

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

FAEGRE & BENSON ATTN LIBR
1300 NW BANK BLDG
MPLS MN
55402

FELHABER R S
W 1ST NATL BANK BLDG
ST PAUL MN
55101

FINLEY JAMES F
920 MINN BLDG
ST PAUL MN
55101

FLEMING FREDERICK A
1860 HIGHLAND PARKWAY
ST PAUL MN
55116

FITZGERALD DR BOB
3007 LYNDALE AVE SO
MPLS MN
55408

FOX W.E. LINDQUIST & VENNUM
4200 IDSCTR 80 S.8TH ST
MINNEAPOLIS MN
55402

FRANKLIN ROBERT B MPLS TRIB
426 PORTLAND
MPLS MN
55415

FURLONG DR JOHN
RT 1
BOVEY MN
55709

F W WOOLWORTH CO
3316 W 66TH ST
EDINA MN
55424

515 WASHINGTON AVE N
MPLS MN
55401

220 GRAIN EXCH
MPLS MN
55[redacted]

GIEL DAVID
RM B-28 STATE CAPITOL
ST PAUL MN
55155

GLEESON MICHAEL
909 SOC SC BLDG U OF M
MPLS MN
55455

GRAHAM THOS H
854 MIDLAND BK BLDG
MPLS MN
55401

GRANATH MARVIN -HONEYWELL
2701 4TH AVE SO
MPLS MN
55408

GREEN GARY J
41 SHERBURNE AVE
ST PAUL MN
55102

GREEN JANET
9773 N SHORE DR
DLLLTH MN
55804

H B FULLER CO
2400 KASOTA AVE
ST PAUL MN
55108

HAROLD J WESTIN CONSTRUCTORS
45 E 8TH ST
ST PAUL MN
55101

HARVEY MICHAEL
1350 W M HAHA PKWY
MPLS MN
55409

HAYES, THOMAS W
700 SELLWOOD BLG
DULUTH MN
55812

HEALTH MANPOWER C LARSON
717 DELAWARE ST SE
MPLS MN
55440

HARTFELDT WILL
434 HAMM BLDG
ST PAUL MN
55102

HEAD & TRUAN
1007 SOO LINE BLDG
MPLS MN
55402

HEISENFELT WM
BOX 516
BEMIDJI MN
56601

HICHINGER-MARK PLANNING
421 WABASHA ST
ST PAUL MN
55102

HOLCAHL SCOTT
380 N BLDG GRAIN EXCH
MPLS MN
55415

HOLEY GEC AERONAUTICS
DOWNTOWN AIRPORT
ST PAUL MN
55107

HORNER WALDORF - KAZIUKEWICZ
PO BOX 3260
ST PAUL MN
55165

HOULE MELVIN
881 W HWY 96
SHOREVIEW MN
55112

RM 17 STATE CAPITOL
ST PAUL MN
55155

PO BOX 130
WILLMAR MN
56201

HUNT JAMES P JR
11470 GALTIER DR
BURNSVILLE MN
55378

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

ILLINGWORTH ROBT C
6750 FRANCE AVE S
MPLS MN
55435

INGEBRIGTSEN DR K H
23 SE 4TH ST
MPLS MN
55414

INTERSTATE POWER RW STEELE
1000 MAIN ST
DUBUQUE IA
52001

ILOE LOC 49 CHAS SWENSON
2580 UNIV AVE
ST PAUL MN
55101

JACKMAN DONALD G
4023 E LAKE ST
MPLS MN
55406

JENSEN CARL A
127 E MAIN ST
SLEEPY EYE MN
56085

JOHNSON & SANDERSON
ST MARYS HOSPITAL
ROCHESTER MN
55901

JOHNSON M.D. FRUNDT & FRUNDT
BLUE EARTH MN
56013

JOHNSON LANCE J
265 S LAFAYETTE RD
ST PAUL MN
55107

KAVANEY RICHARD
1220 NORTHERN FED BLDG
ST PAUL MN
55102

KEABLE MIKE
905 6TH AVE N
ST CLOUD MN
56301

KIMBALL ROBERT
647 CAPITOL SQ BLDG
ST PAUL MN
55101

KLOSTER MARION PEAVEY CO
730 2ND AVE S
MPLS MN
55402

KNUTSON DR KEITH, BIOLOGY DPT
ST CLOUD STATE
ST CLOUD MN
56301

KNUTSON R A GRANNIS ETAL
F J SCHULT BLDG
ST ST PAUL MN
55075

KOPP MRS VERNON
2050 65TH ST E
INVER GR HGHT MN
55075

KRAMER ERNEST W
717 DELAWARE ST SE
MPLS MN
55440

828 FIRST AM. BK. BLDG.
DULUTH MN
55802

ST PAUL MN
55[illegible]

LAPP LAZAR LAURIE ET AL
1200 BUILDERS EXCHANGE
MINNEAPOLIS MN
55402

LARSON C L
3800 MINNEHAHA AVE SO
MPLS MN
55406

LEAGUE WOMEN VOTERS OF MINN
555 WABASHA
ST PAUL MN
55102

LIBBEY LEONARD
BOX 17011 NOKOMIS STA
MPLS MN
55417

LOOS CALVIN J
6809 LYNDALE AVE SO
MPLS MN
55423

LOWE DOUG
2701 N LEXINGTON AVE
ROSEVILLE MN
55113

MCDONALD PHILIP M
2077 SELBY AVE
ST PAUL MN
55104

MCFADDEN G H DISPATCH-PRESS
55 E 4TH ST
ST PAUL MN
55101

MALONE E I COMM LABOR & INDU
444 LAFAYETTE RD 5TH FL
ST PAUL MN
55101

MANTHEY T J PICKANDS MATHER
1100 SUPERIOR AVE
CLEVELAND OH
44114

MASTOR & MATTSON LTD
315 PEAVEY BLDG
MPLS MN
55402

MECCA
867 GRAND AVE
ST PAUL MN
55105

MEIEROTTO, JOAN
1794 SO LEXINGTON
ST PAUL MN
55116

METROPOLITAN COUNCIL LIBRARY
300 METRO SQUARE
ST PAUL MN
55155

MIDLAND GLASS- HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MPLS CHAMBER COMM TRANSP DPT
15 S 5TH ST
MPLS MN
55402

MPLS CITY ATTORNEY
325M CITY HALL
MPLS MN
55415

MIDLAND GLASS-HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MILLER PAUL J PHARMACY SERV
ST MARYS HOSP
ROCHESTER MN
55901

414 AUDITORIUM ST
ST PAUL MN
55102

555 WABASHA RM 209
ST PAUL MN
551

MINN. ASSN. PET RETAILERS
1115 2ND AVE. SO.
MINNEAPOLIS MN
55403

MINN ASSN WATERSHED DIST'S

ADA MN
56510

MINN COMMUNITY DEVELOP SERV
512 ROSSMOR BLDG
ST PAUL MN
55101

MINN COUNCIL STATE EMP NO 6
475 RICE ST
ST PAUL MN
55103

MINN ELECTRICAL ASSN INC
525 SO 7TH
MPLS MN
55415

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

MINN HEREFORD-LJ SCHAFER

BUFFALO LAKE MN
55314

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

MINN LAND USE COMMITTEE
4344 IDS CENTER
MPLS MN
55402

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

MINN PETROLEUM COUNCIL
1020 NORTHERN FED BLDG
ST PAUL MN
55102

MINN POULTRY & HATCHERY ASSN
BOX 156
MADELIA MN
56062

MINN RETAIL FEDERATION
7600 PARKLAWN STE 457
MPLS MN
55435

MINN RETAIL HARDWARE ASSN
3033 EXCELSIOR BLVD 313
MPLS MN
55416

MINN STATE BAR ASSN
100 MINN FED BLDG
MPLS MN
55402

MINN STATE BD PHARMACY
717 DELAWARE ST SE #351
MPLS MN
55414

MINN STATE RETIREMENT SYSTEM
529 JACKSON ST
ST PAUL MN
55101

MINN TEAMSTERS CREDIT UNION
2021 HENN AVE E
MPLS MN
55413

MINN VETERANS MED ASSN
2175 W HWY 36
ROSEVILLE MN
55113

MINN WATER RESOURCES BD
RM 206 555 WABASHA ST
ST PAUL MN
55102

RM 301 M MPLS CITYHALL
MPLS MN
55415

MPIRG
BOX 45 ST MARYS COLLEGE
WINONA MN
55987

NASS GEO V HENN CO GEN HOSP
5TH AND PORTLAND AVE.
MPLS MN
55415

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

NESBITT JOHN
7851 METRO PKWY S 118
MPLS MN
55420

NORTH CENTRAL ELEC ASSN
PO BOX 202
BATTLE LAKE MN
56515

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

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

PETERSON JOHN W
510 NW BK BLDG
ST PAUL MN
55101

PHILLIPS LEGISLATIVE SERVICE
459 RICE ST
ST PAUL MN
55103

[redacted]
BLOOMINGTON MN
55[redacted]

MACK THOS R
100 STATE OFF BLDG
ST PAUL MN
55155

NATL CAR RENTAL ATT C MITZEL
5501 GREEN VALLEY DR
MPLS MN
55437

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

NELMAN RALPH W
RT 2 BOX 125
EMBARRASS MN
55732

NW COUNTRY ELEVATOR ASSN
802 GRAIN EXCH BLDG
MPLS MN
55415

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

OLOFSON ARTHUR MBD & MAINC
527 SOO LINE BLDG
MPLS MN
55402

PATTISON ORVIS
BOX 645
WILLMAR MN
56201

PETERSON GARY
854 MIDLAND BK BLDG
MPLS MN
55401

PINNETTI NICK M HALEY & ASS.
40 CENTRAL PARK S
NEW YORK NY
10019

330 MINNESOTA BLDG
ST PAUL MN
55101

PRAUSE JOS.C.
2220 105TH AVE.N.W.
CLON RAPICS MN
55433

RAUENHORST CORP-C ANDERSON
7900 XERXES S. S-2200
MPLS MN
55431

REINO O LAINE 3M COMPANY
3M CENTER
ST PAUL MN
55101

RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
55402

ROSS ALFRED
6356 WARE RD
LINO LAKES MN
55014

SANFORD S M
7000 PORTLAND AVE
RICHFIELD MN
55423

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

SCHMIDT D R MN ASSN REALTORS
6101 WAYZATA BLVD
MPLS MN
55416

SCHUTZ LINDA
RM 328 CAPITOL BLDG
ST PAUL MN
55155

MPLS MN
55[illegible]7

PROCTOR&GAMBLE L THECHARCUS
IVORYDALE TECH CENTER
CINCINNATI OH
45217

RADMAN RICHARD-LABOR TEMPLE
418 AUDITORIUM
ST PAUL MN
55102

REAGAN MICHAEL
% MINN LEARNING CTR
BRAINERD MN
56401

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

RCE DAVID
175 AURORA
ST PAUL MN
55103

RLDY FLOYD
118 AVE C
CLOQUET MN
55720

SATHRE, HARVEY
375 MARION STREET
ST PAUL MN
55103

ST PAUL FOOD RETAILERS ASSN
1220 ARCADE
ST PAUL MN
55106

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

SCHWARTAU NEAL METH HOSP
201 W CENTER ST
ROCHESTER MN
55901

#4

STATE OF MINNESOTA)
) ss
COUNTY OF RAMSEY)

ROBERT J. HAMPER, being duly sworn on oath deposes and states:

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

2. That on 26 day of May, 1976, he went to the Minnesota Secretary of State's office 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 Minn. Stat. § 15.0412 (1974), as amended.

3. That on the 26 day of May, 1976, in response to the above request, the Secretary of State provided him with such a list, a copy of which is attached hereto and incorporated by reference.

Further affiant sayeth not.

Robert J. Hamper
ROBERT J. HAMPER

Subscribed and sworn to before me
this 26 day of May, 1976.

Margaret Holt
Margaret A. Holt
MARGARET HOLT
Notary Public, Ramsey County, Minn.
My Commission Expires Sept. 22, 1977.

RULES AND REGULATIONS

STATE OF MINNESOTA

COUNTY OF RAMSEY

CERTIFICATE

In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare

---

I hereby certify that the attached 482 labels and Two sheet(s) constitute the complete list of persons, associations, and other interested groups who as of 2:00 o'clock P .M., this 26th day of May, 1976, have requested pursuant to M.S. 1974, Sec. 15.0412, that their names be placed on file with the Secretary of State for the purpose of receiving notice of public hearing on proposed rules on the subject captioned above.

Secretary of State

Joan Anderson Growe

By Gail Dorn

#5

STATE OF MINNESOTA)
) ss
COUNTY OF RAMSEY)

In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare.

AFFIDAVIT OF MAILING

ROBERT J. HAMPER, being first duly sworn, deposes and says:

That on the 27 day of May, 1976, at the City of St. Paul, County of Ramsey, State of Minnesota, he 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.

Robert J. Hamper
ROBERT J. HAMPER

Subscribed and sworn to before me
this 27 day of May, 1976.

Margaret Holt
Margaret A. Holt

MARGARET HOLT
Notary Public, Ramsey County, Minn.
My Commission Expires Sept. 22, 1977.

#6

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE VERA J. LIKINS

COMMISSIONER OF PUBLIC WELFARE

In the Matter of the Proposed Amendment to Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare.

STATEMENT OF NEED

Rule 57

The above-captioned rule is an amendment to an existing administrative rule of the Minnesota Department of Public Welfare.

The need to amend Minnesota Rule DPW 57 arises because of a Hennepin County District Court decision, Feigum vs Department of Public Welfare, District Court File No. 723-115. The court ruled that current Department policy regarding allocation of income to dependents via the Minnesota Supplemental Aid Program was not in conformance with applicable Federal and State Statutes (Public Law 93-66, Section 212 (a) (3), Minnesota Statutes, Section 256D.36, Subdivision 1, Minnesota Statutes, Section 256D.37, Subdivision 1 and 2).

The court further ordered the present Department policy in this area to be null and void and required that eligibility and the amount of assistance in the Minnesota Supplemental Aid Program be determined according to standards employed during 1973.

Emergency Rule 57A was filed, adopted, and issued on May 5, 1976 pursuant to Section 15.0412, Subdivision 5 of Minnesota Statutes Annotated 15.01 - 15.42, Administrative Procedures Act.

As directed by the court, Emergency Rule 57A accurately reflects the Department standard as employed during 1973.

Rule 7

The above-captioned rule is an existing administrative rule of the Minnesota Department of Public Welfare. It governs the operation of any institution engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necessary for such an institution to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment and other aspects of care needed for retarded individuals on a 24-hour basis.

Rule DPW 7, originally promulgated under Minnesota Statute, 257.081, in 1970, has been superceded by Rule DPW 34, promulgated under Minnesota Statutes, 252.28 in 1973. Therefore, there is no longer a need for Rule DPW 7.

Rule 27

The above-captioned rule is an existing administrative rule of the Minnesota Department of Public Welfare.

This rule provides the procedure for county welfare boards to ascertain the financial resources of patients, or the relatives legally responsible for their care in state institutions for mentally deficient or epileptic persons and report their findings to the Department of Public Welfare in the manner prescribed by the State Agency.

The above-cited rule was based on Minnesota Statutes, Section 252.042. This statute was repealed by Laws of Minnesota 1971, Chapter 637 which places this responsibility on the Commissioner of Public Welfare. Therefore there is no longer a need for Rule DPW 27.

Rule 29

The above-captioned rule is an existing administrative rule of the Minnesota Department of Public Welfare.

This rule governs the cost of care for any patient who is admitted to a state hospital under the control of the Commissioner of Public Welfare and is held temporarily for observation, evaluation, disgnosis or treatment; and further for the establishment of a rate for such cost of care.

Laws of Minnesota 1973, Chapter 235 changed the method for determining cost of care at state hospitals which makes this rule obsolete.

Rule 48

The above-captioned rule is an existing administrative rule of the Minnesota Department of Public Welfare.

Originally, Rule 48 was adopted to implement the collection of Old Age Assistance Liens in accordance with Minnesota Statutes, Section 256.26. This statute was in effect from January 1, 1940, to the date of its repeal on April 11, 1973, by the enactment of Chapter 78, Laws of 1973. Therefore, the need for Rule 48 ceased to exist after April 11, 1973.

In accordance with Section 33, Chapter 717, Laws of 1973, the Old Age Assistance Program ceased to be operational on January 1, 1974, when the primary responsibility for the maintenance support of needy persons 65 years of age and over, was assumed by the Federal Social Security Administration under the new Supplemental Security Income for the Aged, Blind and Disabled Program, Title XVI of the Social Security Act.

Rule 50

The above-captioned administrative rule was established to comply with Statutorial requirements when the Commissioner of Public Welfare had the responsibility of establishing and maintaining the physical standards of operation of county nursing homes.

The authority of the Commissioner of Public Welfare to establish and maintain such standards was transferred to the State Board of Health by the Legislature in 1973. MSA Chapter 139, Laws of 1973, also repealed the authority of the Commissioner of Public Welfare regarding these standards.

This rule is obsolete and should be repealed.

Rule 54

The above-captioned rule is an existing administrative rule of the Minnesota Department of Public Welfare.

The Aid to the Blind statutes were repealed by Section 33, Chapter 717, Laws of 1973, effective January 1, 1974, when the primary responsibility for the maintenance support of needy blind persons was assumed by the federal Social Security Administration under the new Supplemental Security Income for the Aged, Blind and Disabled Program, Title XVI of the Social Security Act.

While the enactment of our Minnesota Supplemental Aid Program (M.S. 256D.35 to 256D.41) revived in part our Aid to the Blind eligibility criteria as it existed in December of 1973, the real property limitation is now firmly set forth in M.S. 256D.37, Subdivision 2, at $15,000. There is therefore, no need to retain Rule 54.

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

Vera J. Likins
Commissioner

Dated: June 4, 1976

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE

COMMISSIONER OF PUBLIC WELFARE

RECEIVED
AUG 20 1976
OFFICE OF HEARING EXAMINERS

In the Matter of the Proposed Amendment ot Rule 57 and the Proposed Repeal of Rules 7, 27, 29, 48, 50 and 54 of the Minnesota Department of Public Welfare

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before Hearing Examiner Peter C. Erickson of the Minnesota Office of Hearings Examiners at 9:00 a.m. on Tuesday, June 29, 1976, in Room 83 of the State Office Building, St. Paul, Minnesota, after proper notice required by Minn. Stat. 15.0412, Subd. 4, 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 this rule identified as amendment to DPW Rule 57, Minnesota Supplemental Aid is adopted this day of August, 1976, pursuant to the authority vested in me by Minn. Stat. Secs. 256D.04 and 256.01.

IT IS FURTHER ORDERED that Rules 7, Standards for Institutions Serving Individuals Who Are Retarded, 27, Reporting Financial Information, 29, Cost of Care for Patients Admitted and Held for Care and Treatment Pending Commitment Hearing, 48, Old Age Assistance Liens and Claims, 50, County Nursing-Home Standards, and 54, Aid to the Blind, be repealed this 17th day of August, 1976, pursuant to the authority vested in me by Minn. Stat. 257.101, 252.042, 253A.21, 256.01; Minn. Laws 1953, Chapter 574, and Minn. Stat. 256D.04, respectively.

Aug 17, 1976
Date

Vera J. Likins
Commissioner of Public Welfare

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General Tibor H. Gallo, do hereby declare that I have examined the amendment to Rule 57 and Rules 7, 27, 29, 48, 50 and 54 for repeal 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. Any exceptions are noted below.

Tibor H. Gallo

TIBOR H. GALLO

Dated: Aug 26, 1976