

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

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Robert T. Holley
Special Assistant
Attorney General

February 15, 1977

- Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules MHD 451, 452, 453, 454, 455.

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- Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules MHD 451, 452, 453, 454, 455.

Rules Relating to the Awarding of Grants and Subsidies for Community Health Services and Establishing Standards Under the Community Health Services Act.

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MID 451. PURPOSE, SCOPE, AND DEFINITIONS

A. Purpose of Rules. The purpose of these rules is to establish a process for allocating federal and state funds in the form of grants and subsidies to assist in establishing and maintaining community health services.

B. Scope of Rules.

1. These rules apply generally to all grants and subsidies awarded by the Board which are not governed by other specific procedural rules.

2. The monies available for the grant and subsidy awards governed by these rules come from both state and federal sources. These rules, therefore, do not prescribe the exclusive procedures and requirements applicable to grants and subsidies governed by them, but are in addition to any procedures and requirements specified in the enabling and authorizing laws establishing subsidies and grants programs, as well as any other applicable rules.

C. Type of Funds. Funds shall be available for the following purposes:

1. Planning Grants for the development of a community health service agency or system.

2. Demonstration Grants of the appropriateness, effectiveness, or feasibility of a community health service, or for the integration of existing community health services.

3. Special Projects Grants for the delivery of community health services to specified target populations.

4. Community Health Services Subsidies for the delivery of community health services.

D. Definition of Terms. The following terms used in these rules shall have the meanings given them:

1. "Act" means the Minnesota Community Health Services Act of 1976, of Minnesota Laws/1976, Chapter 9, coded Minn. Stat. §§ 145.911 et. seq.

2. "Activity" means public health/community health services described in the grant or subsidy application and approved by the Board for fiscal support.

3. "Application" means a written request for funds submitted by the applicant on forms provided by the Board pursuant to these rules and applicable statutes.

4. "Award" means the authorization by the Board for an applicant to receive and expend grant or subsidy funds for an activity.

5. "Board" means the State Board of Health and includes the Commissioner of Health and the Minnesota Department of Health. These rules shall be administered by the Commissioner of Health, who is the Secretary and Executive Officer of the Board.

6. "Community Health Services" means those services designed to protect and improve the people's health within a geographically defined community by emphasizing services to prevent illness, disease, and disability, by promoting effective coordination and use of community resources, and by extending health services into the community. These services include community nursing services, home health services, disease prevention and control services, family planning services, nutritional services, dental public health services, emergency medical services, health education, and environmental health services.

7. "Consumer" means a person who is not a licensed or credentialed health professional or the spouse of such person, a person who does not have a material financial interest in the provision of professional health services, and a person who is not directly related to health services planning and development, except as a consumer member of health-related boards.

8. "Fiscal Management Officer" means the chief fiscal officer for the recipient of funds who has primary responsibility and accountability for expenditure of and reporting on grant and subsidy funds.

9. "Fiscal Year" for subsidies to a local board of health means January 1 through December 31. The fiscal year for grants may differ dependent upon funding source requirements.

10. "Key Administrative Personnel" means those persons functioning under an approved community health services plan, including:

a. the community health services administrator,

b. the nursing director,

c. the home health services director,

d. the disease prevention and control director,

e. the emergency medical services director,

f. the health education director, and

g. the environmental health services director.

11. "Local Agency" means a nonprofit institution or organization or a general purpose subdivision of state government or combinations thereof authorized under joint powers agreement.

12. "Local Government Officials" means members of a board of county commissioners, or a city council, or a township board, or a school board, or other such officials who have responsibility for decision making concerning health and related human services.

13. "Local Match" means the local agency's share of the cost of activities funded by grants and which share complies with the eligibility requirements of the funding source.

14. "Local Participation" means those funds expended by a general purpose subdivision of state government or combinations thereof authorized under a joint powers agreement to support community health services, which are identified in the community health services plan and which qualify for subsidy, including funds derived from tax levies, gifts, fees for services, revenues from

contracts, and federal general revenue sharing funds.

15. "Notice of Availability" means a written announcement by the Board noting the availability of funds.

16. "Project Director" means the person responsible for administration of a funded activity.

17. "Provider" means any individual who is a licensed or credentialed health professional; an employee or representative of a licensed or certified health care institution or agency, health care insurer, or health professional school; or a person with a material financial interest in the provision of health services.

MHD 452. AVAILABILITY OF FUNDS AND APPLICATION PROCESS

A. Notice of Availability. The Board shall mail a notice of availability of grant and subsidy funds to interested parties and local agencies who have requested the Board in writing to be so notified. The notice of availability shall include at least the following information:

1. Specific purposes for which funds are available.

2. The format of the notice of intent to apply for funds.

3. The final dates for submission of notice of intent and for submission of applications.

4. The expected timetable for review of applications by the Board.

5. Regional review requirements.

B. Notice of Intent. Interested parties shall notify the Board in writing of intent to apply for funds in accordance with the timetables and format specified in the Board's notice of availability.

C. Provision of Application Forms. Upon receipt of the notice of intent, the Board shall transmit application forms and instructions to the agency, institution, or organization submitting the notice of intent.

D. Submission of Application. Applications shall be submitted to the Board no later than the date specified in the notice of availability. Information addressed in the application shall include, but not be limited to the following items:

1. Name and address of the applicant.

2. Names of the project director and the fiscal management officer who will be responsible for the activity for which funding is sought.

3. Identification of the significant community health services needs of the community and a description of the way the proposed activity will affect these needs, including:

a. Statement of the community health problem to which the activity is addressed.

b. Statement of goal(s) of the activity.

c. Objective(s) to be accomplished by the activity.

d. Methods by which each objective will be achieved.

e. Evaluation criteria to be used for periodic assessment of the activity.

f. Completed budget and budget justification.

g. Identification of local match and/or local participation.

h. Original signature on face sheet and budget form.

4. Assurances of compliance with applicable state and federal laws pertaining to the administration of funds, and where applicable, documentation of approval by the county board(s) or city council(s) of the proposed community health services plan.

5. The community health services plan submitted to the Board for fiscal year 1977 may be for funding for any remaining portion of fiscal year 1977. Thereafter, the annual community health services plan shall be submitted to

the Board no later than August 15 of each year for funding for the following fiscal year.

E. Additional Information. To enable the Board to make an adequate evaluation, the Board may request the submission of additional information consistent with these rules and any applicable statutes. The Board may refuse to award a grant or subsidy for failure of the applicant to submit requested additional information.

MHD 453. REVIEW AND DISPOSITION OF APPLICATIONS

A. Regional Review. The applicant shall submit one copy of the completed application form to the Board by the date specified in the notice of availability and concurrently to the regional development commission(s) for the area in which the funded activity will take place. Such regional development commissions shall review and comment on the proposed community health service plans within 40 days after receipt, and shall review and comment on grant applications within 20 days after receipt. In addition, one copy of the completed application form shall be submitted to the appropriate health systems agencies for review and comment, or approval as appropriate. Any comments of the health systems agencies shall be submitted to the Board in accordance with the time schedule specified immediately above for regional development commissions.

B. Board Review.

1. The Board shall review all applications in accordance with the time schedule specified in the notice of availability.

2. The Board shall give consideration to the following criteria in determining which activities shall receive funds:

a. Eligibility. A determination that all legal conditions of eligibility are established. In the case of special grants authorized under ~~Section 127, Subdivisions 1. and 2. of the Act~~ Minn. Stat. § 145.922, the following conditions shall apply:

(1) Migrant agricultural workers shall include only those per-

sons and their families whose principal occupation is or has been in agriculture on a seasonal basis during the preceding twelve month period, and who are required to establish a temporary place of abode for the purpose of such employment.

(2) Native Americans without an established county of residence shall include only persons not residing on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as Native Americans by the group in which they claim membership.

b. Limitation of Funds. The amount of funding available for a specific type of grant or subsidy.

c. Probable Effectiveness. Evidence that the proposed activity will positively affect identified community health problems in a cost effective manner.

d. Community Support. Evidence of coordinated planning and of community support, including the availability of local match and/or local participation for the proposed activity.

e. Equity. Equitable distribution of funds throughout the state.

f. Regional Review. The findings submitted by the regional review agencies.

g. Quality of the Application. Clarity, specificity, and completeness of the application.

C. Disposition.

1. The Board shall inform each applicant in writing that one of the following actions has been taken with respect to its application.

a. Approval of application as submitted.

b. Approval of application with modifications.

c. Conditional disapproval due to inadequate funds. Such applications shall be held by the Board pending availability of additional funds.

d. Disapproval of application with justification.

2. The Board's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and such conditions as are necessary for assuring the appropriate use of public funds.

MHD 454. ADMINISTRATION

A. Monitoring. A member of the Department of Health staff will be designated to act as monitor for each grant or subsidy awarded. The person designated shall provide or arrange for technical assistance and shall monitor progress toward the goals and objectives of the activity.

B. Local Agency Responsibilities. The local agency, in addition to fulfilling the goals and objectives of the activity, shall:

1. Comply with the terms and conditions of the Board's award notice and with the requirements of these rules and other applicable laws and rules and regulations.

2. Maintain such records, including program and accounting records, as are necessary to make the required reports and to permit assessment of the activity by the Board.

3. Provide access to records relating to the funded activity.

4. Provide progress reports in accordance with a schedule specified in the award notification.

5. Assure that:

a. The treasurer or an official exercising similar functions shall receive and provide for the custody of all funds paid by the Board.

b. All local funds that are expended by the agency used to match

a directly-awarded federal grant are reported on the budget/expenditure form.

c. The local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the Board.

d. Funds are used solely for the purpose authorized in the award.

e. Accounting records are supported by source documents.

f. Audits are conducted to determine at a minimum the fiscal integrity of financial transactions and reports.

C. Disqualification. The Board may withhold or terminate funding for failure to comply with the terms of the award, with the requirements of the applicable rules or statutes, or for other just cause. The Board may require reimbursement of unauthorized expenditures identified by fiscal audit.

MHD 455. SPECIAL RULES AUTHORIZED BY ~~MINNESOTA LAWS 1976, CHAPTER 9~~ THE ACT

A. Personnel. MHD 455 A establishes minimum standards for the training, credentialing and experience requirements for key administrative personnel under ~~Section 8 of the Act,~~ Minn.Stat. § 145.918, except that this rule shall not apply to employees of agencies having a personnel system approved by the United States Civil Service Commission.

1. Except for the community health services administrator, this rule applies only when the local agency has the specific services program as a distinct organizational component. A person may perform more than one key administrative role.

2. Key administrative personnel shall have documented experience that includes skills necessary to:

a. Prepare and manage budgets.

b. Manage a planning process for the delivery of services.

c. Prepare necessary reports.

d. Evaluate programs for efficiency and effectiveness.

e. Coordinate the delivery of community health services with other public and private services.

f. Advise and assist the local board of health in the selection, direction, and motivation of personnel.

3. Incumbent key administrative personnel shall have until January 1, 1980, to meet the minimum training, credentialing, and experience standards.

4. Minimum standards for key administrative personnel positions are as follows:

a. Community Health Services Administrator. Academic preparation in administration, public health, or a related field and two years of documented experience in an administrative or supervisory capacity.

b. Community Nursing Director. Minnesota certification as a public health nurse and two years of documented experience in nursing, preferably in public health and in an administrative or supervisory capacity.

c. Home Health Services Director. Licensure to practice as a registered nurse in Minnesota, preferably meeting certification standards for public health nursing, and two years of experience in nursing involving supervisory or administrative responsibilities.

d. Disease Prevention and Control Director. Bacculaureate degree in physical or biological sciences and one year of experience in disease prevention and control methods; or two years of documented experience in an administrative or supervisory position in a disease prevention and control program.

e. Emergency Medical Services Director. Two years of documented experience in an administrative or supervisory position in a health-related program and training and/or experience in emergency medical services.

f. Health Education Director. Baccalaureate degree and one year of

experience in relevant fields; or two years of documented experience in an administrative or supervisory capacity in a health education program.

g. Environmental Health Director. Baccalaureate degree in physical or biological sciences and two years of experience relevant to the environmental health program operated by the local board of health; or six years of experience in a technical or professional capacity relevant to the environmental health program operated by the local board of health. A masters degree in the environmental health sciences or as much as two academic years of post-secondary environmental health course work may be substituted for up to two years of experience provided that, in any case, the environmental health director shall have at least one year of experience.

B. Uniform Reports. The recipient of a subsidy award shall furnish uniform reports to the Board as follows:

1. Reports of expenditures shall be filed on forms provided by the Board no later than 45 days following the close of each quarter of the fiscal year.

2. Annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year. This will constitute compliance with the requirements of ~~Section 10, Subdivision 1(e) of the Act.~~ Minn. Stat. § 145.92. Subd. 1 (e). Reports of evaluation of the activities conducted under the annual community health services plan shall be submitted in accordance with the instructions and on forms provided by the Board and shall include at least the following:

a. An analysis of the results including statistical data for each of the activities included in the annual community health services plan using the evaluation criteria specified in the plan.

b. A narrative identification and description of efforts made toward improved coordination and integration of activities conducted by the local board of health with other organizations, agencies, and groups providing similar or related services in the area.

c. A summary expenditure report including the amount of local match or local participation.

d. Statistical data to comply with the federal requirements.

C. Community Participation Process.

1. The community health services plan shall be developed with full community participation. Such participation shall include the following:

a. Written notice shall be made to interested persons, including affected providers, consumers, and local government officials, of the initiation of a local community health services plan development process. Such notice shall include the procedures by which persons may participate in that process, and notification of dates, times and location of meetings or hearings at which persons shall be given the opportunity to express their views.

b. A general roster shall be developed and maintained for mailings of materials relating to community health services plan development, implementation, or major revision.

c. A public meeting at which interested persons shall have the opportunity to comment on the proposed plan shall be held annually at least 15 days prior to approval by the county board(s) of a proposed community health services plan. A summary of the plan shall be made available to interested persons at least two weeks prior to this meeting. A complete copy of the proposed plan shall be available for public review at a designated place.

d. A summary of the approved community health services plan shall be distributed to interested persons and a copy of the approved community health services plan and periodic progress reports shall be made available for public review at a designated place.

2. Advisory Committee.

a. Interim Planning Committee. When a county board(s) or city

council(s) initiates a planning process for the development of a community health services plan, and until a local board of health is formally established, an interim planning committee shall be appointed by the county board(s) or city council(s) to assist in the development of the community health services plan. The committee shall function in a manner identical to that specified for the community health services advisory committee in ~~Section 3, Subdivision 3 of the Act.~~ Minn. Stat. § 145.913, Subd. 3. Nominations for appointments to the interim planning committee shall be solicited from affected and interested community provider and consumer organizations and/or constituencies. Appointments to the interim planning committee shall be broadly representative of the community. The interim planning committee shall elect officers and may establish special study groups and task forces which may include persons other than members of the interim planning committee. All meetings of the interim planning committee shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the county board(s), or city council(s) as appropriate. Staff to assist the committee and task forces shall be furnished by the county board(s) or city council(s).

b. Advisory Committee. The advisory committee required by ~~Section 3, Subdivision 3, of the Act~~ Minn. Stat. § 145.913, Subd. 3. to be established upon the formation of the local board of health shall be selected by the participating county board(s) or city council(s) from nominations solicited from interested and affected organizations, community groups and/or constituencies. The advisory committee may at its discretion organize special study groups and task forces which may include persons other than members of the advisory committee. All meetings and records of the advisory committee and of study groups and task forces established by it shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the local board of health. Staff support to the advisory committee shall be provided by the local board of health.

MHD 456-460. RESERVED FOR FUTURE USE.

APPROVED AS TO FORM AND LEGALITY
FEB 0 1 1977 19
WARREN SPANNAUS, ATTORNEY GENERAL
/s/ Michael B. Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
FEB 10 1977 - 4:36 pm
Joan Anderson Growe
Secretary of State

ADMIN 1000

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : Michael B. Miller
Special Assistant
Attorney General
G19 Administration Bldg.

DATE: Feb. 24, 1977

FROM : Robert T. Holley RTH
Special Assistant
Attorney General

PHONE:

SUBJECT: In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

Pursuant to your January 24, 1977, telephone request, I am enclosing for your files an additional set of promulgating documents omitted from the original submission in the above-named matter.

RTH:ss
enclosure

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed
Adoption of Rules of the State
Board of Health Establishing Standards
Under the Community Health
Services Act and Conforming by
Amendment the Scope of Agency
Funding Program Rules

ORDER FOR HEARING

IT IS HEREBY ORDERED that a public hearing on the above-captioned rules be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, October 8, 1976, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that a Notice of Hearing be mailed to all persons or representatives of associations or other interested groups who have registered their names with the Secretary of State for that purpose.

IT IS FURTHER ORDERED that the Notice of Hearing be published in the State Register.

MINNESOTA STATE

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: August 20, 1976.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN that a public hearing in the above-entitled matter will be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on October 8, 1976, commencing at 9:30 A.M. and continuing until all interested persons have had an opportunity to be heard.

All interested or affected persons will have an opportunity to participate. Statements may be made orally and written materials may be submitted at hearing. In addition, written materials may be submitted by mail to Mr. Steve Mihalchick, Hearing Examiner, at Room 300, 1745 University Avenue, St. Paul, Minnesota 55104, (612)296-8112, either before the hearing or within 20 days after the close of the hearing.

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria concerning the development and maintenance of community health services. Additionally, standards would be established relative to personnel, reporting and community participation requirements under the funding provisions of the Community Health Services Act, Minn. Laws 1976, ch. 9. Copies of the proposed rules are now available and one free copy may be obtained by writing to:

Mr. Robert W. Hiller
Room 244, Minnesota
Department of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota State Board of Health to promulgate the proposed rules is contained in Minn. Laws 1976, ch. 9, Section 8, subd. 1(c).

A "statement of need" explaining why the State Board of Health feels the proposed rules are necessary will be filed with the Hearing Examiner's Office at least 25 days prior to the Hearing and will be available there for public inspection.

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 Mr. Robert W. Hiller, address as above. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rule for 20 days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Also, please be advised that pursuant to Minn. Stat. Section 10A.01 subd. II (1974) any individual engaged for pay or other consideration for the purpose of representing persons or associations attempting to influence administrative action, such as the promulgation of this rule, must register with the State Ethics Commission as a lobbyist within 5 days of the commencement of such activity by the individual.

MINNESOTA STATE
BOARD OF HEALTH

Dated: August 20, 1976

/s/ Warren R. Lawson, M.D.
WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

CERTIFICATE OF BOARD'S AUTHORIZING RESOLUTION

I, Warren R. Lawson, do hereby certify that I am Secretary and Executive Officer of the Minnesota State Board of Health, a Board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of the motion passed at a meeting of the Minnesota State Board of Health duly and properly called and held on the 8th day of July, 1976; that a quorum of the Board was present at said meeting, that said motion was passed by the Board, is set forth in the minutes of the meeting, and has not been rescinded or modified.

> RESOLVED that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to implementation of the Community Health Services Act, Minn. Laws 1976, ch. 9 as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as performing all other matters required by the Administrative Procedure Act and the rules of the Office of Hearing Examiners.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 20 day of August, 1976.

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

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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 Mr. Robert W. Hiller, Room 244, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rule for 20 days subsequent to the public hearing.

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MINNESOTA STATE

BOARD OF HEALTH

Dated: August 20, 1976

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

STATEMENT OF NUMBER OF PERSONS EXPECTED TO ATTEND AND LENGTH OF HEARING

The number of persons expected to attend the hearing in the above-captioned matter is 20, and it is estimated that the length of the hearing will be 3 hours.

MINNESOTA STATE

BOARD OF HEALTH

Dated: August 20, 1976.

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE

BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

AFFIDAVIT OF RECEIPT
OF THE
SECRETARY OF STATE'S LIST

Ernest W. Kramer, being duly sworn on oath, deposes and says:

1) That he is an employee of the Minnesota Department of Health.

2) That on or about the 2nd day of September, 1976, he telephoned the Secretary of State's Office for the State of Minnesota and requested a current list of all representatives of associations or other interested groups or persons who had registered their names with the Secretary of State for the purpose of obtaining notices of public hearings relating to the promulgation of rules pursuant to M.S. 15.0412.

3) That on the 2nd day of September, 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.

Ernest W. Kramer

Subscribed and sworn to before me

this 2nd day of September, 1976.

Frank J. Bigham

FRANK J. BIGHAM
Notary Public, Ramsey Co. Mn.
MY COMMISSION EXPIRES
May 16, 1980

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

AFFIDAVIT OF MAILING

Ernest W. Kramer, being first duly sworn, deposes and says:

That on the 3rd day of September, 1976, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, 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.

Ernest W. Kramer

Subscribed and sworn to before me this 3rd day of September, 1976.

Frank J. Bigham

FRANK J. BIGHAM
Notary Public, Ramsey Co. Mn.
MY COMMISSION EXPIRES
May 16, 1980

STATE OF MINNESOTA

COUNTY OF RAMSEY

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

CERTIFICATE

I hereby certify that the 502 general labels and 3 page list for the Minnesota State Board of Health all of which are attached and made a part hereof, constitute the complete lists of persons, associations and other interested groups who as of 11:30 o'clock am, this 2nd day of September, 1976, have request pursuant to Minn. Statutes §15.0412 subd. 4 (Supp. 1975) 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.

Joan Anderson Growe

SECRETARY OF STATE

JOAN ANDERSON GROWE

By Cecil Dean

STATE OF MINNESOTA

BOARD OF HEALTH

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE BOARD OF HEALTH GOVERNING PROCEDURES FOR THE AWARDING OF GRANTS AND SUBSIDIES AND ESTABLISHING STANDARDS UNDER THE COMMUNITY HEALTH SERVICES ACT.

NOTICE OF SEEKING OUTSIDE INFORMATION

NOTICE IS HEREBY GIVEN that the Minnesota State Board of Health is considering proposed rules governing procedures for the awarding of grants and subsidies and the establishment of standards pursuant to Minn. Laws 1976, ch. 9 (Community Health Services Act). Any interested persons may submit data or views on this subject in writing or orally to:

Robert W. Hiller
Room 244, Minnesota Department
of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440
Telephone: (612) 296-5384

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria. Additionally, standards would be established relative to personnel, reporting and participation requirements under the Community Health Services Act.

Any written material received by the agency shall become a part of the hearing record in the event rules governing this subject are promulgated.

MINNESOTA STATE BOARD OF HEALTH

Dated: August 11, 1976

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

STATEMENT OF NEED

The above-captioned rules relating to the Community Health Services Act are new rules being proposed by the State Board of Health (hereinafter "Board"). The remainder represents initial amendments to existing rules, which rules were adopted, duly filed and became effective on May 28, 1976.

The need to adopt the proposed new rules arises because of the necessity of complying with Minn. Laws 1976, ch. 9, § 8 subd. 1(c). That section reads:

> Subd. 1. The state board of health shall:
> (c) Promulgate regulations [sic] in accordance with Minnesota Statutes, Chapter 15, for the purposes of establishing standards for:
> (1) Training, credentialing, and experience requirements for key administrative personnel to ensure expertise in administration, planning, and in each services program included in the community health services plan;
> (2) A uniform reporting system that will permit an assessment of the efficiency and effectiveness of service delivery programs; and
> (3) A planning process that will encourage full community participation in the development of the community health services plan.

Accordingly, the Board here proposes the adoption of MHD 455, which is divided into the following three subtitles in correspondence with the foregoing statutory mandate: A. "Personnel"; B. "Uniform Reports"; C. "Community Participation Process."

The need to adopt the above-referenced proposed amendments to existing Board rules is also founded in part upon Minn. Laws 1976, ch. 9, § 8 subd. 1(c). Pursuant to its cited, statutorily mandated promulgation of rules respecting standards for community health services plans, the Board must necessarily define certain terms appearing within Minn. Laws 1976, ch. 9 and/or within the instant,

proposed new rules. Current Board community health services and other funding rules' definitions are set forth at MHD 451 D. Thus, for purposes of consolidating Board rules' funding program definitions and by authority of Minn.Laws 1976, ch. 9, § 8 subd. 1(c), it is proposed that certain new terms be defined under existing rule MHD 451 D. Such terms would include "Act" (451 D.1), "Consumer" (451 D.7), "Fiscal Year" (451 D.9), "Key Administrative Personnel" (451 D.10), "Local Agency" (451 D.11), "Local Government Officials" (451 D.12), "Local Participation" (451 D.14), and "Provider" (451 D.17).

Further, in that existing rules MHD 451 - 454 contain the current procedural standards, application and related requirements under which general Board-administered community health services and other "grant" programs are conducted, the need arises to amend such rules to bring them up to date with the newly enacted Community Health Services Act, i.e., with Minn. Laws 1976, ch. 9. In the main, the proposed amendments to these existing Board rules reflect the Community Health Services Act's broadening of the Board's community health services funding authority, which now includes "subsidy" awards as well as new grant programs. Accordingly, in addition to the adding of certain previously noted definitions, the principal change here proposed in MHD 451 - 454 is the selected deletion of the word "grants" where it now appears and the use, in lieu thereof, of the more inclusive and generic term "funds." Also, to further reflect the expanded scope of the Board's responsibility in the area, the word "subsidy" would be inserted where appropriate.

A number of other housekeeping and related amendments designed to improve the clarity and grammar of MHD 451 - 454 are also proposed. For example, the word "Board" under MHD 451 D.5 would be redefined to more clearly designate the Commissioner of Health as the rules' administrator, and there would be a change in prepositions, from "of" to "by," under MHD 451 D.15.

Any and all such housekeeping and related amendments to MHD 451 – 454, where not otherwise authorized under Minn. Laws 1976, ch. 9, § 8 subd. 1(c), are proposed by authority of Minn. Stat. § 15.0412 subd. 3(1975), which reads as follows:

> Each agency shall adopt rules setting forth the nature and requirements of all formal and informal procedures related to the administration of official agency duties. Procedures concerning only internal management which do not directly affect the rights of or procedures available to the public need not be adopted as rules.

And, in pertinent part, Minn. Stat. § 15.0411 subd. 3 (1975) defines "rule" to include:

> [E]very agency statement of general applicability and future effect, including the amendment, suspension, or repeal thereof, made to implement or make specific the law enforced or administered by it or to govern its organization or procedure. . . .

Thus, in seeking to promulgate the described amendments to MHD 451 - 454, the Board further relies upon the authority conferred by the above-quoted provisions of Minnesota Statutes, Chapter 15.

Such authority generally, although implied, is well-recognized as a valid basis upon which an agency may so promulgate reasonable rules:

> The power of administrative agencies to make rules and regulations does not depend for its existence solely upon express grant. The authority of an administrative agency to adopt reasonable rules and regulations, which are deemed necessary to the due and efficient exercise of the powers expressly granted, cannot be questioned. The authority is implied from the power granted. Thus, the power to fix a minimum wage does not confine an agency to that single act. It may adopt rules to make it effective. 1 Am. Jur. 2d Administrative Law, § 97.

An abundance of other-jurisdiction case law clearly further supports the principle of an administrative agency's implied statutory authority to make rules. See, e.g., O'Connor v. Hendrick, 184 NY 421, 77 NE 612 (1906); California Drive-In Restaurant Ass'n v. Clark, 22 Cal. 2d 287, 140 P2d 657, 147 ALR 1028 (1943); Stohlman v. F.C.C., 126 F.2d 124 (D.C. 1942); Bank of Staley v. Johnson, 251 P.274 (Cal. 1927); Hawaii Corp. v. Kim, 500 P2d 1165 (Hawaii 1965); Coffman v. State Board of Examiners in Optometry, 331 Mich. 582, 50 NW2d 327 (1951); Koelling v. Board of Trustees, 259 Iowa 1185, 146 NW2d 284 (1967).

In the leading Minnesota case, the Minnesota Supreme Court has also indicated that the Legislature need not expressly grant authority to promulgate every agency rule. In Welsand v. State of Minnesota Railroad & W. Com'n., 25 Minn. 504, 88 NW2d 834 (1958) the Court found that a statute empowering the commission to make such rules and require such reports as necessary to carry out its statutory authority included the power to adopt a rule requiring an applicant for a contract carrier permit to list its customers. The Court felt that since the Legislature gave the commission authority to adopt rules to regulate contract

carriers, and did not define what should constitute a contract carrier, there existed implied authority to promulgate a rule such as the one in question so that the commission could obtain a more accurate definition of a contract carrier. The Court stated:

> In vesting regulatory power in an administrative agency, the legislature need not expressly delineate with particularity or exactness each and every phase of the power so conferred, but may . . . leave the exact scope of rule-making power to reasonable implication . . . .

Id. at 838.

In the instant situation, the Board's authority to receive and expend monies for purposes of funding health services programs, in addition to its newly acquired responsibilities under the Community Health Services Act, is variously set forth at Minn. Stat. § 144.074 (1975), Minn. Stat. § § 144.07, 144.05 and 144.09 (1974). Pursuant to such authority the Board currently administers funding programs relating to, among other things, community health services generally, migrants, the treatment of venereal disease, and maternal and child health care. Where state and federal procedural standards and requirements for the aforesaid and other funding programs are non-existent, incomplete or non-exclusive, MHD 451 et seq. applies. Under the above-cited provisions of Chapter 15, the Welsand case, and the several other referenced authorities, it is clear that, by virtue of said rules' very recent adoption, the Board's power to so regulate such funding programs under MHD 451 - 454 has been and remains well-established. Consequently, the current proposal to make largely housekeeping and definitional changes in MHD 451 - 454 is supported both by Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and by said other authority.

Dated: September 13, 1976

MINNESOTA STATE
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed
Adoption of Rules of the State Board
of Health Establishing Standards Under
the Community Health Services Act
and Conforming by Amendment the Scope
of Agency Funding Program Rules

STATEMENT OF EVIDENCE

The State Board of Health (hereinafter "Board") will introduce the following documentary evidence at hearing in the above-entitled matter:

1. Materials evidencing the Board's compliance with procedural requirements for rulemaking, including:

(a) The Order for Hearing, together with the Certificate of Board's Authorizing Resolution;

(b) The Notice of Hearing as mailed;

(c) The Affidavit of Receipt of the Secretary of State's list, together with a copy of said list;

(d) The Affidavit of Mailing (of the Notice of Hearing), together with Certificate of the Secretary of State;

(e) Any and all materials received following the Notice of Seeking Outside Information made pursuant to Minn. Stat. § 15.0412 subd. 6, together with the citation to said Notice; and

(f) The instant Statement of Evidence.

2. The following materials constituting the Board's affirmative presentation of facts establishing the need for and reasonableness of the proposed rules and evidencing the Board's compliance with substantive requirements for rulemaking:

(a) Statement of Need; and

(b) Statement of Facts Establishing Reasonableness of Rules.

Further, on the basis of the two documents listed immediately above and through oral testimony which it is anticipated will be presented at hearing, the Board will affirmatively present facts and expert opinions proving the need for and reasonableness of each proposed rule. In summary, such evidence will include the following:

MHD 451. Purpose, Scope and Definitions

It will be shown that proposed amendments to this rule are needed for purposes of its being updated and made to conform to the recently adopted Community Health Services Act. The Board's statutory authority to make such changes is founded primarily on Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and Minn. Stat. § 15.0412 subd. 3 (1975).

The principal amendments proposed would add several new definitions to MHD 451, delete two other definitions, and broaden the rule's scope largely only by adding, where appropriate, the word "subsidy" and replacing the word "grants" with the more generic term "funds." It will be shown that such changes are justified and reasonable in that they precisely reflect the newly expanded scope of the Board's statutory funding authority. Moreover, the proposed new definitions, including definitions of the terms "Act," "Consumer," "Fiscal Year," "Key Administrative Personnel," "Local Agency," "Local Government Officials," "Local Participation," and "Consumer," will be shown to be reasonable and essential to a complete understanding of the Community Health Services Act and MHD 455. Finally, several non-substantive, housekeeping amendments will be demonstrated to be justified by reason of their improvement of the rule's clarity and grammar.

MHD 452. Availability of Grant Funds and Application Process

The need and statutory basis for proposed amendments to MHD 452 are identical to those cited above under MHD 451.

The primary amendments proposed under this title include certain new Board notice requirements to applicants for funds and two additional items to be included within a completed grant application. In each instance, the Board will show that such amendments are reasonable and justified as providing applicants with more comprehensive notice of funding requirements and improving the means by which the Board may more expeditiously process and verify applications. It is proposed, for example, that grant applications now include original signatures on face sheets and budget forms.

Other proposed amendments to MHD 452 relate to the earlier-noted changes in terminology involving the words "grants," "funds," and "subsidy" and to certain grammatical alterations. Again, such amendments will be shown to be reasonable in that they more accurately reflect the Board's expanded funding authority and improve the rule's clarity.

MHD 453. Review and Disposition of Applications

The amendments proposed under this rule are also needed for purposes of updating the rule in question and are primarily authorized under Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and Minn. Stat. § 15.0412 subd. 3 (1975).

The most significant changes proposed relate to (a) specification of the time frame within which regional review of fund applications shall occur and (b) Board eligibility criteria respecting migrant

agricultural workers and native Americans. Both such areas of changes will be shown by the Board to be reasonable and necessary pursuant to pertinent definitions and requirements set forth under the Community Health Services Act. The Board will also demonstrate that a series of proposed, non-substantive amendments to MHD 453 improve the rule's readability.

MHD 454. Administration

It will be shown that proposed amendments to MHD 454 are also needed to update and conform the rule to the Community Health Services Act and that such changes are primarily authorized under that Act and Minn. Stat. § 15.0412 subd. 3 (1975).

Additionally, the bulk of the changes proposed are grammatical or would broaden the rule's applicability, largely by substituting the word "funds" or "award" for "grant(s)." It will also again be shown that such changes are justified and reasonable as improving the rule's clarity and more precisely expressing the expanded scope of the Board's statutory funding authority.

MHD 455. Special Rules Authorized by Minnesota Laws 1976, Chapter 9

The proposed promulgation of this new rule and each of its subparts is expressly mandated by Minn. Laws 1976, ch. 9, § 8 subd. 1(c).

It will be demonstrated by the Board that the requirements presented under subpart A, entitled "Personnel," conform to commonly accepted minimum standards for key administrative personnel working under a community health services program. The reasonableness of such standards will be supported by expert Board opinion and will relate to both academic and experience qualifications for each of some seven (7) positions statutorily identified as fundamental to an approved community health services program.

The second subpart under MHD 455, entitled "Uniform Reports," establishes requirements and timetables pursuant to which the recipient of a community health services subsidy would furnish the Board with periodic activity and financial reports. It will be shown that all such requirements and timetables are reasonable and justified by reason of their permitting the Board to fulfill its statutory subsidy monitoring functions without unduly burdening fund recipients.

The final section of MHD 455, entitled "Community Participation Process," sets forth a variety of means by which interested persons within a local community could affect the form and development of a community health services plan. Included are local agency public notice, public meeting, roster maintenance, document inspection and advisory committee requirements. The reasonableness of each of these requirements will be demonstrated by the Board as being consistent with a fair balancing of a local agency's ability to efficiently and economically seek to prepare an acceptable community health services plan and the public's statutory right to know and influence that process.

The following expert witnesses will represent the Board at the hearing:

Robert W. Hiller
Assistant Commissioner
Community Health Services Development
State Department of Health; and

Ernest W. Kramer
Community Health Services Development
State Department of Health

Said witnesses will be available to answer questions and by affirmative oral presentation to expand upon the above-summarized evidence respecting the reasonableness of each proposed rule.

Finally, evidence to be introduced by the Board at hearing will include references to the Board's authortiy to promulgate the proposed rules. As fully set forth in the Board's Statement of Need, such authority includes:

> Minn. Laws 1976, ch. 9, § 8 subd. 1(c);
> Minn. Stat. § 15.0412 subd. 3 (1975); and
> Welsand v. State of Minnesota Railroad & W. Com'n., 25 Minn. 504 88 NW2d 834 (1958).

Dated: September 13, 1976

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules.

Statement of Facts Establishing Reasonableness of the Proposed Rules

MHD 451. Purpose, scope, and definitions.

MHD 451 A. provides an introductory explanation of the rules. This is reasonable in order to give the reader broad knowledge of the context in which these rules are to be applied and interpreted.

Amendments to the existing rules of the Minnesota State Board of Health hereinafter referred to as "Board", relating to procedures for awarding grants for establishing and maintaining community health services (MHD 451) are necessary in order to accommodate provisions of the recently adopted Community Health Services Act. Authority enabling the State Board of Health to propose amendments to this rule and to add several new definitions is found in Minnesota Laws 1976, Chapter 9, § 8 Subdivision 1(c) and in Minnesota Statutes § 15.0412 Subdivision 3 (1975).

Several changes are required in the present rules (MHD 451-454) to clarify that funds to assist in establishing and maintaining community health services will be allocated to eligible recipients both in the form of grants and subsidies, rather than as grants alone, as is the case under existing procedure. Much of the change in wording of existing rules relates to accommodating this additional form of funding. Amendments to existing rules and the addition of new rules in this proposal are intended to assist the reader to fully and thoroughly understand the processes by which such funds are made available to qualified recipient agencies and entities.

MHD 451 B. describes the scope of these rules. The rules apply to grants which are awarded by the State Board of Health and not governed by other rules promulgated for designated services and activities. Thus, the character of these rules is general and descriptive of a uniform process including notification of availability of funds, receipt, review, and evaluation of requests for support funds, and other general and specific considerations that must be made in responsible administration of the allocation of grant and subsidy funds.

Amendment of the existing rules identifies that support funds affected by this process include subsidies as well as grants. Further amendment of this

rule proposes deletion of the reference to appropriation of money. This is a reasonable amendment, since it is not within the scope of authority of the State Board of Health to appropriate money, but rather to allocate such funds as may be made available to the Board for distribution for various purposes. Appropriation of public funds for various activities is characteristic of the function of State and federal Legislatures.

MHD 451 C. identifies various forms in which public funds may be made available through authority of the Board, including both various grants and subsidies for delivery of community health services. Identification of these forms of fund allocation are appropriate and reasonable to accommodate existing and newly provided statutory funding authority of the Board under the Community Health Services Act.

Language dealing with an entity's eligibility to receive grants is proposed to be deleted. Eligibility requirements as a part of these rules must also include considerations made relative to subsidies as a form of funding assistance. In order to provide more specific information about eligibility requirements for entities seeking assistance through grants and/or subsidies, the subject is treated later with more clarity in the rules (MHD 453 B. 2 (a)).

MHD 451 D. deals with seventeen separate and distinct terms used in the Act and in these rules. These definitional provisions are necessary to effect a uniform and consistent interpretation of the Act and of these rules and in order to avoid ambiguity and uncertainty in dealing with the Act and these rules. This part would delete two existing definitions and add several new definitions, thereby assuring greater clarity in meanings of the rules. Precise meaning is provided for terms used in the rules; thereby reducing to a minimum the chance for misunderstanding generally throughout the rules, the word "subsidy" is added to "grants" to indicate that there is to be an additional class of funds distributed under the newly expanded authority of the Board. Where both grant and subsidy is intended throughout the rules, use is made of the generic term "funds", thereby adding clarity to such meaning.

Two existing definitions proposed to be deleted, namely "applicant" and "grantee" would be removed because they would no longer appear in the text of proposed rules. "Applicant" was a meaningful term used in context of the existing rules (MHD 451-454), however the proposed addition of subsidies to funding authority of the Board would make use of the term "applicant" obsolete. Use of the term "local agency", one of several new definitions proposed is proposed as a more precise and meaningful term in use in the proposed (and revised) rule and adds clarity to the readers' understanding. Similarly, "grantee" under existing rule relates to recipients of grant(s) from the Board. This term is proposed for deletion since it is not to be used in the proposed rule. "Grantee" was considered to be too limited in meaning to be effectively used in the proposed rule, which deals with grants and with subsidies, rather than exclusively with grants. Again, the language in the rule would be altered to obviate the necessity of using (and defining) the term "grantee" and where reference is made to both grants and subsidies, the generic term "funds" would be used.

The term "Act" is defined in this rule to reference the Community Health Services Act, Laws of Minnesota, 1976, Chapter 9. The shortened term "Act" would be used throughout these rules to reduce the volume of wording thereby assisting to provide clarity and ease of understanding for the reader.

The term "consumer" would be defined in the rule in order to clarify the meaning and use of the term used in Section 3, Subdivision 3 of the Community Health Services Act:

> "In each case where a board of health has been assigned the responsibilities of this act a single local community health services advisory committee shall be established by participating county board or city councils to advise, consult with or make recommendations to the board of health on matters relating to the development, maintenance, funding, and evaluation of community health services. The committee shall consist of not less than nine members and no more than 21 members. The membership of the advisory committee shall be as follows: at least one third providers of health services, including at least three licensed health professionals; and at least one third consumers selected to represent consumers organizations or constituencies within the community, provided, however, that the advisory committee to a county board of health for a county with 300,000 or more persons shall be as follows: at least 51 percent local government officials and the remainder divided equally between providers of health services and consumers."

The term "Fiscal Year" would be defined in this rule in order to provide clarification and specificity of the funding period of either a subsidy or a grant. As defined, the fiscal year for either form of assistance from the State Board of Health would be identified and would eliminate misunderstanding and confusion of that time period for the reader.

In the administration of grants and subsidies, one must consider that the State fiscal year may not be the same as the fiscal year of the recipient agency and, as with the case of grants from federal agencies, there may be yet a third fiscal year to consider. It is reasonable and essential, therefore, to propose a definition of "fiscal year" for grants and subsidies affected by these rules, which will cause a minimum of misinterpretation and confusion.

Several alternatives to this definition were considered, including common fiscal years for both grants and subsidies, universal application of the State fiscal year for administration of all affected grants and subsidies, and use of the federal fiscal year alone. It is felt that the proposed definition allows for the most effective implementation of fund allocation and permits the simplest administration of such funds by the agencies receiving the grants and subsidies.

The term "Key Administrative Personnel" would be added to the rule and defined accordingly. This is necessary in order to clarify which personnel position in a locally operated community health services agency would be affected by the expanded authority of the State Board of Health in establishing

training, credentialing, and experience requirements. Thus, minimum requirements are proposed in MHD 455 A. and it is reasonable to provide a definition of such positions in the rule. This is essential for clarity and to avoid misunderstanding.

The term "Local Agency" would be defined in order to clarify for the reader the characteristic of entities eligible to apply for and receive grants and/or subsidies from the State Board of Health. Existing rules affecting the administration of grants from the State Board of Health refer to the "grantee". This language is deemed to be inappropriate because of the Board's amplified authority to allocate subsidies for community health services in addition to grants for similar purposes. Thus, the term "local agency" would serve to identify in the rule such entities eligible to apply for and to receive grants and/or subsidies. The term would be essential to and reasonable to interpretation of the rules and the Community Health Services Act.

The term "Local Government Officials" would be defined in order to permit a clear understanding of who would be considered in such a designation. The term would appear in MHD 455 C. 1. a., relating to persons who would be notified of the initiation of a local community health services development process. This designation would be essential in order to assure proper notification of such matters to persons who have (local) decision making responsibility concerning health and related human services. This is deemed reasonable to implementation of conditions imposed by the rule.

The term "Local Match" would be expanded for clarification and ease of understanding by the reader, which stipulation would apply to the local agency to meet eligibility requirements of a funding source from which resources would be derived and designated as the local agency's share of the cost of activities funded by grants. Such stipulation would reduce a misunderstanding of which resources could be counted as local match against a grant from the State Board of Health. Thus, the local agency would retain responsibility and accountability for designating resources as local match in accordance with requirements of the funding source. This would be essential and necessary for the responsible consideration of administering grant funding.

The term "Local Participation" would be defined in order to clarify the meaning of its use in the rule and to assist in interpretation of the Community Health Services Act. This language would be reasonable and essential to a complete understanding of rule MHD 455 and of the Community Health Services Act. Reporting requirements in the proposed rule (MHD 455 B.) would require such definition for use by entities that would receive subsidy for support of community health services under an approved community health services plan.

The term "Provider" would be defined in order to clarify meaning of the term as it is used in the Community Health Services Act, Section 3, Subdivision 1, regarding membership of a local board of health and in Section 3, Subdivision 3, regarding membership of an advisory committee. The definition is necessary for interpretation of the intent of the Act and also to facilitate stipulations required of local agencies in complying with requirements of the Act.

Finally, such other amendments as are proposed in MHD 451 are generally of a housekeeping nature, that is, not relating to matters of substantive change in the existing rule. Such amendments, rather, are proposed as essential to a clear and meaningful understanding of the rule by the reader and are directed toward attaining grammatical correctness and succinct expressions of terms and their meanings.

MHD 452 proposes nonsubstantive amendments necessary to accommodate changes in the processes of announcing the availability of funds and applying for such funds. Responsibility of the State Board of Health was expanded by the Community Health Services Act to permit allocation of subsidy (funds) to entities meeting requirements thereto. Language of the rule would accommodate the Board's expanded authority, for example, by use of the term "fund" in place of the more restrictive term "grant". The term "fund" includes grants and subsidy where it is substituted for the term "grant" in the existing rule. The processes of announcing availability of funds and of applying for funds from the Board would be identical whether relevant to grants or subside.

In MHD 452 A. and B., the term "timetables" would be substituted for the term "schedules" to more clearly reference a time frame to be specified in the Board's notice of availability (of funds).

The stipulation regarding submission of additional information required by the Board in evaluating an application would be reordered in thi to become part E. of rule MHD 452. This reordering of requirement would be for added emphasis of the requirement and for more logical placement of the stipulation. This would not constitute a substantive amendment in the existing rule, but would provide for improved reading ease. The stipulation would be stricken from rule MHD 452 D. and restated more effectively in MHD 452 E.

Similarly the concept of identification (in an application) of significant community health services needs would be stated in another sequence for additional emphasis (over its placement in existing rule MHD 452 D. 4) and to permit the addition of two additional requirements:

(1) MHD 452 D. 3. g. would require identification in the application of local match and/or local participation, respectively in relation to grants and subsidies. This requirement would encourage more effective and pertinent planning on the part of the applicant at the time of submitting an application for funds and would, therefore, be necessary and reasonable:

(2) MHD 452 D. 3. h. would require an original signature (of the applicant) on the face sheet of the application and on the budget form (provided by the Board). This requirement would provide an assurance that the Board would be dealing in the application process and in fiscal matters with responsible persons who represent the applicant. This requirement, thus, is reasonable.

MHD 452 D. 4. would be amended to use the term "funds" rather than "grants", which would connote that this stipulation applies to grants and subsidies. In addition, the rule proposes to secure documentation of approval of proposed community health services plans by appropriate parties as required in the Community Health Services Act, § 5. Subdivision 1. This stipulation would be reasonable to assure the orderly sequence of responsibilities at the local level for securing approvals and for assurance of effective coordination of planning at the local level.

MHD 452 D. 5. would clarify the sequence of fiscal period for the initial funding period for implementation and subsequent funding periods for maintenance and developemtn of community health services. A deadline is proposed for submission of an applicants annual community health services plan to the State Board of Health for periods following 1977. This is reasonable to permit appropriate planning on part of the local entity and to permit adequate time for the processing of the plan by the Board.

MHD 453 A. proposes amendments necessary for purposes timely and appropriate processing of applications for funds from the State Board of Health.

The rule would revise the process sequence to reflect requirements of the Community Health Services Act, § 10. Subdivision 2. relative to community health services plans and subsidy and would further stipulate a time frame within which regional review of grant applications would occur. The amendment also proposes a time frame for submission of comments of health systems agencies to the State Board of Health. These requirements are necessary to assure the orderly and timely processing of applications for funds.

MHD 453 B. proposes amplification of criteria used by the Board in its review of applications for funds. Such amendment requires that all legal conditions of eligibility are established for applicants of grants and subsidy. Thus, the Board would have in rule form a basic and necessary stipulation upon which a determination can be made either to award funds or to deny them in the case of legal conditions of eligibility not being met by an applicant.

Pertinent definitions and requirements set forth under the Community Health Services Act § 12, Subdivision 1. and 2. authorize the Board to make special grants respectively for health services for migrant agricultural workers and their families and for health services for native Americans who have no established county of residence. The proposed amendments to rule MHD 453 B. 2. a. (1) and (2) would define respectively migrant agricultural workers and native Americans. These amendments are reasonable in terms of providing a mechanism to assure that such grant funds as may be made available through the Board will be allocated to the entities for whom they were intended under the Act. Such amendments are deemed necessary to interpretation of provisions of the Act.

The proposed nonsubstantive amendments to rule MHD 453 improve the rule's readability, improve grammatical syntax, simplify the continuity of expression by eliminating verbiage, and are deemed necessary for effective administration of the rule and the Act.

Rule MHD 454 proposes amendments necessary to implement requirements of the Act. The amendments proposed are for the most part grammatical in kind or would amplify applicability of the rule. Such amendments also are necessary to update the rule to conform with provisions of the Community Health Services Act. The grammatical changes for example, eliminate the terms "grant" in favor of "fund(s)" and "grantee" in favor of "local agency" to reflect the expanded funding authorization of the Board. Such authorization is contained in the Community Health Services Act permitting the Board to make special grants and subsidy awards for community health services related activities. Thus, these amendments are necessary and reasonable for effective interpretation of the Act and implementation of the rule.

Additionally, under rule MHD 454 4. b. and c., two new requirements are proposed related to assurances by the applicant entity. These provisions respectively read as follows:

" b. All local funds that are expended by the agency used to match a directly-awarded federal grant are reported on the budget/expenditure form", and

" c.The local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the Board."

Such amendments were deemed by the Board to be essential to effective administration of grants and subsidy awards. These provisions would place responsibility upon the applicant/recipient (of a grant and/or subsidy) to identify the local funds designated as local match against federally funded grants to that agency. Such funds, for example, would be ineligible to be also designated as local match expenditures against grants from federal sources administered by the State Board of Health.

Such proposed amendments would in addition assure accurate reporting of local matching resources to the State Board of Health. Such assurance by the applicant/recipient local agency would permit the Board to administer grants and subsidy awards to a local agency without the danger of local match being double-counted against more than one type of award (grant or subsidy or more than one grant). Double-counting of local match could be rules as unallowable and cause the loss of funding for the local agency as well as create a liability in paying back funds improperly identified or inappropriately used. Thus, such additional requirements are reasonable and necessary to effective administration of the rule.

MHD 455 proposes a new rule. The new rule and each of its subparts is expressley mandated by Minnesota Laws 1976, Chapter 9, § 8, Subdivision 1 (c). In addition, under MHD 455 C. 2. a, a proposal is made to facilitiate and clarify the manner in which county boards or city councils may function in the initiation of a planning process for the development of community health services until such time that a local board of health may be formally established.

Additionally, MHD 455 proposes a rule which would permit effective development and functioning of the advisory committee to a local board of health as is required by Section 3, Subdivision 3 of the Act.

MHD 455 presents requirements proposing to establish standards for the training, credentialing, and experience of key administrative personnel under Section 8 of the Community Health Services Act, which requires, in part, that the Board shall:

" (c) Promulgate regulations in accordance with Minnesota Statutes, Chapter 15, for the purpose of establishing standards for:
(1) Training, credentialing, and experience requirements for key personnel to ensure expertise in administration, planning, and in each services program included in the community health services plan;
(2) A uniform reporting system that will permit an assessment of the efficiency and effectiveness of service delivery programs; and
(3) A planning process that will encourage full community participation in the development of the community health services plan.

Subpart A of proposed rule MHD 455 sets forth standards that conform to commonly understood and accepted minimum criteria for key administrative personnel working in a community health services program. Standards are proposed for key administrative positions for service programs statutorily identified as necessary and fundamental to an approved community health services plan. These service programs are identified in Section 10, Subdivision 1 (c) of the Act. These positions include the following:

a. community health services administrator
b. community nursing director
c. home health services director
d. disease prevention and control director
e. emergency medical services director
f. health education director, and
g. environmental health director.

Observations were made of the manpower supply generally available throughout the state available to counties and municipalities. An evaluation was made of the qualifications of existing personnel throughout the state in positions similar to the ones mentioned above. Training and/or experience requirements were compared among professionals and health paraprofessional positions in organized health entities in both rural and urban settings. Federal standards which exist for some of the service programs and positions were considered also in development of the minimum standards proposed. Input into the development of these minimum standards was provided by existing local, state, and federal personnel standards, by representatives of county and municipal health agencies, by staff of the Minnesota Department of Health, and by county and municipal government agencies. The standards proposed reflect the considered judgement of all of these entities and are

offered as reasonable minimum standards which propose to assure adequate preparation and expertise of personnel who would fill such positions and to assure that such minimum standards reflect academic, training, and experience necessary to successfully meet the attendant responsibilities of such positions.

Provision is proposed for timely and reasonable opportunity for incumbent personnel to meet minimum training, credentialing and experience standards. This provision is deemed essential to permit local entities to allow incumbent personnel sufficient time to meet minimum standards and yet not jeopardize the quality of work responsibilities attendant to such positions and service programs.

Provision is also proposed that a person may perform more than one key administrative role (among those identified) in order to avoid the necessity of an overburdened fiscal impact of personnel costs for such health agencies as have significant fiscal and budgetary restrictions.

It is proposed that these minimum standards would apply only to local entities and to such positions as are not governed by personnel systems approved by the United State Civil Service Commission. Thus, uniformity, reasonableness, and necessity of this subpart of the rule are deemed to be established. The second subpart under MHD 455 would establish reasonable and practical timetables and reporting requirements for recipients of grants and subsidy allocated by the State Board of Health. Consistency in reporting formats and timetables is effective and desirable both for the recipient agency preparing required reports and for the State Board of Health as the agency administering grants and subsidy. Public accountability is better served through processes that are identifiable and consistent. Thus, uniformity in reporting requirements is desirable and necessary to effective administration of the statutory requirement that permits assessment (by the Board) of the efficiency and effectiveness of (supported) service delivery programs.

Careful consideration was made in this subpart to require only as much reporting (by recipeint agencies) of information as would be required to adequately discharge these responsibilities. Equal consideration was made of the manner in which such required reports should be made so as to obtain sufficient appropriate information and not unduly burden the reporting agency.

The final subpart (C.) of MHD 455, entitled, "Community Participation Process," proposes obligations for counties and municipalities to effect a planning process that promotes full community participation in development of a community health services plan. The process is proposed whereby a variety of measures would be required of counties seeking subsidy for community health services. Opportunities would be established encouraging and permitting expression of views of interested persons on the development of plans for the provision of community health services.

Proposed rule MHD 455 C. 1. a. would require affected counties to provide written notice to interested persons announcing any intent to initiate a

process for the development of a community health services plan. Such notice would provide guidelines for interested parties' participation in development of such plan(s). In addition, designation would be required of meetings or hearings on the matter where local expression and participation would be permitted. It is deemed reasonable that affected counties should propose, announce and conduct such meetings soliciting involvement of (local) citizenry in the development of a community health services plan. This concept of a process is based on the concept that interested persons including affected providers, consumers and local government officials are capable of providing assistance in determining what their community health services needs are and are willing to assist in the development of priorities of efforts and activities which will meet and resolve those needs. Thus, this subpart of the proposed rule is deemed to be necessary to the statutory requirement which it addresses and reasonable to encourage full community participation.

The proposed new rule MHD 455 C. 1. b. requires affected counties to develop and maintain a general roster of interested persons, who whould be provided with material relating to the development, implementing, or major revision of community health services plan. It is deemed reasonable to propose this requirement to contain the costs of processing, mailing, distributing, and otherwise making such material available. Such requirement is deemed necessary to assure that all persons interested in these matters would be provided a mechanism to express such interest and receive relevant material.

New rule MHD 455 C. 1. c proposes a process and timetable by which affected counties would permit and encourage periodic review of a community health services plan with sufficient time allotted for interested persons to study such proposed plans, plans, and subsequent ammendments. This is deemed to be a reasonable requirement to be met by affected counties, which will support and encourage public input into the development of community health services plans.

Finally, subpart d. of rule MHD 455 C. 1. would propose that affected counties would provide and distribute a summary of approved community health services plans to interested persons. In addition, a copy of the approved plan and periodic progress reports which would relate to accomplishments of health services programs, would be made available at a designated place for public review. This is deemed necessary for effective implementation of the planning process. It is also deemed reasonable to make such requirements of affected counties in order to assure feedback of proposals, accomplishments, and performance accountability to interested persons who may have provided input into the development of a community health services plan. The rule manifests the proposal that government, including units of county and municipality, derives it effectiveness from the informed involvement and effective participation of the citizens it serves. Thus, the proposal is deemed to be reasonable.

Dated: October 7, 1976

Minnesota State Board
of Health

By Ernest W. Kramer 7 Oct 76
Ernest W. Kramer
Health Executive Associate

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

CERTIFICATE OF

BOARD'S ADOPTION OF

RULES RESOLUTION

I, Warren R. Lawson, do hereby certify that I am Secretary and Executive Officer of the Minnesota State Board of Health, a Board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of a resolution adopted at a meeting of the Minnesota State Board of Health duly and properly called and held on the 9th day of December, 1976; that a quorum of the Board was present at said meeting, that said resolution was adopted by the Board, is set forth in the minutes of the meeting, and have not been rescinded or modified.

> RESOLVED, that pursuant to authority vested in us by Minn. Laws 1976, ch. 9, § 8 subd. 1 (c) and Minn. Stat. § 15.0412, subd. 3 (Supp. 1975) the rules relating to the establishment of standards under the community health services act (MHD 455) and to amendments to the scope of State Board of Health funding program rules (MHD 451-454) be and hereby are approved and adopted as originally proposed, except that said rules shall be modified in accordance with such non-substantial changes in citation form as are recommended at page 12 in the Report of Hearing Examiner herein of November 24, 1976, which Report is also hereby adopted.

IN WITNESS THEREOF, I have hereunto subscribed my name this 14 day of December, 1976.

MINNESOTA STATE BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
OFFICE OF HEARING EXAMINERS

FOR THE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules.

REPORT OF HEARING EXAMINER

The above-entitled matter came on for hearing on October 8, 1976 at Minneapolis before Steve M. Mihalchick, Hearing Examiner appointed by the Chief Hearing Examiner.

This is a rules hearing pursuant to Minn. Stat., Chapter 15, to determine whether proposed amendments to Minn. Rules MHD 451, 452, 453 and 454 and proposed new Minn. Rule MHD 455 should be adopted.

Robert T. Holley, Special Assistant Attorney General, appeared on behalf of the Board of Health. Robert W. Hiller and Ernest W. Kramer made the agency presentation for the proposed rules. Ten persons attending the hearing signed the register. The hearing continued until all interested groups and persons had an opportunity to be heard.

Pursuant to Minn. Stat. §§15.0412, subd. 4, and 15.052, subd. 4 (Supp. 1975), the Board of Health shall make this report available to all affected individuals upon request for at least ten days before it takes any final action on the proposed amendments.

The Board shall, if it proposes to adopt the rules as originally proposed or amended, submit the complete hearing record to the Chief Hearing Examiner no earlier than ten days subsequent to the receipt of this Report. It shall include the rules as originally proposed and the rules as proposed for adoption in final form. The Chief Hearing Examiner shall complete his review and submit his report to the Board on the issues of substantial changes in the rule and compliance with Minn. Stat. §15.0412 within ten calendar days. Thereafter the Board will be responsible for filing the rules with the Attorney General.

Based upon the proceedings herein, the Examiner makes the following:

FINDINGS OF FACT

PROCEDURAL REQUIREMENTS:

1. On August 24, 1976, the Board of Health filed the following documents with the Chief Hearing Examiner:

(a) A copy of the proposed rules;
(b) A proposed Order for Hearing;
(c) A copy of the Board's authorizing resolution;
(d) A proposed Notice of Hearing and
(e) A statement of the number of persons expected to attend and estimated length of hearing.

2. On September 3, 1976, the Board mailed the Notice of Hearing to all persons and associations who had registered their names with the Secretary of State for the purpose of receiving such notice.

3. On September 7, 1976, a copy of the Notice for Hearing and a copy of the proposed rules were published at 1 State Register 296.

4. On Monday, September 15, 1976, the Board filed with the Office of Hearing Examiners the following documents:

(a) The Order for Hearing and authorizing resolution;
(b) The Notice of Hearing as mailed;
(c) The affidavit of receipt of the Secretary of State's list;
(d) The Secretary of State's list;
(e) The Affidavit of Mailing;
(f) A copy of the notice published pursuant to Minn. Stat. §15.0412, subd. 6.
(g) The Statement of Need
(h) The Statement of Evidence with names of persons expected to testify.

The documents were available for inspection at the Office of Hearing Examiners from the date of filing to the date of the hearing.

5. The record was closed at the end of the day on October 28, 1976. Two comments were received during the twenty day period. Both expressed strong support for the proposed rules and urged their quick adoption.

STATUTORY AUTHORITY:

6. The authority and need to adopt the proposed new rules arises because of the necessity of complying with Minn. Laws 1976, ch. 9, §8 subd. 1(c). That section reads:

Subd. 1. The state board of health shall:

(c) Promulgate regulations [sic] in accordance with Minnesota Statutes, Chapter 15, for the purposes of establishing standards for:

(1) Training, credentialing, and experience requirements for key administrative personnel to ensure expertise in administration, planning, and in each services program included in the community health services plan;

(2) A uniform reporting system that will permit an assessment of the efficiency and effectiveness of service delivery programs; and

(3) A planning process that will encourage full community participation in the development of the community health services plan.

Accordingly, the Board here proposes the adoption of MHD 455, which is divided into the following three subtitles in correspondence with the foregoing statutory mandate: A. "Personnel"; B. "Uniform Reports"; C. "Community Participation Process".

7. The authority and need to adopt the proposed amendments to existing Minn. Rules MHD 451-454 is also founded in part upon Minn. Laws 1976, ch. 9, §8 subd. 1(c). Pursuant to its cited, statutorily mandated promulgation of rules respecting standards for community health services plans, the Board must necessarily define certain terms appearing within Minn. Laws 1976, ch. 9 and the proposed new rules.

8. Authority for procedural and clarifying rules not expressly authorized by Minn. Laws 1976, ch. 9, §8, subd. 1(c) is based upon the implied authority granted by Minn. Stat. §15.0412, subd. 3 (Supp. 1975), which provides, in pertinent part:

> Each agency shall adopt rules setting forth the nature and requirements of all formal and informal procedures related to the administration of official agency duties.

Such implied authority to adopt rules necessary to the exercise of statutory powers and duties is well recognized. 1 Am. Jur. 2d, Administrative Law, §97; Wesland v. State of Minnesota Railroad and Warehouse Commission, 25 Minn. 504, 88 NW2d 834 (1958).

MHD 451. PURPOSE, SCOPE, AND DEFINITIONS:

9. MHD 451 A. provides an introductory explanation of the rules. This is reasonable in order to give the reader knowledge of the context in which these rules are to be applied and interpreted. Several changes are required in the present rules (MHD 451

-454) to clarify that funds to assist in establishing and maintaining community health services will be allocated to eligible recipients both in the form of grants and subsidies, rather than as grants alone, as in the case under existing procedure. Much of the change in wording of existing rules relates to accomodating this additional form of funding. Amendments to existing rules and the addition of new rules in this proposal are intended to assist the reader to fully and thoroughly understand the processes by which such funds are made available to qualified recipient agencies and entities.

10. MHD 451 B. describes the scope of these rules. The rules apply to grants that are awarded by the State Board of Health and not governed by other rules promulgated for designated services and activities. Thus, the character of these rules is general and descriptive of a uniform process including notification of availability of funds, receipt, review, and evaluation of request for support funds, and other general and specific considerations that must be made in responsible administration of the allocation of grant and subsidy funds.

Amendment of the existing rules identifies that support funds affected by this process include subsidies as well as grants. Further amendment of this rule proposes deletion of the reference to appropriation of money. This is a reasonable amendment, since it is not within the scope of authority of the State Board of Health to appropriate money, but rather to allocate such funds as may be made available to the Board for distribution for various purposes. Appropriation of public funds for various activities is characteristic of the function of state and federal legislatures.

11. MHD 451 C. identifies various forms in which public funds may be made available through authority of the Board, including both various grants and subsidies for delivery of community health services. Identification of these forms of fund allocation are appropriate and reasonable to accomodate existing and newly provided statutory funding authority of the Board under the Community Health Services Act.

Language dealing with an entity's eligibility to receive grants is proposed to be deleted. Eligibility requirements as a part of these rules must also include considerations made relative to subsidies as a form of funding assistance. In order to provide more specific information about eligibility requirements for entities seeking assistance through grants and/or subsidies, the subject is treated later with more clarity in the rules (MHD 453 B. 2(a)).

12. MHD 451 D. deals with seventeen separate and distinct terms used in the Act and in these rules. These definitional provisions are necessary to effect a uniform and consistent interpretation of the Act and of these rules and in order to avoid ambiguity and uncertainty in dealing with the Act and these rules. This part would delete two existing definitions and add several new definitions, thereby giving greater clarity in meanings of the rules. The word "subsidy" is added to "grants" to indicate that there is to be an additional class of funds distributed under the newly expanded authority of the Board. Where both grant and subsidy is intended throughout the rules, use is made of the generic term "funds", thereby adding clarity to such meaning.

Two existing definitions proposed to be deleted, namely "applicant" and "grantee", would be removed because they would no longer appear in the text of proposed rules. "Applicant" was a meaningful term used in context of the existing rules (MHD 451-454), however the proposed addition of subsidies to funding authority of the Board would make use of the term "applicant" obsolete. Use of the term "local agency", one of several new definitions proposed, is proposed as a more precise and meaningful term in use in the proposed (and revised) rule and adds clarity to the reader's understanding. Similarly, "grantee" under existing rule related to recipients of grant(s) from the Board. This term is proposed for deletion since it is not to be used in the proposed rule.

Each of the new terms defined is needed for clarity of interpretation and is reasonable. Several other changes in MHD 451 are of a housekeeping nature; they improve wording and sentence structure. They are reasonable.

MHD 452 AVAILABILITY OF FUNDS AND APPLICATION PROCESS:

13. MHD 452 proposes nonsubstantive amendments necessary to accommodate changes in the processes of announcing the availability of funds and applying for such funds. Responsibility of the State Board of Health was expanded by the Community Health Services Act to permit allocation of subsidy funds to entities meeting certain requirements. Language of the rule would accommodate the Board's expanded authority, for example, by use of the term "fund" in place of the more restrictive term "grant". The term "fund" includes grants and subsidy where it is substituted for the term "grant" in the existing rule. The processes of announcing availability of funds and of applying for funds from the Board would be identical whether relevant to grants or subsidies. The changes are necessary and reasonable to clarify this expanded responsibility.

14. In MHD 452 A. and B., the term "timetables" would be substituted for the term "schedules" to more clearly reference a time frame to be specified in the Board's notice of availability of funds.

15. The stipulation in MHD 452 D. regarding submission of additional information required by the Board in evaluating an application would be reordered to become part E. of rule MHD 452. This would not constitute a substantive amendment in the existing rule, but would provide for improved reading ease. Similarly the concept of identification in an application of significant community health services needs would be stated in another sequence for additional emphasis.

16. MHD 452 D. 3. g. would require identification in the application of local match and/or local participation, respectively, in relation to grants and subsidies. This requirement would encourage more effective and pertinent planning on the part of the applicant at the time of submitting an application for funds and is, therefore, necessary and reasonable.

17. MHD 452 D. 3. h. would require an original signature of the applicant on the face sheet of the application and on the budget form. This requirement would provide an assurance that the Board would be dealing in the application process and in fiscal matters

with responsible persons who represent the applicant. It is reasonable.

18. MHD 452 D. 4. proposes to secure documentation of approval of proposed community health services plans by appropriate parties as required in the Community Health Services Act, §5 subd. 1. This stipulation would be reasonable to assure the orderly sequence of responsibilities at the local level for securing approvals and for assurance of effective coordination of planning at the local level.

19. MHD 452 D. 5. would clarify the sequence of fiscal period for the initial funding period for implementation and subsequent funding periods for maintenance and development of community health services. A deadline is proposed for submission of an applicants annual community health services plan to the State Board of Health for periods following 1977. This is reasonable to permit appropriate planning on part of the local entity and to permit adequate time for the processing of the plan by the Board.

MHD 453 REVIEW AND DISPOSITION OF APPLICATIONS:

20. MHD 453 A. proposes amendments necessary for purposes of timely and appropriate processing of applications for funds from the State Board of Health. The rule would revise the process sequence to reflect requirements of the Community Health Services Act, §10 subd. 2. relative to community health services plans and subsidy and would further stipulate a time frame within which regional review of grant applications would occur. The amendment also proposes a time frame for submission of comments of health systems agencies to the State Board of Health. These requirements are necessary to assure the orderly and timely processing of applications for funds.

21. MHD 453 B. proposes amplification of criteria used by the Board in its review of applications for funds. It requires that all legal conditions of eligibility are established for applicants of grants and subsidy. Thus, the Board would have in rule form a basic and necessary stipulation upon which a determination can be made either to award funds or to deny them in the

case of legal conditions of eligibility not being met by an applicant.

22. Pertinent definitions and requirements set forth under the Community Health Services Act §12, subd. 1 and 2 authorize the Board to make special grants respectively for health services for migrant agricultural workers and their families and for health services for native Americans who have no established county of residence. The proposed amendments to rule MHD 453 B.2. a. (1) and (2) would define respectively migrant agricultural workers and native Americans. These amendments are reasonable in terms of providing a mechanism to assure that such grant funds as may be made available through the Board will be allocated to the entities for whom they were intended under the Act. A comment was made that the rules did not expressly state that the Board has the power to approve and disapprove applications (T. 33,41). Such authority is clearly expressed in MHD 453 C and MHD 454 C.

MHD 454 ADMINISTRATION:

23. Rule MHD 454 proposes amendments necessary to implement requirements of the Act. The amendments proposed are for the most part grammatical in kind or would amplify applicability of the rule. Additionally, under rule MHD 454 4. b. and c., two new requirements are proposed related to assurances by the applicant entity. Such amendments are essential to effective administration of grants and subsidy awards. These provisions would place responsibility upon the applicant/recipient to identify the local funds designated as local match against federally funded grants to that agency. Such funds, for example, would be ineligible to be also designated as local match expenditures against grants from federal sources administered by the State Board of Health.

The proposed amendments would, in addition, assure accurate reporting of local matching resources to the State Board of Health. Such assurance by the applicant/recipient local agency would permit the Board to administer grants and subsidy awards to a local agency without the danger of local match being double-counted against more than one type of award. Double-counting of local match could be later ruled as unallowable and cause the loss of funding for the local agency as well as create a liability in paying back funds improperly identified or inappropriately used. Thus, such additional

requirements are reasonable and necessary to effective administration of the rule.

MHD 455 SPECIAL RULES AUTHORIZED BY LAWS OF 1976, CHAPTER 9:

24. MHD 455 proposes a new rule. The new rule and each of its subparts is expressly mandated by Minnesota Laws 1976, Chapter 9, §8, Subdivision 1 (c). In addition, under MHD 455 C. 2. a, a proposal is made to facilitate and clarify the manner in which county boards or city councils may function in the initiation of a planning process for the development of community health services until such time that a local board of health may be formally established.

Additionally, MHD 455 proposes a rule which would permit effective development and functioning of the advisory committee to a local board of health as is required by Section 3, Subd. 3 of the Act.

25. MHD 455 A. sets forth standards that conform to commonly understood and accepted minimum criteria for key administrative personnel working in a community health services program. Standards are proposed for key administrative positions for service programs statutorily identified as necessary and fundamental to an approved community health services plan. The standards set are reasonable as minimum standards considering the supply of manpower, special community needs, budgetary implications and similar standards used by other government agencies. It was apparent that the standards were developed with input from many sources and represent a consensus of opinion. One comment (T. 50) offered by the Director of the Graduate Program in Health Education at the School of Public Health suggested that ideal or maximum standards for these personnel should be listed and that such qualifications should include a graduate degree in public health. Board personnel responded that they may consider such changes in the future, but that they wish only to list minimum standards at the present time. Further, the funded agency is not prohibited from requiring higher standards on its own.

26. MHD 455 B establishes reasonable and practical timetables and reporting requirements for recipients of grants and subsidy allocated by the State Board of Health. Consistency in reporting

formats and timetables is effective and desirable both for the recipient agency preparing required reports and for the State Board of Health as the agency administering grants and subsidies. Public accountability is better served through processes that are identifiable and consistent. Thus, uniformity in reporting requirements is desirable and necessary to effective administration of the statutory requirement that permits assessment by the Board of the efficiency and effectiveness of supported service delivery programs.

27. The final subpart (C.) of MHD 455, entitled, "Community Participation Process", proposes obligations for counties and municipalities to effect a planning process that promotes full community participation in development of a community health services plan. A process is proposed whereby a variety of measures would be required of counties seeking subsidy for community health services. Opportunities would be established encouraging and permitting expression of views of interested persons on the development of plans for the provision of community health services.

28. Proposed rule MHD 455 C.1.a. would require affected counties to provide written notice to interested persons announcing any intent to initiate a process for the development of a community health services plan. Such notice would provide guidelines for interested parties' participation in development of such plans. In addition, designation would be required of meetings or hearings on the matter where local expression and participation would be permitted. It is reasonable that affected counties should propose, announce and conduct such meetings soliciting involvement of local citizenry in the development of a community health services plan. This concept of a process is based on the concept that interested persons including affected providers, consumers and local government officials are capable of providing assistance in determining what their community health services needs are and are willing to assist in the development of priorities of efforts and activities which will meet and resolve those needs. Thus, this subpart of the proposed rule is necessary and reasonable to encourage full community participation.

29. The proposed new rule MHD 455 C.1.b. requires affected

counties to develop and maintain a general roster of interested persons, who should be provided with material relating to the development, implementing, or major revision of community health services plan. It is reasonable to propose this requirement to contain the costs of processing, mailing, distributing, and otherwise making such material available. The requirement is necessary to assure that all persons interested in these matters would be provided a mechanism to express such interest and receive relevant material.

30. MHD 455 C.1.c. proposes a process and timetable by which affected counties would permit and encourage periodic review of a community health services plan with sufficient time allotted for interest persons to study such proposed plans, plans and subsequent ammendments. This is a reasonable requirement to be met by affected counties, which will support and encourage public input into the development of community health services plans.

31. MHD 455 C.1.d. requires affected counties to provide and distribute a summary of approved community health services plans to interested persons. In addition, a copy of the approved plan and periodic progress reports which would relate to accomplishments of health services programs, is to be made available at a designated place for public review. This is necessary for effective implementation of the planning process. It is also reasonable to make such requirements of affected counties in order to assure feedback of proposals, accomplishments, and performance accountability to interested persons who may have provided input into the development of a community health services plan. The rule manifests the proposal that government, including units of county and municipality, derives its effectiveness from the informed involvement and effective participation of the citizens it serves.

32. MHD 455 C.2.a. provides for an interim planning committee which fills the need for a mechanism by which a local agency can begin planning and implementing a community health services plan. It acts until a local board of health is formed. The interim committee approach is a reasonable method of filling this need.

33. MHD 455 C.2.b. Advisory Committee, expands upon the requirements in Section 3, subdivision 3 of the Act. The provisions reasonably clarify and implement the intent of the Act that public

participation be maximized.

CONCLUSIONS

1. Due, timely and adequate legal notice of the hearing was properly served and published by the Board of Health. All other substantive and procedural requirements of statute or rule have been fulfilled.

2. The Board has demonstrated its statutory authority to adopt the proposed rules.

3. The Board by an affirmative presentation of facts has demonstrated the need for and reasonableness of the proposed rules.

4. Citations in the proposed rules to the Act are cited as Laws 1976, Ch. 9. The Act will be encoded in Minnesota Statutes as sections 145.911 to 145.922. Citation by the statutory scheme would be less confusing in future years when copies of Laws 1976 will be less available. Modification of the proposed rules at this point to clarify the citations would be a non-substantial change.

RECOMMENDATIONS

The Hearing Examiner recommends:

1. That the proposed rules be modified as follows:

   (a) MHD 451 D.1.; amend to read: "Act" means the Minnesota Community Health Services Act of 1976, Laws of 1976, Ch. 9, coded Minn. Stat. §145.911 et. seq.

   (b) MHD 453 B.2.a.; delete "Section 12, Subdivision 1 and 2 of the Act", and insert "Minn. Stat. §145.922".

   (c) MHD 455, title; delete "Laws of 1976, Ch. 9." and insert "the Act".

   (d) MHD 455 A; delete "Section 8 of the Act," and insert "Minn. Stat. §145.918,".

   (e) MHD 455 B.2; delete "Section 10, Subdivision 1(e) of the Act." and insert "Minn. Stat. §145.92, Subd. 1 (e).".

   (f) MHD 455 C.2.a. and MHD 455 C.2.b.; delete "Section 3, Subdivision 3 of the Act." and insert "Minn. Stat. §145.913, Subd. 3.".

2. That, so modified, the proposed rules be adopted.

Dated: November 24, 1976.

Steve Mihalchick
Hearing Examiner

STATE OF MINNESOTA
OFFICE OF HEARING EXAMINERS

FOR THE BOARD OF HEALTH

IN THE MATTER OF THE PROPOSED)
ADOPTION OF RULES OF THE STATE)
BOARD OF HEALTH ESTABLISHING) REPORT OF THE
STANDARDS UNDER THE COMMUNITY) CHIEF HEARING EXAMINER
HEALTH SERVICES ACT AND CON-)
FORMING BY AMENDMENT THE SCOPE)
OF AGENCY FUNDING PROGRAM RULES.)

WHEREAS, a hearing was held on October 8, 1976, before Steve M. Mihalchick, a Hearing Examiner of the State Office of Hearing Examiners, on the above-entitled matter in compliance with Minn. Stat. §15.0412, Subd. 4; and

WHEREAS, the Report of Hearing Examiner made pursuant to Minn. Stat. §15.052, Subd. 3, was issued to the Board of Health on November 24, 1976; and

WHEREAS, the Board of Health has now determined to adopt rules pursuant to Minn. Stat. §15.0412, Subd. 4; and

WHEREAS, the Board of Health has submitted said rules to the Chief Hearing Examiner for review pursuant to Minn. Stat. §15.052, Subd. 4, and Rule HE 107; and

WHEREAS, the Chief Hearing Examiner finds that there are no substantial changes in said rules as originally proposed.

NOW, THEREFORE, upon receipt of this Report, the Board of Health has the responsibility of submitting the complete hearing record and the rules as adopted by the Board to the Attorney General and to publish in the State Register, all pursuant to Minn. Stat. §15.0412, Subd. 4.

Dated this 21st day
of December, 1976.

Duane R. Harves

DUANE R. HARVES
Chief Hearing Examiner

STATEMENT OF COMPLIANCE

WITH MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General, Robert T. Holley, do hereby declare that I have examined the proposed rules and accompanying documents of the State Board of Health relating to Community Health Services Act standards and funding program amendments and that, based upon said rules and documents and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: December 28, 1976

Robert T. Holley

ROBERT T. HOLLEY
Special Assistant
Attorney General

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Minnesota State Board of Health on the 8th day of October, 1976, at 9:30 a.m. in the Board Room, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, after proper notice required by Minn. Stat. § 15.0412 (Supp. 1975) 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, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above-captioned rules.

NOW, THEREFORE, IT IS ORDERED that these rules identified as MHD 451-455 are adopted this 22nd day of December, 1976, pursuant to authority vested in this Board by Minn. Laws 1976, ch. 9 § 8 subd. 1(c) and Minn. Stat. § 15.0412 subd. 3 (1975) and by resolution of the Minnesota State Board of Health duly adopted at a meeting of the said Board on the 9th day of December, 1976.

MINNESOTA STATE

BOARD OF HEALTH



WARREN R. LAWSON, M.D.
Secretary and Executive Officer

ADMIN 1000

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : Michael Miller
Special Assistant
Attorney General
Department of Administration

DATE: Dec. 27, 1976

FROM : Robert T. Holley RTH
Special Assistant
Attorney General

PHONE:

SUBJECT: Submission for Approval of Board of Health Community Health Services Act Funding Program Rules

Attached for your review and approval are proposed amendments to State Board of Health general funding program rules (MHD 451-454) and a proposed new rule (MHD 455) relating specifically to the recently adopted Community Health Services Act. Also, I am enclosing (i) a packet consisting of the original hearing record and transcript in this matter, plus all post-hearing documents and three copies of the proposed rules as adopted and (ii) two additional, separate sets of the adopted rules, post-hearing documents and hearing record without transcript.

The proposed amendments to existing Board rules (MHD 451-454) are largely housekeeping changes and include certain broadening provisions designed to accommodate the language of the community health services act. The authority for these amendments includes section 8 subdivision 1(c) of the act (Minn. Laws 1976, ch. 9), as well as chapter 15 and pertinent case law. The single new rule (MHD 455) is proposed under exclusive authority of the above-cited section of the act.

Please call me if there are any questions.

RTH:ss
attachments

PROPOSED RULES

MHD 451. PURPOSE, SCOPE, AND DEFINITIONS

A. Purpose of Rules. The purpose of these rules is to establish a process for allocating federal and state funds in the form of grants and subsidies to assist in establishing and maintaining community health services.

B. Scope of Rules.

1. [The Board administers a number of grant programs. Some programs are governed by separate procedural rules.] These rules [are intended to] apply generally to all grants and subsidies awarded by the Board which are not governed by other specific procedural rules for specific grant programs.

2. The monies available for the grant and subsidy awards governed by these rules come from both state and federal sources. These rules, therefore, do not prescribe the exclusive procedures and requirements applicable to grants and subsidies governed by them, but [instead] are in addition to any procedures and requirements specified in the enabling and authorizing laws establishing subsidies and [the] grants programs, [and appropriating the money thereto,] as well as any other applicable rules.

C. Type of [Grants] Funds. [Grants] Funds shall be available for the following purposes:

1. Planning grants for the development of a community health service agency or system.

2. Demonstration grants of the appropriateness, effectiveness, or feasibility of [developing] a [new] community health service, or for the integration of existing community health services.

3. Special Projects Grants [support of projects] for the delivery of community health services to specified target populations.

4. Community Health Services Subsidies for the delivery of community health services.

[(d) Eligibility for Grants. Public funds in the form of grants are available to governmental and nonprofit agencies, institutions, and organizations for purposes described herein.]

D. Definition of Terms. The following terms used in these rules shall have the meanings given them:

1. "Act" means the Minnesota Community Health Services Act of 1976, Minnesota Laws 1976, Chapter 9.

2. "Activity" means public health/community health services [the tasks] described in the grant or subsidy application and approved by the Board for fiscal support.

[(2) "Applicant" means the governmental or nonprofit private agency, institution, or organization which seeks and requests a grant award from the Board.]

3. "Application" means a written request for funds [a grant award] submitted by the applicant on forms provided by the Board pursuant to these rules and applicable statutes.

4. "Award" means the authorization by the Board for an applicant [to a grantee] to receive and expend grant or subsidy [public] funds for an activity.

5. "Board" means the State Board of Health and includes the Commissioner of Health and the Minnesota Department of Health. These rules shall be administered by the Commissioner of Health, who is the Secretary and Executive Officer of the Board.

6. "Community Health Services" means those services designed to protect and improve the people's health within a geographically defined community by emphasizing services to prevent illness, disease, and disability, by promoting effective coordination and use of community resources, and by extending health services into the community. These services include community nursing services,

home health services, disease prevention and control services, family planning services, nutritional services, dental public health services, emergency medical services, health education, and environmental health services.

7. "Consumer" means a person who is not a licensed or credentialed health professional or the spouse of such person, a person who does not have a material financial interest in the provision of professional health services, and a person who is not directly related to health services planning and development, except as a consumer member of health-related boards.

8. "Fiscal Management Officer" means the chief fiscal officer for the recepient of funds [of the grantee] who has primary responsibility and [for the] accountability for expenditure of and reporting on grant and subsidy funds.

[(8) "Grantee" means that agency, institution, or organization which has received a grant award.]

9. "Fiscal Year" for subsidies to a local board of health means January 1 through December 31. The fiscal year for grants may differ dependent upon funding source requirements.

10. "Key Administrative Personnel" means those persons functioning under an approved community health services plan, including:

a. the community health services administrator,

b. the nursing director,

c. the home health services director,

d. the disease prevention and control director,

e. the emergency medical services director,

f. the health education director, and

g. the environmental health services director.

11. "Local Agency" means a nonprofit institution or organization or a

general purpose subdivision of state government or combinations thereof authorized under joint powers agreement.

12. "Local Government Officials" means members of a board of county commissioners, or a city council, or a township board, or a school board, or other such officials who have responsibility for decision making concerning health and related human services.

13. "Local Match" means the local agency's [grantee] share of the cost of activities funded by grants and which share complies with the eligibility requirements of the funding source. [the funded activity.]

14. "Local Participation" means those funds expended by a general purpose subdivision of state government or combinations thereof authorized under a joint powers agreement to support community health services, which are identified in the community health services plan and which qualify for subsidy, including funds derived from tax levies, gifts, fees for services, revenues from contracts, and federal general revenue sharing funds.

15. "Notice of Availability" means a written announcement by [of] the Board noting the availability of [grant] funds.

16. "Project Director" means the person [official of the grantee] responsible for [the] administration of [the grant] a funded activity.

17. "Provider" means any individual who is a licensed or credentialed health professional; an employee or representative of a licensed or certified health care institution or agency, health care insuror, or health professional school; or a person with a material financial interest in the provision of health services.

MFD 452. AVAILABILITY OF GRANT FUNDS AND APPLICATION PROCESS

A. Notice of Availability. The Board shall mail a notice of availability to interested parties who have requested the Board in writing to be so notified. The notice of availability of grant funds shall include at least the following infomation:

1. Specific purposes for which funds are available.

2. The [date and] format of the notice of intent to apply for [a grant award] funds.

3. [When applications shall be submitted to the Board.] The final dates for submission of notice of intent and for submission of applications.

4. The expected timetable for review of applications by the Board.

5. Regional review requirements.

B. Notice of Intent. Interested parties shall notify the Board in writing of intent to apply for funds in accordance with the timetables [schedule] and format specified in the Board's notice of availability of grant funds.

C. Provision of Application Forms. Upon receipt of the notice of intent, the Board sahll transmit application forms and instructions to the agency, institution, or organization submitting the notice of intent.

D. Submission of Application. Applications shall be submitted to the Board no later than the date specified in the notice of availability. Information addressed in the application shall include, but not be limited to the following items: [noted below. The Board may request the submission of additional information consistent with these rules and any applicable legislation as well as information necessary to clarify matters already contained in the application. Such request shall be for the sole purpose of enabling the Board to fairly, adequately and completely evaluate the application to determine whether a grant should be awarded.]

1. Name and address of the applicant.

2. Names of the project director and the fiscal management officer who will be responsible for the activity for which funding [a grant award] is sought.

3. [An activity description including at least the following:]

Identification of the significant community health services needs of the community and a description of the way the proposed activity will affect

these needs, including:

a. Statement of the community health problem[(s)] to which the activity is addressed.

b. Statement of goal(s) of the activity.

c. Objective(s) to be accomplished by the activity.

d. Methods by which each objective will be achieved.

e. Evaluation cirteria to be used for periodic assessment of the activity.

f. Completed budget and budget justification.

g. Identification of local match and/or local participation.

h. Original signature on face sheet and budget form.

[(4) Identification of the significant health-related needs of the community along with an explanation of the way the proposed activity will affect these needs.]

4. Assurances of compliance with applicable state and federal laws pertaining to the administration of [grants,] funds, and where applicable, documentation of approval by the county board(s) or city council(s) of the proposed community health services plan.

5. The community health services plan submitted to the Board for fiscal year 1977 may be for funding for any remaining portion of fiscal year 1977. Thereafter, the annual community health services plan shall be submitted to the Board no later than August 15 of each year for funding for the following fiscal year.

E. Additional Information. To enable the Board to make an adequate evaluation, the Board may request the submission of additional information consistent with these rules and any applicable statutes. The Board may refuse to award a grant or subsidy for failure of the applicant to submit requested additional information.

MHD 453. REVIEW AND DISPOSITION OF APPLICATIONS [OF APPLICATION AND DISPOSITION THEREOF]

A. Regional Review. The applicant shall submit one copy of the completed application form to the Board by the date specified in the notice of availability and concurrently to the [to each of the health systems agencies and] regional development commission(s) for [in] the area[s] in which the funded activity will take place. [Their findings shall be submitted to the Board in accordance with the time schedule specified in the notice of availability.] Such regional development commissions shall review and comment on the proposed community health service plans within 40 days after receipt, and shall review and comment on grant applications within 20 days after receipt. In addition, one copy of the completed application form shall be submitted to the appropriate health systems agencies for review and comment, or approval as appropriate. Any comments of the health systems agencies shall be submitted to the Board in accordance with the time schedule as specified immediately above for regional development commissions.

B. Board Review

1. The Board shall review all applications in accordance with the time schedule specified in the notice of availability.

2. The Board shall give consideration to the following cirteria in determining which activities shall receive [an award] funds:

a. Eligibility. A determination that all legal conditions of eligibility are established. In the case of special grants authorized under Section 12, Subdivisions 1. and 2. of the Act, the following conditions shall apply:

(1) Migrant agricultural workers shall include only those persons and their families whose principal occupation is or has been in agriculture on a seasonal basis during the preceding twelve month period, and who are required to establish a temporary place of abode for the purpose of such employment.

(2) Native Americans without an established county of residence shall include only persons not residing on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as Native Americans by the group in which they claim membership.

b. Limitation of Funds. The amount of funding available for a specific type of grant [or] subsidy.

c. Probable Effectiveness. Evidence that the proposed activity will positively affect identified community health problems in a cost effective manner.

d. Community Support. Evidence of coordinated planning and of community support, including the availability [level] of local match and/or local participation [available] for the proposed activity.

[(dd) Past Performance. The extent to which the grantee has met the goals and objectives of any activity previously funded by the Board.]

e. Equity. Equitable distribution of grant funds throughout the state.

f. Regional Review. The findings submitted by the regional review agencies.

g. Quality of the Application. Clarity, specificity, and completeness of the application.

C. Disposition.

1. The Board shall inform each applicant in writing that one of the following actions has been taken with respect to its application.

a. Approval of application as submitted. [and justification thereof.]

b. Approval of application with modifications. [and justification thereof.]

c. Conditional disapproval due to inadequate funds. Such [These]

applications shall be held by the Board pending availability of additional funds.

d. Disapproval of application with justification.

2. The Board's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and such conditions as are necessary for assuring the appropriate use of public funds.

MHD 454. [GRANT] ADMINISTRATION

A. [Grant] Monitoring. [The Board shall designate] A member of the Department of Health staff will be designated to act as monitor for each grant or subsidy awarded. The person designated shall provide or arrange for technical assistance and shall [to the grantee and] monitor progress toward the goals and objectives of the activity.

B. [Grantee] Local Agency Responsibilities. The local agency, [grantee shall,] in addition to fulfilling the goals and objectives of the activity, shall:

1. Comply with the terms and conditions of the [grant] Board's award notice and with the requirements of these rules and other applicable [legislation] laws and rules and regulations.

2. Maintain such records, including program and accounting records, as are necessary to make the required reports and to permit assessment of the activity by the Board.

3. Provide access [to the Board] to records relating to the funded activity.

4. Provide progress reports in accordance with a schedule [established by the Board.] specified in the award notification.

5. Assure that:

a. The treasurer or an official exercising similar functions [for the grantee] shall receive and provide for the custody of all funds paid [to the grantee] by the Board.

b. All local funds that are expended by the agency used to match a directly-awarded federal grant are reported on the budget/expenditure form.

[(bb) The local match reported is used only to match the specific grant award and not any other grant awarded by the Board or any other state or federal source.]

c. The local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the Board.

d. [Grant] Funds are used solely for the purpose authorized [outlined] in the [grant] award.

e. Accounting records are supported by source documents.

f. Audits are conducted to determine at a minimum the fiscal integrity of financial transactions and reports.

C. [Grantee] Disqualification. The Board may withhold or terminate funding [to the grantee] for failure to comply with the terms of the award, [grant,] with the requirements of [the] applicable rules or [applicable legislation,] statutes, or for other just cause. The Board may require reimbursement of unauthorized expenditures identified by fiscal audit.

MHD 455. SPECIAL RULES AUTHORIZED BY MINNESOTA LAWS 1976, CHAPTER 9

A. Personnel. MHD 455(a) establishes minimum standards for the training, credentialing and experience requirements for key administrative personnel under Section 8 of the Act, except that this rule shall not apply to employees of agencies having a personnel system approved by the United States Civil Service Commission.

1. Except for the community health services administrator, this rule applies only when the local agency has the specific services program as a distinct organizational component. A person may perform more than one key administrative role.

2. Key administrative personnel shall have documented experience that includes skills necessary to:

a. Prepare and manage budgets.

b. Manage a planning process for the delivery of services.

c. Prepare necessary reports.

d. Evaluate programs for efficiency and effectiveness.

e. Coordinate the delivery of community health services with other public and private services.

f. Advise and assist the local board of health in the selection, direction, and motivation of personnel.

3. Incumbent key administrative personnel shall have until January 1, 1980, to meet the minimum training credentialing and experience standards.

4. Minimum standards for each of the above key administrative personnel positions are as follows:

a. Community Health Services Administrator. Academic preparation in administration, public health, or a related field and two years of documented experience in an administrative or supervisory capacity.

b. Community Nursing Director. Minnesota certification as a public health nurse and two years of documented experience in nursing, preferably in public health and in an administrative or supervisory capacity.

c. Home Health Services Director. Licensure to practice as a registered nurse in Minnesota, preferably meeting certification standards for public health nursing, and two years of experience in nursing involving supervisory or administrative responsibilities.

d. Disease Prevention and Control Director. Bacculaureate degree in physical or biological sciences and one year of experience in disease prevention and control methods; or two years of documented experience in an administrative

or supervisory position in a disease prevention and control program.

e. Emergency Medical Services Director. Two years of documented experience in an administrative or supervisory position in a health-related program and training and/or experience in emergency medical services.

f. Health Education Director. Baccalaureate degree and one year of experience in relevant fields; or two years of documented experience in an administrative or supervisory capacity in a health education program.

g. Environmental Health Director. Baccalaureate degree in physical or biological sciences and two years of experience relevant to the environmental health program operated by the local board of health. A masters degree in the environmental health sciences or as much as two academic years of post-secondary environmental health course work may be substituted for up to two years of experience, provided that, in any case, the environmental health director shall have at least one year of experience.

B. Uniform Reports. The recipient of a subsidy award shall furnish uniform reports to the Board as follows:

1. Reports of expenditures shall be filed on forms provided by the Board no later than 45 days following the close of each quarter of the fiscal year.

2. Annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year. This will constitute compliance with the requirements of Section 10, Subdivision 1(e) of the Act. Reports of evaluation of the activities conducted under the annual community health services plan shall be submitted in accordance with the instructions and on forms provided by the Board and shall include at least the following:

a. An analyisis of the results including statistical data for each of the activities included in the annual community health services plan using the evaluation criteria specified in the plan.

b. A narrative identification and description of efforts made toward improved coordination and integration of activities conducted by the local board of health with other organizations, agencies, and groups providing similar or related services in the area.

c. A summary expenditure report including the amount of local match or local participation.

d. Statistical data to comply with federal requirements.

C. Community Participation Process.

1. The community health services plan shall be developed with full community participation. Such participation shall include the following:

a. Written notice shall be made to interested persons, including affected providers, consumers, and local government officials, of the initiation of a local community health services plan development process. Such notice shall include the procedures by which persons may participate in that process, and notification of dates, times and location of meetings or hearings at which persons shall be given the opportunity to express their views.

b. A general roster shall be developed and maintained for mailings of materials relating to community health services plan development, implementation, or major revision.

c. A public meeting at which interested persons shall have the opportunity to comment on the proposed plan shall be held annually at least 15 days prior to approval by the county board(s) of a proposed community health services plan. A summary of the plan shall be made available to interested persons at least two weeks prior to this meeting. A complete copy of the proposed plan shall be available for public review at a designated place.

d. A summary of the approved community health services plan shall be

distributed to interested persons and a copy of the approved community health services plan and periodic progress reports shall be made available for public review at a designated place.

2. Advisory Committee.

a. Interim Planning Committee. When a county board(s) or city council(s) initiates a planning process for the development of a community health services plan, and until a local board of health is formally established, an interim planning committee shall be appointed by the county board(s) or city council(s) to assist in the development of the community health services plan. The committee shall function in a manner identical to that specified for the community health services advisory committee in Section 3, Subdivision 3 of the Act. Nominations for appointments to the interim planning committee shall be solicited from affected and interested community provider and consumer organizations and/or constituencies. Appointments to the interim planning committee shall elect officers, and may establish special study groups and task forces which may include persons other than member of the interim planning committee. All meetings of the interim planning committee shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the county board(s), or city council(s) as appropriate. Staff to assist the committee and task forces shall be furnished by the county board(s) or city council(s).

b. Advisory Committee. The advisory committee required by Section 3, Subdivision 3, of the Act to be established upon the formation of the local board of health shall be selected by the participating county board(s) or city council(s) from nominations solicited from interested and affected organizations, community groups and/or constituencies. The advisory committee may at its discretion

organize special study groups and task forces which may include persons other than members of the advisory committee. All meetings and records of the advisory committee and of study groups and task forces established by it shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the local board of health. Staff support to the advisory committee shall be provided by the local board of health.

MHD 456-460. Reserved for future use.

DOCKET HLTH-77-020-SM

DATE 10-8-76

TITLE RULES ESTABLISHING STANDARD UNDER CHSA PRELIMINARY FILINGS

EXHIBIT	PARTY		MARKED	REC'D	OBJECTION
	Board's	Public's			
HE 102 filings (8-24-76)					
Copy of proposed rules	1		X		
Proposed Order	2		X		
Bd Authorizing Resolution	3		X		
Proposed Notice	4		X		
Stment of # + length	5		X		
Copy of 1 State Reg'r 296 (9-7-76)	6		X		
HE 103 filings (9-15-76) (23 days)					
Order + Resolution	7		X		
Notice as mailed	8		X		
Aff't rec't of SOS list ~~with~~	9		X		
SoS list	10		X		
Aff't of mail on 9/3/76 + cert	11		X		
§15.0412, ob 6 Notice in 1. S.R. 259 (no reply)	12		X		
Statement of Need	13		X		
Stment of Evidence + W's	14		X		

SM RECEIVED
AUG 24 1976
OFFICE OF HEARING EXAMINERS

STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

Address Reply to:
OFFICE OF ATTORNEY GENERAL
Minnesota Department Of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440
Telephone (612) 296-5294

August 20, 1976

Mr. Duane Harves
Chief Hearing Examiner
Minnesota State Office of
Hearing Examiners
Room 300
1745 University Avenue
St. Paul, Minnesota 55104

Re: In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

Dear Mr. Harves:

This is to formally request and, pursuant to our telephone conversation of August 11, confirm the appointment of a Hearing Examiner in the above-entitled matter, such hearing to be held on October 8, 1976, at 9:30 a.m. in the Board Room of the State Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, 55440.

Also, as required under Minn. Rule HE 102, I hereby file with you copies of the following documents:

(a) The proposed rules;
(b) The proposed Order for Hearing, including an attached Certificate of Board's Authorizing Resolution;
(c) The proposed Notice of Hearing; and
(d) Statement of Number of Persons Expected to Attend and Length of Hearing.

Form 1060, entitled "Request for Hearing Examiner's Services," is also included with the above materials.

Finally, please note that a court reporter and a transcript of the proceedings are requested.

Very truly yours,

Bob Holley

ROBERT T. HOLLEY
Special Assistant
Attorney General
(612)296-5518

RTH:mt
Enclosures

P.S. The enclosed proposed rules are filed in such form as is required for submissions to the State Register, e.g., "bf" indicates bold face type, brackets enclose deletions from existing rules, and circles surround proposed new language. Additionally, because the Notice of Hearing herein constitutes pages 1 and 2 of the agency's submission to the State Register, the first page of the proposed rules is numbered as page 3.

RTH

MI[redacted]ESOTA STATE BOARD OF HEAL[redacted]

August 23, 1976

RECEIVED
AUG 24 1976
OFFICE OF HEARING EXAMINERS

PROPOSED RULES

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4. Community Health Services Subsidies for the delivery of community health services.

Board's Exhibit No. 1
File No. HLTH-77-020-SM
Date

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bf general purpose subdivision of state government or combinations thereof authorized under joint powers agreement.

bf 12. "Local Government Officials" means members of a board of county commissioners, or a city council, or a township board, or a school board, or other such officials who have responsibility for decision making concerning health and related human services.

bf 13. "Local Match" means the local agency's [grantee] share of the cost of activities funded by grants and which share complies with the eligibility requirements of the funding source. [the funded activity.]

bf 14. "Local Participation" means those funds expended by a general purpose subdivision of state government or combinations thereof authorized under a joint powers agreement to support community health services, which are identified in the community health services plan and which qualify for subsidy, including funds derived from tax levies, gifts, fees for services, revenues from contracts, and federal general revenue sharing funds.

bf 15. "Notice of Availability" means a written announcement by [of] the Board noting the availability of [grant] funds.

bf 16. "Project Director" means the person [official of the grantee] responsible for [the] administration of [the grant] a funded activity.

bf 17. "Provider" means any individual who is a licensed or credentialed health professional; an employee or representative of a licensed or certified health care institution or agency, health care insuror, or health professional school; or a person with a material financial interest in the provision of health services.

MHD 452. AVAILABILITY OF GRANT FUNDS AND APPLICATION PROCESS

A. Notice of Availability. The Board shall mail a notice of availability to interested parties who have requested the Board in writing to be so notified. The notice of availability of grant funds shall include at least the following information:

1. Specific purposes for which funds are available.

2. The [date and] format of the notice of intent to apply for [a grant award] funds.

3. [When applications shall be submitted to the Board.] The final dates for submission of notice of intent and for submission of applications.

4. The expected timetable for review of applications by the Board.

5. Regional review requirements.

B. Notice of Intent. Interested parties shall notify the Board in writing of intent to apply for funds in accordance with the timetables [schedule] and format specified in the Board's notice of availability of grant funds.

C. Provision of Application Forms. Upon receipt of the notice of intent, the Board sahll transmit application forms and instructions to the agency, institution, or organization submitting the notice of intent.

D. Submission of Application. Applications shall be submitted to the Board no later than the date specified in the notice of availability. Information addressed in the application shall include, but not be limited to the following items: [noted below. The Board may request the submission of additional information consistent with thesc rules and any applicable legislation as well as information necessary to clarify matters already contained in the application. Such request shall be for the sole purpose of enabling the Board to fairly, adequately and completely evaluate the application to determine whether a grant should be awarded.]

1. Name and address of the applicant.

2. Names of the project director and the fiscal management officer who will be responsible for the activity for which funding [a grant award] is sought.

3. [An activity description including at least the following:]

Identification of the significant community health services needs of the community and a description of the way the proposed activity will affect

these needs, including:

a. Statement of the community health problem[(s)] to which the activity is addressed.

b. Statement of goal(s)[.] of the activity.

c. Objective(s) to be accomplished by the activity.

d. Methods by which each objective will be achieved.

e. Evaluation cirteria to be used for periodic assessment of the activity.

f. Completed budget and budget justification.

g. Identification of local match and/or local participation.

h. Original signature on face sheet and budget form.

[(4) Identification of the significant health-related needs of the community along with an explanation of the way the proposed activity will affect these needs.]

4. Assurances of compliance with applicable state and federal laws pertaining to the administration of [grants.] funds, and where applicable, documentation of approval by the county board(s) or city council(s) of the proposed community health services plan.

5. The community health services plan submitted to the Board for fiscal year 1977 may be for funding for any remaining portion of fiscal year 1977. Thereafter, the annual community health services plan shall be submitted to the Board no later than August 15 of each year for funding for the following fiscal year.

E. Additional Information. To enable the Board to make an adequate evaluation, the Board may request the submission of additional information consistent with these rules and any applicable statutes. The Board may refuse to award a grant or subsidy for failure of the applicant to submit requested additional information.

MHD 453. REVIEW AND DISPOSITION OF APPLICATIONS [OF APPLICATION AND DISPOSITION THEREOF]

A. Regional Review. The applicant shall submit one copy of the completed application form to the Board by the date specified in the notice of availability and concurrently to the [to each of the health systems agencies and] regional development commission(s) for [in] the area[s] in which the funded activity will take place. [Their findings shall be submitted to the Board in accordance with the time schedule specified in the notice of availability.] Such regional development commissions shall review and comment on the proposed community health service plans within 40 days after receipt, and shall review and comment on grant applications within 20 days after receipt. In addition, one copy of the completed application form shall be submitted to the appropriate health systems agencies for review and comment, or approval as appropriate. Any comments of the health systems agencies shall be submitted to the Board in accordance with the time schedule as specified immediately above for regional development commissions.

B. Board Review

1. The Board shall review all applications in accordance with the time schedule specified in the notice of availability.

2. The Board shall give consideration to the following cirteria in determining which activities shall receive [an award] funds:

a. Eligibility. A determination that all legal conditions of eligibility are established. In the case of special grants authorized under Section 12, Subdivisions 1. and 2. of the Act, the following conditions shall apply:

(1) Migrant agricultural workers shall include only those persons and their families whose principal occupation is or has been in agriculture on a seasonal basis during the preceding twelve month period, and who are required to establish a temporary place of abode for the purpose of such employment.

(2) Native Americans without an established county of residence shall include only persons not residing on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as Native Americans by the group in which they claim membership.

b. Limitation of Funds. The amount of funding available for a specific type of grant [] or subsidy.

c. Probable Effectiveness. Evidence that the proposed activity will positively affect identified community health problems in a cost effective manner.

d. Community Support. Evidence of coordinated planning and of community support, including the availability [level] of local match and/or local participation [available] for the proposed activity.

[(dd) Past Performance. The extent to which the grantee has met the goals and objectives of any activity previously funded by the Board.]

e. Equity. Equitable distribution of grant funds throughout the state.

f. Regional Review. The findings submitted by the regional review agencies.

g. Quality of the Application. Clarity, specificity, and completeness of the application.

C. Disposition.

1. The Board shall inform each applicant in writing that one of the following actions has been taken with respect to its application.

a. Approval of application as submitted. [and justification thereof.]

b. Approval of application with modifications. [and justification thereof.]

c. Conditional disapproval due to inadequate funds. Such [These]

applications shall be held by the Board pending availability of additional funds.

d. Disapproval of application with justification.

2. The Board's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and such conditions as are necessary for assuring the appropriate use of public funds.

MHD 454. [GRANT] ADMINISTRATION

A. [Grant] Monitoring. [The Board shall designate] A member of the Department of Health staff will be designated to act as monitor for each grant or subsidy awarded. The person designated shall provide or arrange for technical assistance and shall [to the grantee and] monitor progress toward the goals and objectives of the activity.

B. [Grantee] Local Agency Responsibilities. The local agency, [grantee shall] in addition to fulfilling the goals and objectives of the activity, shall:

1. Comply with the terms and conditions of the [grant] Board's award notice and with the requirements of these rules and other applicable [legislation] laws and rules and regulations.

2. Maintain such records, including program and accounting records, as are necessary to make the required reports and to permit assessment of the activity by the Board.

3. Provide access [to the Board] to records relating to the funded activity.

4. Provide progress reports in accordance with a schedule [established by the Board.] specified in the award notification.

5. Assure that:

a. The treasurer or an official exercising similar functions [for the grantee] shall receive and provide for the custody of all funds paid [to the grantee] by the Board.

b. All local funds that are expended by the agency used to match a directly-awarded federal grant are reported on the budget/expenditure form.

[(bb) The local match reported is used only to match the specific grant award and not any other grant awarded by the Board or any other state or federal source.]

c. The local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the Board.

d. [Grant] Funds are used solely for the purpose authorized [outlined] in the [grant] award.

e. Accounting records are supported by source documents.

f. Audits are conducted to determine at a minimum the fiscal integrity of financial transactions and reports.

C. [Grantee] Disqualification. The Board may withhold or terminate funding [to the grantee] for failure to comply with the terms of the award, [grant,] with the requirements of [the] applicable rules or [applicable legislation,] statutes, or for other just cause. The Board may require reimbursement of unauthorized expenditures identified by fiscal audit.

MHD 455. SPECIAL RULES AUTHORIZED BY MINNESOTA LAWS 1976, CHAPTER 9

A. Personnel. MHD 455(a) establishes minimum standards for the training, credentialing and experience requirements for key administrative personnel under Section 8 of the Act, except that this rule shall not apply to employees of agencies having a personnel system approved by the United States Civil Service Commission.

1. Except for the community health services administrator, this rule applies only when the local agency has the specific services program as a distinct organizational component. A person may perform more than one key administrative role.

2. Key administrative personnel shall have documented experience that includes skills necessary to:

a. Prepare and manage budgets.

b. Manage a planning process for the delivery of services.

c. Prepare necessary reports.

d. Evaluate programs for efficiency and effectiveness.

e. Coordinate the delivery of community health services with other public and private services.

f. Advise and assist the local board of health in the selection, direction, and motivation of personnel.

3. Incumbent key administrative personnel shall have until January 1, 1980, to meet the minimum training credentialing and experience standards.

4. Minimum standards for each of the above key administrative personnel positions are as follows:

a. Community Health Services Administrator. Academic preparation in administration, public health, or a related field and two years of documented experience in an administrative or supervisory capacity.

b. Community Nursing Director. Minnesota certification as a public health nurse and two years of documented experience in nursing, preferably in public health and in an administrative or supervisory capacity.

c. Home Health Services Director. Licensure to practice as a registered nurse in Minnesota, preferably meeting certification standards for public health nursing, and two years of experience in nursing involving supervisory or administrative responsibilities.

d. Disease Prevention and Control Director. Bacculaureate degree in physical or biological sciences and one year of experience in disease prevention and control methods; or two years of documented experience in an administrative

or supervisory position in a disease prevention and control program.

e. Emergency Medical Services Director. Two years of documented experience in an administrative or supervisory position in a health-related program and training and/or experience in emergency medical services.

f. Health Education Director. Baccalaureate degree and one year of experience in relevant fields; or two years of documented experience in an administrative or supervisory capacity in a health education program.

g. Environmental Health Director. Baccalaureate degree in physical or biological sciences and two years of experience relevant to the environmental health program operated by the local board of health. A masters degree in the environmental health sciences or as much as two academic years of post-secondary environmental health course work may be substituted for up to two years of experience, provided that, in any case, the environmental health director shall have at least one year of experience.

B. Uniform Reports. The recipient of a subsidy award shall furnish uniform reports to the Board as follows:

1. Reports of expenditures shall be filed on forms provided by the Board no later than 45 days following the close of each quarter of the fiscal year.

2. Annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year. This will constitute compliance with the requirements of Section 10, Subdivision 1(e) of the Act. Reports of evaluation of the activities conducted under the annual community health services plan shall be submitted in accordance with the instructions and on forms provided by the Board and shall include at least the following:

a. An analyisis of the results including statistical data for each of the activities included in the annual community health services plan using the evaluation criteria specified in the plan.

b. A narrative identification and description of efforts made toward improved coordination and integration of activities conducted by the local board of health with other organizations, agencies, and groups providing similar or related services in the area.

c. A summary expenditure report including the amount of local match or local participation.

d. Statistical data to comply with federal requirements.

C. Community Participation Process.

1. The community health services plan shall be developed with full community participation. Such participation shall include the following:

a. Written notice shall be made to interested persons, including affected providers, consumers, and local government officials, of the initiation of a local community health services plan development process. Such notice shall include the procedures by which persons may participate in that process, and notification of dates, times and location of meetings or hearings at which persons shall be given the opportunity to express their views.

b. A general roster shall be developed and maintained for mailings of materials relating to community health services plan development, implementation, or major revision.

c. A public meeting at which interested persons shall have the opportunity to comment on the proposed plan shall be held annually at least 15 days prior to approval by the county board(s) of a proposed community health services plan. A summary of the plan shall be made available to interested persons at least two weeks prior to this meeting. A complete copy of the proposed plan shall be available for public review at a designated place.

d. A summary of the approved community health services plan shall be

distributed to interested persons and a copy of the approved community health services plan and periodic progress reports shall be made available for public review at a designated place.

2. Advisory Committee.

a. Interim Planning Committee. When a county board(s) or city council(s) initiates a planning process for the development of a community health services plan, and until a local board of health is formally established, an interim planning committee shall be appointed by the county board(s) or city council(s) to assist in the development of the community health services plan. The committee shall function in a manner identical to that specified for the community health services advisory committee in Section 3, Subdivision 3 of the Act. Nominations for appointments to the interim planning committee shall be solicited from affected and interested community provider and consumer organizations and/or constituencies. Appointments to the interim planning committee shall elect officers, and may establish special study groups and task forces which may include persons other than member of the interim planning committee. All meetings of the interim planning committee shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the county board(s), or city council(s) as appropriate. Staff to assist the committee and task forces shall be furnished by the county board(s) or city council(s).

b. Advisory Committee. The advisory committee required by Section 3, Subdivision 3, of the Act to be established upon the formation of the local board of health shall be selected by the participating county board(s) or city council(s) from nominations solicited from interested and affected organizations, community groups and/or constituencies. The advisory committee may at its discretion

organize special study groups and task forces which may include persons other than members of the advisory committee. All meetings and records of the advisory committee and of study groups and task forces established by it shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the local board of health. Staff support to the advisory committee shall be provided by the local board of health.

MHD 456-460. Reserved for future use.

RECEIVED
AUG 24 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

ORDER FOR HEARING

IT IS HEREBY ORDERED that a public hearing on the above-captioned rules be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, October 8, 1976, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that a Notice of Hearing be mailed to all persons or representatives of associations or other interested groups who have registered their names with the Secretary of State for that purpose.

IT IS FURTHER ORDERED that the Notice of Hearing be published in the State Register.

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: August 20, 1976.

Bd's Exhibit No. 2
File No.
Date

RECEIVED
AUG 24 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

CERTIFICATE OF BOARD'S AUTHORIZING RESOLUTION

I, Warren R. Lawson, do hereby certify that I am Secretary and Executive Officer of the Minnesota State Board of Health, a Board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of the motion passed at a meeting of the Minnesota State Board of Health duly and properly called and held on the 8th day of July, 1976; that a quorum of the Board was present at said meeting, that said motion was passed by the Board, is set forth in the minutes of the meeting, and has not been rescinded or modified.

> RESOLVED that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to implementation of the Community Health Services Act, Minn. Laws 1976, ch. 9 as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as performing all other matters required by the Administrative Procedure Act and the rules of the Office of Hearing Examiners.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 20 day of August, 1976.

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Bd's Exhibit No. 3
File No.
Date

RECEIVED
AUG 24 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN that a public hearing in the above-entitled matter will be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on October 8, 1976, commencing at 9:30 A.M. and continuing until all interested persons have had an opportunity to be heard.

All interested or affected persons will have an opportunity to participate. Statements may be made orally and written materials may be submitted at hearing. In addition, written materials may be submitted by mail to _____, Hearing Examiner, at Room 300, 1745 University Avenue, St. Paul, Minnesota 55104, (612)296-____, either before the hearing or within 20 days after the close of the hearing.

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria. Additionally, standards would be established relative to personnel, reporting and participation requirements under the Community Health Services Act, Minn. Laws 1976, ch. 9. Copies of the proposed rules are now available and one free copy may be obtained by writing to:

Mr. Robert W. Hiller
Room 244, Minnesota
Department of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

Additional copies will be available at the door on the date of the hearing.

Bd's Exhibit No. 4
File No._____
Date_____

The statutory authority of the Minnesota State Board of Health to promulgate the proposed rules is contained in Minn. Laws 1976, ch. 9, § 8, subd. 1(c).

A "statement of need" explaining why the State Board of Health feels the proposed rules are necessary will be filed with the Hearing Examiner's Office at least 25 days prior to the hearing and will be available there for public inspection.

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 Mr. Robert W. Hiller, Room 244, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rule for 20 days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Also, please be advised that pursuant to Minn. Stat. § 10A.01 subd. 11 (1974) any individual engaged for pay or other consideration for the purpose of representing persons or associations attempting to influence administrative action, such as the promulgation of this rule, must register with the State Ethics Commission as a lobbyist within 5 days of the commencement of such activity by the individual.

MINNESOTA STATE

BOARD OF HEALTH

Dated: August 20, 1976

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

RECEIVED
AUG 24 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

STATEMENT OF NUMBER OF PERSONS EXPECTED TO ATTEND AND LENGTH OF HEARING

The number of persons expected to attend the hearing in the above-captioned matter is 20, and it is estimated that the length of the hearing will be 3 hours.

MINNESOTA STATE

BOARD OF HEALTH

Dated: August 20, 1976.

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Bd's Exhibit No. 5
File No.
Date

PAGES 293-308

State Register

STATE OF MINNESOTA

RECEIVED
SEP 8 1976
OFFICE OF HEARING EXAMINERS

IN THIS ISSUE:

Community Health Services Act Award Procedures and Standards
— Proposed Rules from the Department of Health, State Board of Health

55 Miles Per Hour Speed Limit for Minnesota Highways
— Orders from Governor and Commissioner of Highways Reproduced

VOLUME 1, NUMBER 9

SEPTEMBER 7, 1976

Bd's Exhibit No. 6
No.
Date

Proposed Rulemaking

DEPARTMENT OF HEALTH

STATE BOARD OF HEALTH

PROPOSED RULES AMENDING AWARD PROCEDURES AND ESTABLISHING STANDARDS UNDER THE COMMUNITY HEALTH SERVICES ACT

Notice of Hearing

Notice is hereby given that a public hearing in the above-entitled matter will be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on October 8, 1976, commencing at 9:30 A.M. and continuing until all interested persons have had an opportunity to be heard.

All interested or affected persons will have an opportunity to participate. Statements may be made orally and written materials may be submitted at hearing. In addition, written materials may be submitted by mail to the office of the Hearing Examiner, at Room 300, 1745 University Avenue, St. Paul, Minnesota 55104, (612)296-6910, either before the hearing or within 20 days after the close of the hearing.

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria. Additionally, standards would be established relative to personnel, reporting and participation requirements under the Community Health Services Act, Laws of 1976, ch. 9. Copies of the proposed rules are now available and one free copy may be obtained by writing to:

Mr. Robert W. Hiller
Room 244, Minnesota
Department of Health Building
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Minneapolis, Minnesota 55440

Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota State Board of Health to promulgate the proposed rules is contained in Laws of 1976, ch. 9, § 8, subd. 1(c).

A "statement of need" explaining why the State Board of Health feels the proposed rules are necessary will be filed with the Hearing Examiner's Office at least 25 days prior to the hearing and will be available there for public inspection.

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 Mr. Robert W. Hiller, Room 244, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rule for 20 days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Also, please be advised that pursuant to Minn. Stat. § 10A.01, subd. 11 (1974) any individual engaged for pay or other consideration for the purpose of representing persons or associations attempting to influence administrative action, such as the promulgation of this rule, must register with the State Ethics Commission as a lobbyist within 5 days of the commencement of such activity by the individual.

Warren R. Lawson, M.D.
Secretary and Executive Officer

Rules as Proposed

MHD 451 Purpose, scope, and definitions.

A. Purpose of rules. The purpose of these rules is to establish a process for allocating federal and state funds in the form of grants **and subsidies** to assist in establishing and maintaining community health services.

B. Scope of rules.

1. [The Board administers a number of grant programs. Some programs are governed by separate procedural rules.] These rules [are intended to] apply generally to all grants **and subsidies** awarded by the Board which are not governed by other **specific** procedural rules [for specific grant programs].

2. The monies available for the grant **and subsidy** awards governed by these rules come from both state and federal sources. These rules, therefore, do not prescribe the exclusive procedures and requirements applicable to grants **and subsidies** governed by them, but [instead] are in addition to any procedures and requirements specified in the enabling and authorizing laws establishing **subsidies and** [the] grants programs, [and appropriating the money thereto,] as well as any other applicable rules.

C. Type of [grants] **funds.** [Grants] **Funds** shall be available for the following purposes:

1. Planning **grants** for the development of a community health service agency or system.

2. Demonstration **grants** of the appropriateness, effectiveness, or feasibility of [developing] a [new] community health service, or for the integration of existing community health services.

3. **Special projects grants** [support of projects] for the delivery of community health services **to specified target populations.**

4. Community health services subsidies for the delivery of community health services.

[(d) Eligibility for grants. Public funds in the form of grants are available to governmental and nonprofit agencies, institutions, and organizations for purposes described herein.]

D. Definition of terms. The following terms used in these rules shall have the meanings given them:

1. "Act" means the Minnesota Community Health Services Act of 1976, Laws of 1976, ch. 9.

2. "Activity" means **public health/community health services** [the tasks] described in the grant **or subsidy** application and approved by the Board for fiscal support.

[(2) "Applicant" means the governmental or nonprofit private agency, institution, or organization which seeks and requests a grant award from the Board.]

3. "Application" means a written request for **funds** [a grant award] submitted by the applicant on forms provided by the Board pursuant to these rules and applicable statutes.

4. "Award" means the authorization by the Board **for an applicant** [to a grantee] to receive and expend **grant or subsidy** [public] funds for an activity.

5. "Board" means the State Board of Health and includes the Commissioner of Health and the Minnesota Department of Health. These rules shall be administered by the **Commissioner of Health, who is the** Secretary and Executive Officer of the Board.

6. "Community Health Services" means those services designed to protect and improve the people's health within a geographically defined community by emphasizing services to prevent illness, disease, and disability, by promoting effective coordination and use of community resources, and by extending health services into the community. These services include community nursing services, home health services, disease prevention and control services, family planning services, nutritional services, dental public health services, emergency medical services, health education, and environmental health services.

7. "Consumer" means a person who is not a licensed or credentialed health professional or the spouse of such person, a person who does not have a material financial interest in the provision of professional health services, and a person who is not directly related to health services planning and development, except as a consumer member of health-related boards.

8. "Fiscal Management Officer" means the chief fiscal officer **for the recipient of funds** [of the grantee] who has primary responsibility **and** [for the] accountability for expenditure of and reporting on grant and subsidy funds.

[(8) "Grantee" means that agency, institution, or organization which has received a grant award.]

9. "Fiscal Year" for subsidies to a local board of health means January 1 through December 31. The fiscal year for grants may differ dependent upon funding source requirements.

10. "Key Administrative Personnel" means those persons functioning under an approved community health services plan, including:

a. the community health services administrator,

b. the nursing director,

KEY: New rules and both proposed and adopted additions to existing rules are printed in **boldface.** Proposed and adopted deletions from existing rules are printed in [single brackets]. Underlining indicates additions from proposed to adopted rules, while [[double brackets]] indicate deletions from proposed to adopted rules. Existing rules are printed in standard type face.

c. the home health services director,

d. the disease prevention and control director,

e. the emergency medical services director,

f. the health education director, and

g. the environmental health services director.

11. "Local Agency" means a nonprofit institution or organization or a general purpose subdivision of state government or combinations thereof authorized under joint powers agreement.

12. "Local Government Officials" means members of a board of county commissioners, or a city council, or a township board, or a school board, or other such officials who have responsibility for decision making concerning health and related human services.

13. "Local Match" means the **local agency's** [grantee] share of the cost of **activities funded by grants and which share complies with the eligibility requirements of the funding source.** [the funded activity.]

14. "Local Participation" means those funds expended by a general purpose subdivision of state government or combinations thereof authorized under a joint powers agreement to support community health services, which are identified in the community health services plan and which qualify for subsidy, including funds derived from tax levies, gifts, fees for services, revenues from contracts, and federal general revenue sharing funds.

15. "Notice of Availability" means a written announcement **by** [of] the Board noting the availability of [grant] funds.

16. "Project Director" means the **person** [official of the grantee] responsible for [the] administration of [the grant] **a funded activity.**

17. "Provider" means any individual who is a licensed or credentialed health professional; an employee or representative of a licensed or certified health care institution or agency, health care insurer, or health professional school; or a person with a material financial interest in the provision of health services.

MHD 452. Availability of [Grant] **Funds and Application Process.**

A. Notice of availability. The Board shall mail a notice of availability of grant and subsidy funds to interested parties and local agencies who have requested the Board in writing to be so notified. The notice of availability [of grant funds] shall include at least the following information:

1. Specific purposes for which funds are available.

2. The [date and] format of **the** notice of intent to apply for [a grant award] **funds.**

3. [When applications shall be submitted to the Board.] The final dates for submission of notice of intent and for submission of applications.

4. The expected timetable for review of applications by the Board.

5. Regional review requirements.

B. Notice of intent. Interested parties shall notify the Board in writing of intent to apply for funds in accordance with the **timetables** [schedule] and format specified in the Board's notice of availability [of grant funds].

C. Provision of application forms. Upon receipt of the notice of intent, the Board shall transmit application forms and instructions to the agency, institution, or organization submitting **the** notice of intent.

D. Submission of application. Applications shall be submitted to the Board no later than the date specified in the notice of availability. Information addressed in the application shall include, but not be limited to the **following** items**:** [noted below. The Board may request the submission of additional information consistent with these rules and any applicable legislation as well as information necessary to clarify matters already contained in the application. Such request shall be for the sole purpose of enabling the Board to fairly, adequately and completely evaluate the application to determine whether a grant should be awarded.]

1. Name and address of the applicant.

2. Names of the project director and the fiscal management officer who will be responsible for the activity for which funding [a grant award] is sought.

3. [An activity description including at least the following:] **Identification of the significant community health services needs of the community and a description of the way the proposed activity will affect these needs, including:**

a. Statement of the community health problem[(s)] to which the activity is addressed.

b. Statement of goal(s)[.] **of the activity.**

c. Objective(s) to be accomplished **by the activity.**

d. Methods by which each objective will be achieved.

e. Evaluation criteria to be used for periodic assessment of the activity.

f. Completed budget and budget justification.

g. Identification of local match and/or local participation.

h. Original signature on face sheet and budget form.

[(4) Identification of the significant health-related needs of the community along with an explanation of the way the proposed activity will affect these needs.]

4. Assurances of compliance with applicable state and federal laws pertaining to the administration of [grants.] **funds, and where applicable, documentation of approval by the county board(s) or city council(s) of the proposed community health services plan.**

5. The community health services plan submitted to the Board for fiscal year 1977 may be for funding for any remaining portion of fiscal year 1977. Thereafter, the annual community health services plan shall be submitted to the Board no later than August 15 of each year for funding for the following fiscal year.

E. Additional information To enable the Board to make an adequate evaluation, the Board may request the submission of additional information consistent with these rules and any applicable statutes. The Board may refuse to award a grant **or subsidy** for failure of the applicant to submit requested additional information.

MHD 453 Review and disposition of applications [OF APPLICATION AND DISPOSITION THEREOF].

A. Regional review. The applicant shall submit one copy of the completed application form to the Board by the date specified in the notice of availability and **concurrently to the** [to each of the health systems agencies and] regional development commission(s) for [in] the area[s] in which the funded activity will take place. [Their findings shall be submitted to the Board in accordance with the time schedule specified in the notice of availability.] **Such regional development commissions shall review and comment on the proposed community health service plans within 40 days after receipt, and shall review and comment on grant applications within 20 days after receipt. In addition, one copy of the completed application form shall be submitted to the appropriate health systems agencies for review and comment, or approval as appropriate. Any comments of the health systems agencies shall be submitted to the Board in accordance with the time schedule specified imediately above for regional development commissions.**

B. Board review.

1. The Board shall review all applications in accordance with the time schedule specified in the notice of availability.

2. The Board shall give consideration to the following criteria in determining which activities shall receive [an award] **funds:**

a. Eligibility. A determination that all legal conditions of eligibility are established. In the case of special grants authorized under Section 12, Subdivisions 1. and 2. of the Act, the following conditions shall apply:

(1) Migrant agricultural workers shall include only those persons and their families whose principal occupation is or has been in agriculture on a seasonal basis during the preceding twelve month period, and who are required to establish a temporary place of abode for the purpose of such employment.

(2) Native Americans without an established county of residence shall include only persons not residing on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as Native Americans by the group in which they claim membership.

b. Limitation of funds. The amount of funding available for a specific type of grant[.] **or subsidy.**

c. Probable effectiveness. Evidence that the proposed activity will positively affect identified community health problems in a cost effective manner.

d. Community support. Evidence of coordinated planning and of community support, including **the availability** [level] of local match **and/or local participation** [available] for the proposed activity.

[(dd) Past performance. The extent to which the grantee has met the goals and objectives of any activity previously funded by the Board.]

e. Equity. Equitable distribution of [grant] funds throughout the state.

f. Regional review. The findings submitted by the regional review agencies.

g. Quality of the application. Clarity, specificity, and completeness of the application.

C. Disposition.

1. The Board shall inform each applicant in writ-

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ing that one of the following actions has been taken with respect to its application.

a. Approval of application as submitted. [and justification thereof.]

b. Approval of application with modifications. [and justification thereof.]

c. Conditional disapproval due to inadequate funds. **Such** [These] applications shall be held by the Board pending availability of additional funds.

d. Disapproval of application with justification.

2. The Board's notice of award shall specify the amount of the award, source of funds, duration of the funding period, and such conditions as are necessary for assuring the appropriate use of public funds.

MHD 454 [Grant] Administration.

A. [Grant] Monitoring. [The Board shall designate] **A** member of the Department **of Health** staff **will be designated** to act as monitor for each grant **or subsidy** awarded. The person designated shall provide **or arrange for** technical assistance **and shall** [to the grantee and] monitor progress toward the goals and objectives of the activity.

B. [Grantee] **Local agency** responsibilities. The **local agency,** [grantee shall] in addition to fulfilling the goals and objectives of the activity, **shall:**

1. Comply with the terms **and conditions** of the [grant] **Board's award notice** and with the requirements of these rules and other applicable [legislation] **laws and rules and regulations.**

2. Maintain such records, including **program and** accounting records, as are necessary to make the required reports and to permit assessment of the activity by the Board.

3. Provide access [to the Board] to records relating to the funded activity.

4. Provide progress reports in accordance with a schedule [established by the Board.] **specified in the award notification.**

5. Assure that:

a. The treasurer or an official exercising similar functions [for the grantee] shall receive and provide for the custody of all funds paid [to the grantee] by the Board.

b. All local funds that are expended by the agency used to match a directly-awarded federal grant are reported on the budget/expenditure form.

[(bb) The local match reported is used only to match the specific grant award and not any other grant awarded by the Board or any other state or federal source.]

c. The local funds identified as local match and/or local participation are used solely to match the specific grant or subsidy awarded by the Board.

d. [Grant] **Funds** are used solely for the purpose **authorized** [outlined] in the [grant] award.

e. Accounting records are supported by source documents.

f. Audits are conducted to determine at a minimum the fiscal integrity of financial transactions and reports.

C. [Grantee] Disqualification. The Board may withhold or terminate funding [to the grantee] for failure to comply with the terms of the **award,** [grant,] with the requirements of [the] **applicable** rules or [applicable legislation,] **statutes,** or for other just cause. The Board may require reimbursement of unauthorized expenditures identified by fiscal audit.

MHD 455 Special rules authorized by Laws of 1976, ch. 9.

A. Personnel. MHD 455A. establishes minimum standards for the training, credentialing and experience requirements for key administrative personnel under Section 8 of the Act, except that this rule shall not apply to employees of agencies having a personnel system approved by the United States Civil Service Commission.

1. Except for the community health services administrator, this rule applies only when the local agency has the specific services program as a distinct organizational component. A person may perform more than one key administrative role.

2. Key administrative personnel shall have documented experience that includes skills necessary to:

a. Prepare and manage budgets.

b. Manage a planning process for the delivery of services.

c. Prepare necessary reports.

d. Evaluate programs for efficiency and effectiveness.

e. Coordinate the delivery of community health services with other public and private services.

f. Advise and assist the local board of health in the selection, direction, and motivation of personnel.

3. Incumbent key administrative personnel shall have until January 1, 1980, to meet the minimum training, credentialing, and experience standards.

4. Minimum standards for key administrative personnel positions are as follows:

a. Community health services administrator. Academic preparation in administration, public health, or a related field and two years of documented experience in an administrative or supervisory capacity.

b. Community nursing director. Minnesota certification as a public health nurse and two years of documented experience in nursing, preferably in public health and in an administrative or supervisory capacity.

c. Home health services director. Licensure to practice as a registered nurse in Minnesota, preferably meeting certification standards for public health nursing, and two years of experience in nursing involving supervisory or administrative responsibilities.

d. Disease prevention and control director. Baccalaureate degree in physical or biological sciences and one year of experience in disease prevention and control methods; or two years of documented experience in an administrative or supervisory position in a disease prevention and control program.

e. Emergency medical services director. Two years of documented experience in an administrative or supervisory position in a health-related program and training and/or experience in emergency medical services.

f. Health education director. Baccalaureate degree and one year of experience in relevant fields; or two years of documented experience in an administrative or supervisory capacity in a health education program.

g. Environmental health director. Baccalaureate degree in physical or biological sciences and two years of experience relevant to the environmental health program operated by the local board of health; or six years of experience in a technical or professional capacity relevant to the environmental health program operated by the local board of health. A masters degree in the environmental health sciences or as much as two academic years of post-secondary environmental health course work may be substituted for up to two years of experience provided that, in any case, the environmental health director shall have at least one year of experience.

B. Uniform reports. The recipient of a subsidy award shall furnish uniform reports to the Board as follows:

1. Reports of expenditures shall be filed on forms provided by the Board no later than 45 days following the close of each quarter of the fiscal year.

2. Annual reports of evaluations of activities shall be submitted no later than 90 days following the close of the fiscal year. This will constitute compliance with the requirements of Section 10, Subdivision 1(e) of the Act. Reports of evaluation of the activities conducted under the annual community health services plan shall be submitted in accordance with the instructions and on forms provided by the Board and shall include at least the following:

a. An analysis of the results including statistical data for each of the activities included in the annual community health services plan using the evaluation criteria specified in the plan.

b. A narrative identification and description of efforts made toward improved coordination and integration of activities conducted by the local board of health with other organizations, agencies, and groups providing similar or related services in the area.

c. A summary expenditure report including the amount of local match or local participation.

d. Statistical data to comply with federal requirements.

C. Community participation process.

1. The community health services plan shall be developed with full community participation. Such participation shall include the following:

a. Written notice shall be made to interested persons, including affected providers, consumers, and local government officials, of the initiation of a local community health services plan development process. Such notice shall include the procedures by which persons may participate in that process, and notification of dates, times and location of meetings or hearings at which persons shall be given the opportunity to express their views.

b. A general roster shall be developed and maintained for mailings of materials relating to community health services plan development, implementation, or major revision.

c. A public meeting at which interested persons shall have the opportunity to comment on the proposed plan shall be held annually at least 15 days prior to approval by the county board(s) of a proposed community health services plan. A summary of the plan shall be made available to interested persons at least two weeks prior to this meeting. A complete copy of the proposed plan shall be available for public review at a designated place.

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d. A summary of the approved community health services plan shall be distributed to interested persons and a copy of the approved community health services plan and periodic progress reports shall be made available for public review at a designated place.

2. Advisory committee.

a. Interim planning committee. When a county board(s) or city council(s) initiates a planning process for the development of a community health services plan, and until a local board of health is formally established, an interim planning committee shall be appointed by the county board(s) or city council(s) to assist in the development of the community health services plan. The committee shall function in a manner identical to that specified for the community health services advisory committee in Section 3, Subdivision 3 of the Act. Nominations for appointments to the interim planning committee shall be solicited from affected and interested community provider and consumer organizations and/or constituencies. Appointments to the interim planning committee shall be broadly representative of the community. The interim planning committee shall elect officers and may establish special study groups and task forces which may include persons other than members of the interim planning committee. All meetings of the interim planning committee shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the county board(s), or city council(s) as appropriate. Staff to assist the committee and task forces shall be furnished by the county board(s) or city council(s).

b. Advisory committee. The advisory committee required by Section 3, Subdivision 3, of the Act to be established upon the formation of the local board of health shall be selected by the participating county board(s) or city council(s) from nominations solicited from interested and affected organizations, community groups and/or constituencies. The advisory committee may at its discretion organize special study groups and task forces which may include persons other than members of the advisory committee. All meetings and records of the advisory committee and of study groups and task forces established by it shall be public and minutes of meetings and records of attendance shall be maintained and transmitted to the local board of health. Staff support to the advisory committee shall be provided by the local board of health.

MHD 456-460. Reserved for future use.

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EXAMINERS

STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

Address Reply to:
OFFICE OF ATTORNEY GENERAL
Minnesota Department Of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440
Telephone (612) 296-5294

September 13, 1976

Mr. Steve Mihalchick
Hearing Examiner
Office of Hearing Examiners
Room 300 - 1745 University Avenue
St. Paul, Minnesota 55104

Re: In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

Dear Mr. Mihalchick:

In accordance with Minn. Rule HE 103, please find enclosed copies of the following documents in the above-entitled matter:

(a) The Order for Hearing, together with Certificate of Board's Authorizing Resolution;
(b) The Notice of Hearing as mailed;
(c) The Affidavit of Receipt of the Secretary of State's List, together with a copy of said list;
(d) The Affidavit of Mailing, together with Certificate of the Secretary of State;
(e) The Statement of Need; and
(f) The Statement of Evidence.

Please note that item (f) above, is intended and believed to include all information required under Minn. Rule HE 103(h) and (i).

Also find enclosed a copy of the Board's Notice of Seeking Outside Information, which Notice may be cited as 1 S.R. 259. Please be informed that no materials were received by the Board pursuant to said Notice.

Very truly yours,

Robert T. Holley

ROBERT T. HOLLEY
Special Assistant
Attorney General

RTH:ss
enclosures
cc: Robert W. Hiller

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

ORDER FOR HEARING

IT IS HEREBY ORDERED that a public hearing on the above-captioned rules be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, October 8, 1976, commencing at 9:30 a.m. and continuing until all interested persons have had an opportunity to be heard.

IT IS FURTHER ORDERED that a Notice of Hearing be mailed to all persons or representatives of associations or other interested groups who have registered their names with the Secretary of State for that purpose.

IT IS FURTHER ORDERED that the Notice of Hearing be published in the State Register.

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: August 20, 1976.

Bd's Exhibit No. 1
File No.
Date

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

CERTIFICATE OF BOARD'S AUTHORIZING RESOLUTION

I, Warren R. Lawson, do hereby certify that I am Secretary and Executive Officer of the Minnesota State Board of Health, a Board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of the motion passed at a meeting of the Minnesota State Board of Health duly and properly called and held on the 8th day of July, 1976; that a quorum of the Board was present at said meeting, that said motion was passed by the Board, is set forth in the minutes of the meeting, and has not been rescinded or modified.

> RESOLVED that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to implementation of the Community Health Services Act, Minn. Laws 1976, ch. 9 as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as performing all other matters required by the Administrative Procedure Act and the rules of the Office of Hearing Examiners.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 20 day of August, 1976.

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

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EXAMINERS

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN that a public hearing in the above-entitled matter will be held in the Board Room, Minnesota Health Department Building, 717 Delaware Street S.E., Minneapolis, Minnesota, on October 8, 1976, commencing at 9:30 A.M. and continuing until all interested persons have had an opportunity to be heard.

All interested or affected persons will have an opportunity to participate. Statements may be made orally and written materials may be submitted at hearing. In addition, written materials may be submitted by mail to Mr. Steve Mihalchick, Hearing Examiner, at Room 300, 1745 University Avenue, St. Paul, Minnesota 55104, (612)296-8112, either before the hearing or within 20 days after the close of the hearing.

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria concerning the development and maintenance of community health services. Additionally, standards would be established relative to personnel, reporting and community participation requirements under the funding provisions of the Community Health Services Act, Minn. Laws 1976, ch. 9. Copies of the proposed rules are now available and one free copy may be obtained by writing to:

Mr. Robert W. Hiller
Room 244, Minnesota
Department of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

Bd's Exhibit No. 8
File No.
Date

Additional copies will be available at the door on the date of the hearing.

The statutory authority of the Minnesota State Board of Health to promulgate the proposed rules is contained in Minn. Laws 1976, ch. 9, Section 8, subd. 1(c).

A "statement of need" explaining why the State Board of Health feels the proposed rules are necessary will be filed with the Hearing Examiner's Office at least 25 days prior to the Hearing and will be available there for public inspection.

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 Mr. Robert W. Hiller, address as above. If the person submitting a statement cannot be present to read his statement at the time of the hearing, the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rule for 20 days subsequent to the public hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Also, please be advised that pursuant to Minn. Stat. Section 10A.01 subd. II (1974) any individual engaged for pay or other consideration for the purpose of representing persons or associations attempting to influence administrative action, such as the promulgation of this rule, must register with the State Ethics Commission as a lobbyist within 5 days of the commencement of such activity by the individual.

MINNESOTA STATE
BOARD OF HEALTH

Dated: August 20, 1976

/s/ Warren R. Lawson, M.D.
WARREN R. LAWSON, M.D.
Secretary and Executive Officer

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE

BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

AFFIDAVIT OF RECEIPT
OF THE
SECRETARY OF STATE'S LIST

Ernest W. Kramer, being duly sworn on oath, deposes and says:

1) That he is an employee of the Minnesota Department of Health.

2) That on or about the 2nd day of September, 1976, he telephoned the Secretary of State's Office for the State of Minnesota and requested a current list of all representatives of associations or other interested groups or persons who had registered their names with the Secretary of State for the purpose of obtaining notices of public hearings relating to the promulgation of rules pursuant to M.S. 15.0412.

3) That on the 2nd day of September, 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.

Ernest W. Kramer

Subscribed and sworn to before me
this 2nd day of September, 1976.

Frank J. Bigham

FRANK J. BIGHAM
Notary Public, Ramsey Co. Mn.
MY COMMISSION EXPIRES
May 16, 1980

Bd's Exhibit No. 9
File No.
Date

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

ALLENDORF MARSHALL
220 GRAIN EX 400 S 4TH
MPLS MN
55415

AMER CAMPING ASSN
3639-21/2 ST N.E.
MPLS MN
55418

AM INST PROF GEOLOGISTS
2201 PRINCETON AVE
ST PAUL MN
55105

ANCHOR BLOCK COMPANY
PO BOX 3360
ST PAUL MN
55165

ANDERSON MARY
4425 RUTLEDGE AVE
EDINA MN
55436

ANDERSON STANFORD P
14600 MINNETONKA BLVD
MINNETONKA MN
55343

ANDREW MARK STATE SENATE
235 STATE CAPITOL
ST PAUL M
N5515

ANTHONY DICK WDSM RADIO
230 E SUPR ST
DULUTH MN
55102

ANTI-TRUST DIV.ATTY GEN.
160 STATE OFF BLDG
ST PAUL MN
55155

ARNOLD ROBERT MESPA
41 SHERBURNE
ST PAUL MN
55103

ARROWHEAD REG. DEV COMM.
411 W 2ND ST
DULUTH M
N5580

ARROWHEAD REGIONAL DEV COMM
200 ARROWHEAD PLACE
DULUTH MN
55802

ARVER JOHN A
2467 COHANCY
ST PAUL MN
55113

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

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

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

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

AUTOMOBILE MFRS ASSN INC
55 SHERBURNE AVE
ST PAUL MN
55103

ANDERSON GRAHAM
951 E HENN
MPLS MN
55414

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

Bd's Exhibit No. 10
File No.
Date

ANDERSON HAROLD
BOX 3047
MANKATO MN
56001

ANDERSON JAMES
7703 NORMANDALE RD
MPLS MN
55435

BABCOCK LOCHER NELSON ET AL
118 E MAIN ST
ANOKA MN
55303

BADALICH JOHN P
2025 THOMPSON AVE
SO ST PAUL MN
55075

BARRETT FRED
ST LOUIS CO COURT HOUSE
DULUTH MN

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

BATES DENNIS
446 STATE OFF BLDG
ST PAUL MN
55155

BECK PAT
953 HYACINTH AVE
ST PAUL MN
55106

BEECHER EVERETT
10 10 1ST ST SO
HOPKINS MN

BEGALKA D REV
212 N ELK ST
BELLE PLAINE MN
56011

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

BENSONI PETER USW OF AM
609 PROVIDENCE BLDG.
DULUTH MN

BERGERUD ALF
300 ROANOKE BLDG
MPLS MN
55402

BERGSETH THOMAS
1011 NICOLLET MALL
MPLS MN
55403

BERGUSON & LOFGREN
MN GAS 700 LINDEN W
MPLS MN
55403

BEST FLANAGAN ET AL
4040 IDS CENTER
MPLS MN
55402

BEUTEL ROBERT
2200 SILVER LAKE RD
NEW BRIGHTON MN
55112

BLOMQUIST BARRY L

NORTH BRANCH MN
55056

BLOOMINGTON CITY CLERK
2215 W OLD SHAKOPEE RD
BLOOMINGTON MN
55431

BOLTON MALCOLM
422 ALDRICH AVE NO
MPLS MN
55405

BREHL JAMES W
332 HAMM BLDG
ST PAUL MN
55102

BRICK PHILIP D
807 SELLWOOD BLDG
DULUTH MN
55802

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

BRIGHAM E H III
RR4
RED WING MN
55066

BROEKER JOHN
2850METRO DR. SUITE 504
BLOOMINGTON MN
55420

BROOKS WILLIAM F JR
854 MIDLAND BK BLDG
MPLS MN
55401

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

BROWN H D
4961 KINGSBERRY LANE
MINNETONKA MN
55343

BRUBACHER RICHARD COMM ADM
208 ADM BLDG
ST PAUL MN
55101

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

BUCHHOLTZ CHARLES
5044 BRENT AVE E
INV GRV HTS MN
55075

BURGER ALBERT
600 DEGREE OF HONOR BLD
ST PAUL MN
55101

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

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

BUSCH NOEL
3131 FERNBROOK LANE N
MPLS MN
55441

CABLE COMM SYST-H SARRAZIN
BOX 777
HECTOR MN
55342

CAIN RUTH
730 E 38TH ST
MPLS MN
55407

CAIRNS JOHN A
47TH FLR IDS CENTER
MPLS MN
55402

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

CARLSON VERNE E
BOX 755 CITY HALL
WILLMAR MN
56201

CARRISON DALE K
MANKATO STATE COLLEGE
MANKATO MN
56001

CENTRAL BUSINESS DATA
BENSON RADIO ARCADE BLD
BENSON MN
56215

CENTRAL MN REG DEV COMM
1139 FRANKLIN AVE
SAUK RAPIDS M
N5637

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

CHAMBERLAIN JOHN L
PO BOX 241
MPLS MN
55440

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

CHRISTIANSEN FREDRIK
RM 505 CAPITOL SQ BLDG
ST PAUL MN
55155

CHRYSALIS CENTER FOR WOMEN
2104 STEVENS AVE S
MPLS MN
55404

CITY CLERK
386 CITY HALL
ST PAUL MN
55102

CITIZENS LEAGUE
530 SYNDICATE BLDG
MPLS MN
55402

CITY OF ROBBINSDALE
C LARSON 4221 LAKE RD
ROBBINSDALE MN
55422

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

CLAUSEN PHILLIP
2307 STANDISH ST
ST PAUL MN
55108

CLAWSON CONNIE
HELP CT 317-17TH AV SE
MPLS MN

COLEMAN NICHOLAS
208 STATE CAPITOL
ST PAUL M
N5515

COLLIN LAURENCE
RT 2
ISANTI MN
55040

COMMUNITY DESIGN CENTER
118 E 26TH ST
MPLS MN
55404

CONCORDIA COLLEGE
DEAN
MOORHEAD MN
56560

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

COUNTY ATTYS COUNCIL
95 SHERBURNE AVE S203
ST PAUL MN
55103

CRAVEN NORMAN
10637 THOMAS AVE S
BLOOMINGTON MN
55431

CROW WING CO PLANNING & ADV
COURT HOUSE
BRAINERD MN
56401

CUSHMAN J S DAYTON HUDSON
700 NICOLLET MALL
MPLS MN
55402

DAHLKE LOIS M
118 S EAGLE ST
BELLE PLAINE MN
56011

DAILEY THOMAS ECONOMICS LAB
370 WABASHA ST
ST PAUL MN
55102

DANKERS,KENNETH
1200 WEST FOURTH STREET
RED WING MN
55066

DANIELSON RODNEY L
418 AUDITORIUM
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

DICKINSON MRS JOANNE
BOX 1065
MARSHALL MN
56258

DIEHL JOHN
26 KENWOOD PKWY
ST PAUL MN
55105

DISPATCH PIONEER PRESS
PRESS RM STATE CAPITOL
ST PAUL MN
55101

DORSEY MARQUART
2400 1ST NATL BANK BLDG
MPLS MN
55402

DOUGLAS BELL ET AL
2212 AM. NATL BK BLDG
ST PAUL MN
55102

DOW CHEMICAL
47 BLDG
MIDLAND MI
48640

DUDLEY E H
RT 7 BOX 122
EXCELSIOR MN
55331

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

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

E CENTRAL REG. DEV. COMM
COURTHOUSE 18 N VINE ST
MORA M
N5505

EBELING EDWARD H.
161 W. MAIN
PERHAM MN
56573

EICHTEN DANIEL
3794 HAZEL
WHITE BEAR LK M
N5511

ELDER DR JAMES B
11140 WASHBURN AVE SO
BLOOMINGTON MN
55431

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

ELMER EDWIN W
2901 PLEASANT AVE
MPLS MN
55408

EMERICK RICHARD A
1908 IDS CENTER
MPLS MN
55402

ENGELBRECHT DOUGLAS
809 RANGE ST
NO MANKATO MN
56001

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

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

ERDMAN ROGER TENNANT CO
701 N LILAC DR
MPLS MN
55441

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

ESSE KENNETH
4801 W 50TH ST
EDINA MN
55424

ETHICS COMM
RM 410 STATE OFF BLDG
ST PAUL MN
55155

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

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

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

EWING MRS WM
42 ASTAR RD
BABBITT MN
55706

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

FARMERS ELEVATOR ASSN
852 GRAIN EXCH BLDG
MPLS MN
55415

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

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

FILTER LOREN
BOX 36
BRITT MN
55701

FINLEY JAMES F
920 MINN BLDG
ST PAUL MN
55101

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

FITZGERALD DR. BOB
3007 LYNDALE AVE SO
MPLS MN
55408

FLEMING FREDERICK A
1860 HIGHLAND PARKWAY
ST PAUL MN
55116

FLADLAND CLINT MN L&P BUR
795 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

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

FRANKLIN ROBERT B MPLS TRIB
426 PORTLAND
MPLS MN
55415

FREDIN CONRAD M
811 FIRST NATL BK BLDG
DULUTH MN
55802

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

FREDLUND, MRS PHYLLIS
RR 4, BOX 37
CANBY, MN
56220

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

GARDNER HDW - R A JOHNSON
515 WASHINGTON AVE N
MPLS MN
55401

GEBERT K L
220 GRAIN EXCH
MPLS MN
55415

GEO A HORMEL & CO LAW DE
PO BOX 800
AUSTIN MN
55912

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

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

GLEN. HILLS HOSP.R.VAN HAUER
3901 GOLDEN VALLEY RD.
MPLS. MN
55422

GODIN RALPH J
3824 47TH AVE SO
MPLS MN
55406

GOODMAN DF TEL CABLE TV
302 E SUPERIOR
DULUTH MN
55802

GRAHAM THOS H
854 MIDLAND BK BLDG
MPLS MN
55401

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

GREATER MET AREA HOSPITAL
5152 CEDAR AVE S
MPLS MN
55417

GREEN DEL CITY MGR
BLOOMINGTON CITY HALL
BLOOMINGTON MN
55431

GREEN GARY J
41 SHERBURNE AVE
ST PAUL MN
55102

GREEN JANET
9773 N SHORE DR
DULUTH MN
55804

GRUMMERT REV DONALD
1435 ADAMS ST
MPLS MN
55413

GUSTAFSON DAN-LABOR TEMPLE
312 CENTRAL
MPLS MN
55414

GUSTAFSON WALLACE
BOX 567
WILLMAR MN
56201

H B FULLER CO
2400 KASOTA AVE
ST PAUL MN
55108

HAFNER DR A J
BOX393 MAYO U OF M
MPLS M
N5545

HANFT PHILIP M
1200 ALWORTH BLDG
DULUTH MN
55802

HANSON ETHEL
2813 85TH AVE N
MPLS MN
55444

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

HALLBERG LEE & MCCABE
4927 34TH AVE S
MPLS MN
55417

HAUN DR J W GEN MILLS
PO BOX 1113
MPLS MN
55440

HAYES, THOMAS W
700 SELLWOOD BLG
DULUTH MN
55812

HEALTH MANPOWER C LARSON
717 DELAWARE ST SE
MPLS MN
55440

HART PATRICK V
112 E LIBERTY BOX 3271
MANKATO MN
56001

HARTFELDT WILL
434 HAMM BLDG
ST PAUL MN
55102

HAVEN ROBT TWIN TN TREATMENT
1706 UNIV AVE
ST PAUL MN
55104

HEAD & TRUHN
1007 SOO LINE BLDG
MPLS MN
55402

HEADWATERS REG DEV. COMM
BOX 584 MENTAL HEALTH
BEMIDJI M
N5660

HEANEY BILL
30 W SUPERIOR ST
DULUTH MN
55802

HEARING EX. OFF. M GREENBERG
1745 UNIV AVE
ST PAUL MN
55104

HEIM PAUL
1320 SOO LINE BLDG
MPLS MN
55402

HEINTZ MARY ELLEN
PO BOX 599
CINCINNATI OH
45201

HEISENFELT WM
BOX 516
BEMIDJI MN
56601

HENDRICKSON A WM
100 FREEMAN DRIVE
ST PETER MN
56082

HILL JIM ASSOC. MILK PROD
7850 METRO PARKWAY
MINNEAPOLIS MN
55420

HINRICHSEN PATRICK
MANKATO FREE PRESS
MANKATO MN
56001

HOLDAHL SCOTT
380 N BLDG GRAIN EXCH
MPLS MN
55415

HOLEY GEO AERONAUTICS
DOWNTOWN AIRPORT
ST PAUL MN
55107

HOLMES EUSTIS ET AL
4610 IDS CENTER
MPLS MN
55402

HOPKINS WM. B. DIR. MISCCA
3915 GOLDEN VALLEY ROAD
GOLDEN VALLEY MN
55422

HORNER WALDORF - KAZIUKEWICZ
PO BOX 3260
ST PAUL MN
55165

HOULE MELVIN
881 W HWY 96
SHOREVIEW MN
55112

HOUSE APPROPRIATIONS COMM
RM 109 STATE CAPITOL
ST PAUL MN
55101

HOUSE RESEARCH
RM 17 STATE CAPITOL
ST PAUL MN
55155

HULSTRAND ANDERSON & LARSON
PO BOX 130
WILLMAR MN
56201

HUMAN RIGHTS
200 CAPITOL SQ BLDG
ST PAUL MN
55101

HUMAN SERVICES
414 LAFFAYETTE RD 5THFL
ST PAUL MN
55101

HUSEBYE, CRAIG J.
5036 FRANCE S.
EDINA MN
55410

HUNT JAMES P JR
11470 GALTIER DR
BURNSVILLE MN
55378

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

HYDROLOGIST
CHIPPEWA NATL FOREST
CASS LAKE MN
56633

HYLAND DEAN
1501 W 50TH ST
MPLS MN
55419

HELTZER, JAMES
DAYTON HUDSON
777 NICOLLET MALL
MPLS MN 55402

ILLINGWORTH ROBERT C
6750 FRANCE AVE S RM290
MPLS MN

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

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

INTERSTATE POWER RW STEELE
1000 MAIN ST
DUBUQUE IA
52001

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

IVERSON DR JOS DEPT EC
ST OLAF COLLEGE
NORTHFIELD MN
55057

IZAAK WALTON MN DIV
111 E FRANKLIN RM-210
MPLS MN
55404

JACKMAN DONALD G
4023 E LAKE ST
MPLS MN
55406

JAIN NIRMAL ENIV PROCESS
1220 GLENWOOD AVE
MPLS MN
55405

JENOS INC
525 LAKE AVE SO
DULUTH MN
55801

JENSEN ARTHUR, CITY CLK
2215 W OLD SHAKOPEE RD
BLOOMINGTON MN
55431

JENSEN CARL A
127 E MAIN ST
SLEEPY EYE MN
56085

JENSEN MRS GAYNOLD
111 WEST 107TH ST
MPLS MN
55420

JOHANSEN BUS SERV INC
19 DAYTON RD
CHAMPLIN MN
55316

JOHNSON & SANDERSON
ST MARYS HOSPITAL
ROCHESTER MN
55901

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

JOHNSON G ROBERT
4344 IDS CENTER
MPLS M
N5540

JOHNSON LEROY
9939 BLUEBIRD ST NW
COON RAPIDS MN
55433

JOHNSON M.D. FRUNDT & FRUNDT

BLUE EARTH MN
56013

JOHNSON LANCE J
265 S LAFAYETTE RD
ST PAUL MN
55107

KABLE RICHARD W

BETHEL MN
55006

KAVANEY RICHARD
1220 NORTHERN FED BLDG
ST PAUL MN
55102

KEABLE MIKE
909 6TH AVE N
ST CLOUD MN
56301

KEENAN RICHARD J
4444 IDS BLDG
MPLS MN
55402

KEILY DANILE
3549 V2 PLEASANT AVE
MPLS MN
55408

KIMBALL ROBERT
647 CAPITOL SQ BLDG
ST PAUL MN
55101

KJERVIK DIANE
4302 POWEL HALL U OF M
MPLS MN

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

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

KNAPP J A
RM 3 CAPITOL
ST PAUL MN
5515

KNOPP TIMOTHY
COLLEGE FORESTRY U OF M
ST PAUL MN
55108

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

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

KNVDSON ROBT
4375 BROWNDALE AVE
MPLS MN
55424

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

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

KRAMER ERNEST W
717 DELAWARE ST SE
MPLS MN
55440

KROEGER CHARLES
122 NW 7TH STREET
FARIBAULT MN
55021

KRONLOKKEN J E
10048 NORD RD
BLOOMINGTON MN
55437

KROON H CLIFTON
210 E WALNUT
MANKATO MN
56001

KUHL CARL
4421 4TH ST NE
COL HEIGHTS MN
55421

KVB ENGINEERING INC
600 S CO RD 18
MPLS MN
55426

LABELLE JUANITA MRS
5816 AQUILA AVE NO
NEW HOPE MN
55428

LAKE SUPERIOR INDUSTRIAL BUR
828 FIRST AM. BK. BLDG.
DULUTH MN
55802

LANAHAN E F - SIBLEY CO
184 E 6TH ST
ST PAUL MN
55101

LANGVIN DAVID
7500 80TH ST S
COTTAGE GROVE MN
55016

LANSING & OAKES
400 SIBLEY ST
ST PAUL MN
55101

LAPP LAZAR LAURIE ET AL
1200 BUILDERS EXCHANGE
MINNEAPOLIS MN
55402

LARSON C L
3800 MINNEHAHA AVE SO
MPLS MN
55406

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

LEAGUE MN MUNIC
300 HANOVER 480 CEDAR
ST PAUL MN
55101

LEAGUE WOMEN VOTERS OF MINN
555 WABASHA
ST PAUL MN
55102

LEG.REF.LIB-Z. DEWITT
RM 111 STATE CAPITOL
ST PAUL MN
55155

LEWIS DR.G.M JR.
ABBOTT 110 E 18TH ST
MPLS M
N5540

LIBBEY LEONARD
BOX 17011 NOKOMIS STA
MPLS MN
55417

LINDALL & JONATHAN DEVELOP.
VILLAGE ONE CENTER
CHASKA MN
55318

LOCKNER CARY
R R 1 BOX 23
BAUDETTE MN
56623

LOOS CALVIN J
6809 LYNDALE AVE SO
MPLS MN
55423

LOWE DOUG
2701 N LEXINGTON AVE
ROSEVILLE MN
55113

LUTH SOC SERVICE OF MN
2414 PARK AVE
MPLS M
N5540

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

MANSFIELD LARRY
HCARC
MPLS MN
55404 1800 Chicago Ave S.

MCDONALD PHILIP M
2077 SELBY AVE
ST PAUL MN
55104

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

MCKIBBON MRS SHIRLEY
11 EVERGREEN LN
BABBITT MN
55706

MCLELLAN LARKIN
215 ADM BLDG ST CAPITOL
ST PAUL MN
55101

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

MANKATO STAT STUDENT SENA
CENTENNIAL STUDENT UN
MANKATO MN
56001

MANKATO STATE STUDENT ASSN
BOX 58 MANKATO COLLEGE
MANKATO MN
56001

MANTHEY T J PICKANDS MATHER
1100 SUPERIOR AVE
CLEVELAND OH
44114

MARRINAN MARGARET M
1117 COMMERCE BLDG
ST PAUL MN
55101

MASTOR & MATTSON LTD
315 PEAVEY BLDG
MPLS MN
55402

MAUL WARREN E
320 S 4TH ST
MPLS MN
55415

MAYO FOUNDATION G ORWOLL
200 FIRST AVE NW
ROCHESTER MN
55901

MECCA
867 GRAND AVE
ST PAUL MN
55105

METo WASTE CONTOL COMMo
350 METRO SQ BLG
ST PAUL M
N5510

MEIEROTTO, JOAN
1794 SO LEXINGTON
ST PAUL MN
55118

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

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

METROPOLITAN COUNCIL LIBR
300 METRO SQUARE
ST PAUL MN
55155

MEYER HERBERT
10824 ZENITH AVE S
BLOOMINGTON MN
55431

MIDLAND GLASS- HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MILLER RICHARD A
1020 PLYMOUTH BLDG
MPLS MN
55402

MILLER TOM
2311 PILLSBURY AVE S
MPLS MN
55404

MINN RETAIL FED INS
131 METRO SP
ST PAUL MN
55101

MPLS CITY ATTORNEY
325M CITY HALL
MPLS MN
55415

MPLS STAR PRESS ROOM
STATE CAPITOL
ST PAUL MN
55101

MPLS TRIBUNE CITY DESK
425 PORTLAND AVE
MPLS MN
55415

MIDLAND GLASS-HD SPURLING
PO BOX 69
SHAKOPEE MN
55379

MILLER PAUL J PHARMACY SERV
ST MARYS HOSP
ROCHESTER MN
55901

MINN APT ASSN
GRIGGS-MIDWAY BLDG
ST PAUL MN
55104

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

MN AFL-CIO L.O. LASHOMB
175 AURORA
ST PAUL MN
55103

MN.BD OF NURSING
717 DELAWARE ST SE
MPLS MN
55414

MN SOC SERV ASS J HOOD
614 PORTLAND
ST PAUL MN
55102

MN STATE SER BLIND-K NATA
1745 UNIVERSITY AVE
ST PAUL MN
55104

MINN ASPHALT PAVEMENT ASSN
555 WABASHA RM 209
ST PAUL MN
55102

MINN ASSN COOPERATIVES
55 SHERBURNE AVE
ST PAUL MN
55103

MINN ASSN ELEC COOPERATIVES
4901 W 77TH ST
MPLS MN
55435

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

MINN ASSN VOL SOC SERVICE
1821 UNIV SUITE 389
ST PAUL MN
55114

MINN ASSN WATERSHED DIST'S

ADA MN
56510

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 COMMUNITY DEVELOP SERV
512 ROSSMOR BLDG
ST PAUL MN
55101

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

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

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

MINN FOOD RETAILERS ASSN
555 WABASHA
ST PAUL MN
55101

MINN HEREFORD-LJ SCHAFER

BUFFALO LAKE MN
55314

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

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

MINN HWYS MANAGEMENT SERVICE
407 HWY BLDG
ST PAUL MN
55101

MINN LAND USE COMMITTEE
4344 IDS CENTER
MPLS MN
55402

MINN LP GAS ASSN
7515 WAYZATA BLVD 106
MPLS MN
55426

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

MINN.MTR.TRANSP. .J.N.DENN
1621 UNIV.
ST.PAUL MN
55104

MINN PETROLEUM COUNCIL
1020 NORTHERN FED BLDG
ST PAUL MN
55102

MINN POLLUTION CONTROL AGCY
1935 W CO RD B2
ROSEVILLE M
N5511

MINN POULTRY & HATCHERY A
BOX 158
MADELIA MN
56062

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

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

MINN RETAIL HARDWARE ASSN
3033 EXCELSIOR BLVD 313
MPLS MN
55416

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

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

MINN STATE BAR ASSN
100 MINN FED BLDG
MPLS MN
55402

MINN STATE BD DENTISTRY
717 SE DELAWARE
MPLS M
N5541

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

MINN STATE MED ASSN
375 JACKSON ST
ST PAUL MN
55101

MINN STATE RETIREMENT SYSTEM
529 JACKSON ST
ST PAUL MN
55101

MINN TEAMSTERS CREDIT UNION
2021 HENN AVE E
MPLS MN
55413

MINN TBR PRODUCERS ASSN
200 CHRISTIE BLDG
DULUTH MN
55802

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

MINN VETERANS MED ASSN
2175 W HWY 36
ROSEVILLE MN
55113

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

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

MN ELECTRICAL ASSN
3100 HUMBOLT SO
MPLS MN
55408

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

MOFFITT R C
RM 301 M MPLS CITYHALL
MPLS MN
55415

MOOD R BLOOMINGTON HLTH D
10200 PENN SO
BLOOMINGTON MN
55431

MORTON BUILDINGS INC
R #1
FOLEY MN
56329

MPIRG
BOX 45 ST MARYS COLLEGE
WINONA MN
55987

MURPHY DIANA E
4200 IDS-LINDQUIST VENN
MPLS MN
55402

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

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

NATL COUNCIL JEWISH WOMEN
4330 CEDAR LK RD
MPLS MN
55416

NATL FAMILY INS CO
2147 UNIV AVE
ST PAUL MN
55114

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

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

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

NEREN MADONNA
376 NEAL AVE S
AFTON MN
55001

NEUMAN RALPH W
RT 2 BOX 125
EMBARRASS MN
55732

NIELSEN STOCK & BLACKBURN
415 730 BLDG
MPLS MN

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

NORTH CENTRAL ELEC ASSN
PO BOX 202
BATTLE LAKE MN
56515

NUGENT, CYNTHIA L.
3581 OWASSO ST #209
ST PAUL M
N5511

NW COUNTRY ELEVATOR ASSN
802 GRAIN EXCH BLDG
MPLS MN
55415

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

NURSING HOME RES ADV CO.
111 E FRANKLIN S210
MPLS M
N5540

NUTTER JULIA
743 W MONTANA
ST PAUL MN
55117

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

NW REG. DEV. COMM
425 WOODLAND AVE
CROOKSTON M
N5671

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

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

OFFICE OF THE GOVERNOR
130 STATE CAPITOL
ST PAUL MN
55101

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

OLOFSON ARTHUR MBO & MAINC
927 SOO LINE BLDG
MPLS MN
55402

OLSON KATHLEEN
192 SEYMOUR AVE SE
MPLS M
N5541

OSTRUM DONALD E
PO BOX 33163
COON RAPIDS MN
55433

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

PATTISON ORVIS
BOX 645
WILLMAR MN
56201

PAYNE COL ALVIN

DEGRAFF MN
56233

PAYNE WM B
2400 FIRST NATL BK BLDG
MPLS MN
55402

PETERSON GARY
854 MIDLAND BK BLDG
MPLS MN
55401

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

PHILLIPS LEGISLATIVE SERVICE
459 RICE ST
ST PAUL MN
55103

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

POPOVICH PETER S
314 MINN BLDG
ST PAUL MN
55101

PORTER DAVID
5217 27TH AVE S
MPLS M
N5541

PORTER LYLE O

TRACY MN
56175

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

POSS DONALD G
6301 SHINGLE CREEK PKWY
BROOKLYN CTR MN
55430

POYZER ROBT
BOX 675
FERGUS FALLS MN
56357

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

PROCTOR&GAMBLE L THEOHAROUS
IVORYDALE TECH CENTER
CINCINNATI OH
45217

PULSCHER RBT SPRINGSTED INC
813 OSBORN BLDG
ST PAUL MN
55102

RADMAN RICHARD-LABOR TEMPLE
418 AUDITORIUM
ST PAUL MN
55102

RALPH BURKE ASSOCIATES
7710 COMPUTER =S101
MPLS M
N5543

RANALLO CLARENCE
800 CENTRAL AVE N E
MPLS MN
55413

RAMSEY CO MEDICAL SOCIETY
~~2303 LOWRY MEDICAL BLDG~~
ST PAUL 908 AM NATL BK BLDG MN
~~55102~~ 55101

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

REAGAN MICHAEL
% MINN LEARNING CTR
BRAINERD MN
56401

REARDON MRS HELEN
1125 S E 6TH ST
WILLMAR MN
56201

REID DAVID H
6469 N GRAHAM RD
INDIANAPOLIS I
N4622

RED OWL STORES INC
215 E EXCELSIOR AVE
HOPKINS MN
55343

REGION FIVE REG. DEV. COMM.
102 6TH ST N
STAPLES M
N5647

REGION NINE DEV. COMM.
709 N FRONT ST
MANKATO M
N5600

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

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

RENQUIST ARTHUR NSP CO
414 NICOLLET MALL
MPLS MN
55401

RICHARDSON THOS
7851 METRO PKWY S 103
MPLS MN
55420

RICHARDS MONTGOMERY ET AL
1430 RAND TOWER
MPLS MN
55402

RIEKE DAVID R
P O BX 509
THIEF RIV FLS MN
56701

ROE DAVID
175 AURORA
ST PAUL MN
55103

ROBBIE JOSEPH
904 CARGILL BLDG NO CTR
MPLS MN
55402

ROBERTS DR ALAN
BOX 297 MAYO U OF M
MPLS M
N5545

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

ROSS ALFRED
6356 WARE RD
LINO LAKES MN
55014

ROSS ROY J
CLK TREAS
LITCHFIELD MN
55355

RUDY FLOYD
118 AVE C
CLOQUET MN
55720

SEMHSA
RC MELIN
1903 S Bdwy
Rochester, MN 55901

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

SANFORD S M
7000 PORTLAND AVE
RICHFIELD MN
55423

SATHRE, HARVEY
375 MARION STREET
ST PAUL MN
55103

SAX DOVE & STENSON
310 ENDICOTT BLDG
ST PAUL MN
55101

SE MN REG DEV COMM
301 MARQ BK BLDG
ROCHESTER M
N5590

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

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

ST PAUL FOOD RETAILERS ASSN
1220 ARCADE
ST PAUL MN
55106

SW REGIONAL DEV COMM
2811 BDWY
SLAYTON M
N5617

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

SCHLICHT REV ROBT
611 W MAIN ST
BELLE PLAINE MN
56011

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

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

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

SCHNEIDER MAHLON
GREEN GIANT
LESUEUR MN
56058

SCHUTZ LINDA
RM 328 CAPITOL BLDG
ST PAUL MN
55155

SCHWARTAU NEAL METH HOSP
201 W CENTER ST
ROCHESTER MN
55901

SCHWERMAN EARL JR
1535 8TH AVE SE
ROCHESTER MN
55901

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

SCHNEIDER & NEESER
706 1ST ST SO PO BX 876
WILLMAR MN
56201

SCHROEDER ALFRED H
2172 CARROLL AVE
ST PAUL MN
55104

SELECTVISION INC FR VALEN
245 PARK AVE
NEW YORK NY
10017

SENATE COUN OFF ROOM 24
STATE CAPITOL
ST PAUL MN
55101

SENATE FINANCE COMMITTEE
113 STATE CAPITOL
ST PAUL MN
55101

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

SHABATURA EUGENE H
2833 LAKE AVE SO
DULUTH MN
55811

SHARP BOB
4125 HIGHWOOD RD
ST LOUIS PK MN
55416

SHAW ROBERT M
616 MOBIL OIL BLDG
MPLS MN
55402

SITE ENGINEERS INC
900 REDWELL LANE
APPLE VALLEY MN
55124

SIX EAST REG. DEV. COMM.
311 W 6TH ST
WILLMAR M
N5620

SIX W REG. DEV. COMM
128 W SORENSON
APPLETON M
N5620

SMERIKA WM.
BOISE CASCADE PAPERS
INTL FALLS MN
56649

SMITH MICHAEL
1423 NEWTON AVE N
MPLS MN
55411

SNELL LYN
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EDEN VALLEY MN
55329

SNYDER ROBERT W
248 CO B U OF M
ST PAUL MN
55101

SODERBERG HAROLD J
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

SODERMAN ANTHONY
152 S PLAZA BLDG
MPLS MN
55416

STANSFIELD ARLENE LAND OLKS
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55440

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

STATE&FED ASSOC
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WASHINGTON DC
20005

STATE & FED ASSOCIATES
1101 15TH ST NW S 309
WASHINGTON DC
20005

STATE REGISTER
95 SHERBURNE, RM 208
ST PAUL M
N5510

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

STEELWORKERS CREDIT UNION
BOX 250
BABBITT MN
55706

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

STUPKA & MOREM
MIDTOWN BLDG
AUSTIN MN
55912

SULLIVAN J KIRK
PO BOX 200
BOISE ID
83701

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

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

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

SWANSON DALE
P O BOX 339
FOREST LAKE MN
55025

SWANSON GERALD H
212 CITY HALL
ROCHESTER MN
55901

SWANSON MORTIMER C
5824 FRANCE AVE S
EDINA MN
55410

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

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

THOMPSON CONRAD
1107 23RD ST NW
ROCHESTER MN
55901

THOMPSON HESSIAN ET AL
1500 MIDWEST PLAZA BLDG
MPLS MN
55402

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

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

TWIN CITY RETAIL DRUGGIST
2388 UNIV AVE
ST PAUL MN
55104

UNION STOCK YARDS
ATTN PRES
SO ST PAUL MN
55075

VANDERVOORT T J MET WASTE
350 METRO SQUARE BLDG
ST PAUL MN
55101

VAN CLEVE JOHN H
2101 HENN AVE
MPLS MN
55405

VAN DRAKE STEPHEN R
BOX 353
PELICAN RAPID MN
56572

VAN EVERA MUNDT ET AL
700 TORREY BLDG
DULUTH MN
55802

VERRILL JOHN E
DEPT SECONDARY ED UOF M
DULUTH MN
55812

VIITALA, W.C. HONEYWELL
HONEYWELL PLAZA
MPLS MN
55408

VILLAGE OF WOODBURY
2100 RADIO DRIVE
WOODBURY MN
55042

VOLDNESS PERRY
IDS 8TH & MARQUETTE
MPLS MN
55402

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

VOS LEROY
2137 BURNS AVE
ST PAUL MN
55119

WALD JEAN
5746 SANDER DR
MPLS MN
55417

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

WANQUIST ALLEN
RM 252 FEDERAL BLDG
ST PAUL MN
55101

WATERS, DONNA M.
110506 WINDMILL COURT
CHASKA MN
55318

WELK G V NORTHERN STATES
414 NICOLLET MALL
MPLS MN
55401

WELLINGTON R R SKELLY OIL
PO BOX 1650
TULSA OK
75102

WEST CENTRAL REG. DEV.
ADM BLDG,COMMUNITY COLL
FERGUS FALLS M
N5653

WESTIN CHAS W
220 MEDICAL ARTS BLDG
DULUTH MN
55802

WHITING RALPH
555 WABASHA SUITE 204
ST PAUL MN
55102

WHITLOCK A G
ECON LAB OSBORN BLDG
ST PAUL MN
55102

WILCOX J PATRICK
1220 NORTHERN FED BLDG
ST PAUL MN
55102

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

WILEY ENTERPRISES
101 5TH AVE SE
OSSEO MN
55369

WILLIAMS THOS W
4915 W 35TH ST
MPLS MN
55416

WILSON R GARY PPG INDUSTR
1 GATEWAY CENTER
PITTSBURGH PA
15222

WIS FEEDER PIG MARKET CO-OP

FRANCIS CREEK WI

WOLKERSTORTER THEODORE
676 17TH AVE NW
NEW BRIGHTON MN
55112

WOZNIAK D D
401 FIRST FED BLDG
ST PAUL MN
55101

WYANT CLINTON W ATTY

ATKIN MN
56431

ZIMMERMAN & OFFERMAN
CAMBRIDGE STATE HOSP
CAMBRIDGE M
N5500

Form 19187

Erwin

TYPE ENVELOPES

	NAME	ADDRESS	CITY	STATE	ZIP
1	BAUMAN & BRUNS ATTN R MASON	1616 PIONEER BLDG	ST PAUL	MN	55101
2	PRISON FRANK - NECA	RM 305 200 S ROBERT	ST PAUL	MN	55107
3					
4	MANSFIELD LARRY HCARC	1800 CHICAGO AVE S	MPLS	MN	55404
5	SCHMIDT WARREN WELLCOME MHS	GARDEN CITY		MN	56034
6	BLANDIN PAPER CO W J LICKE	115 1ST ST SW	GRAND RAPIDS	MN	55744
7	REIERSON E	1335 WHITE BEAR AVE	ST PAUL	MN	55106
8	MPLS ASSN RETARDED CITIZENS	3100 W LAKE ST	MPLS	MN	55416
9					
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30					

Abrahamson, Dr. Dean E., 243 Space Science Center, Mpls 55455

Benson, John W., Pharmacy Dept., St. Lukes Div., United Hosp., 300 Pleasant Ave. St. Paul 55102

Branson, Lindley S., 300 Roanoke Bldg., Mpls 55402

Buckley, Elvina, Mrs. 69 W. Exchange St. (St. Joseph's Hosp.) St. Paul 55102

Bush, John T., Box 611, Mayo Bldg., U of M Mpls. 55455

Cassell, Dr. Carl V.E., MN State Dental Ass'n, 2236 Marshall Ave, St. Paul 55101

Damon Corp., Att: B.G. Goodman, 115 4th Ave., Needham Heights, MA 02194

Elston, Elaine, Box 44, Cottonwood, MN 56229

Environment Reporter, 1231 25th St., N.W., Washington D.C.

40 Club, Aitkin 56431

Fox, Howard, 244 Dayton Ave., St. Paul, 55102 (CEMETERIES ONLY)

Hawley, Lyle, Graco, P.O. Box 1441, Mpls 55440

Higgins, J.C., Brotherhood Rwy. Clerks, 2317 W. 7th St., Duluth

Houghton, Charles, Vendo, 7246 Troost Ave, Kansas City, MO 64131

Janke, John R., Burger Chef Systems, Inc., 250 N. St. White Plains, New York 10625

Jankowski, Mrs. JoAnne, King Care Centers, Inc., 22-27th Ave S.E. Mpls 55414

Kurtz, Mrs. Kirsten, MN Nurses Ass'n, 1821 Univ Ave, St. Paul 55104

Long, Nicholas (Dr.), 407 Medical Arts Bldg., Mpls. 55402

Markham, B.B., 2250 IDS Center, 80 S. 8th St., Mpls 55402

Merck & Co., Inc., Rahway, N.J., Att: Off of Gen Counsel

Metro Clean Air Comm., Barbara Hughes, Dir., 1829 Portland, Mpls. 55404

Metro Community Health Consortium, 1729 Nicollet Ave., Mpls. 55403

Mpls. & Henn. Cty. Mental Health Clinic, 619 S. 5th St., Mpls 55415

MN Ass. of Health Care Facilites, 2850 Metro Dr., Suite 431, Mpls. 55420

MN Nurses Ass'n, Att: Geraldine Wedel, 1821 Univ Ave., Rm 152, St. Paul 55104

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

Mitchell, Malcolm, Met. Health Bd., 300 Metro Sq. Bldg., 7th & Robert, St. Paul

Moore, Roger, 115 Forestview Lane, N., Mpls 55441

Parke, Davis & Company, P.O. Box 118, Detroit Michigan 48120, Att: Dennis Gibson

Patrick, Peter, 101 Central Ave, S.E., Mpls 55414

Perso, E.R., 4411 Branson St., Mpls. 55424

Pihlaja, Jerome A., Bureau Criminal App. Lab., 1246 Univ. Ave, St. Paul 55104

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

Roesler, Immanuel F., 6700 Portland Ave. S., Richfield 55423

Roos, Roger Dr., Univ Health Serv. U of M., Mpls 55455

Rosenthal, Robert F., Hospital Adm., 2110 E. Center St., Rochester, 55901

Schneider, Dorothy, St. Paul Bur. Health, 555 Cedar St., St. Paul 55101

Schroeder, Roger D., 7729 Groveland Rd., Mpls. MN 55432

Sigmeth, Gary F., 8415 Isle Ave. S., Cottage Grove, MN 55016

Smith, Gary D., 5237 Chicago Ave. S., Mpls 55417

Usher, Janice, Isanti Co. Public Health Nursing Serv., 237 SW 2nd, Cambridge 55008

Wahl, Jack, Inver Hills Comm College, Inver Grove Heights 55075

Walgreen, J.E. Krahulec, 4300 Peterson, Ave, Chicago Ill 60646

DIV. OF ENVIRONMENTAL SANITATION

U.S. Soil Conservation Serv., 517 Red Courts Bldg., St. Paul (Swimming Pools)

HOTELS, RESORTS, RESTAURANTS

U.S. Soil Conservation Serv., 517 Red Courts Bldg., St. Paul (Trailer Parks, etc)

MINN PLUMBING CODE ONLY

Hendricks, Manley, & Tyler pipe Industries, Box 2027, Tyler, Texas 50701

Higgins, Robert G., Rm 300B, 1409 Willow St., Mpls 55403

Sharp, Richard H. 964 W. Cecil St., Neenah, Wisc. 54956

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE

BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

AFFIDAVIT
OF MAILING

Ernest W. Kramer, being first duly sworn, deposes and says:

That on the 3rd day of September, 19 76, at the City of Minneapolis, County of Hennepin, State of Minnesota, he served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, 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.

Ernest W. Kramer

Subscribed and sworn to before me

this 3rd day of September, 1976.

Frank J. Bigham

FRANK J. BIGHAM
Notary Public, Ramsey Co. Mn.
MY COMMISSION EXPIRES
May 16, 1980

Bd's Exhibit No. 11

File No.

Date

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF RAMSEY

In the Matter of the Proposed
Adoption of Rules of the State
Board of Health Establishing
Standards Under the Community
Health Services Act and
Conforming by Amendment the
Scope of Agency Funding Program
Rules

CERTIFICATE

I hereby certify that the 502 general labels and 3 page list for the Minnesota State Board of Health all of which are attached and made a part hereof, constitute the complete lists of persons, associations and other interested groups who as of 11:30 o'clock am, this 2nd day of September, 1976, have request pursuant to Minn. Statutes §15.0412 subd. 4 (Supp. 1975) 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.

Joan Anderson Growe
SECRETARY OF STATE

JOAN ANDERSON GROWE

By Ceil Dorn

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

BOARD OF HEALTH

IN THE MATTER OF THE PROPOSED ADOPTION OF RULES OF THE STATE BOARD OF HEALTH GOVERNING PROCEDURES FOR THE AWARDING OF GRANTS AND SUBSIDIES AND ESTABLISHING STANDARDS UNDER THE COMMUNITY HEALTH SERVICES ACT.

NOTICE OF SEEKING OUTSIDE INFORMATION

NOTICE IS HEREBY GIVEN that the Minnesota State Board of Health is considering proposed rules governing procedures for the awarding of grants and subsidies and the establishment of standards pursuant to Minn. Laws 1976, ch. 9 (Community Health Services Act). Any interested persons may submit data or views on this subject in writing or orally to:

Robert W. Hiller
Room 244, Minnesota Department
of Health Building
717 Delaware Street S.E.
Minneapolis, Minnesota 55440
Telephone: (612) 296-5384

The proposed rules, if adopted, would amend existing State Board of Health grant award procedures and establish subsidy award criteria. Additionally, standards would be established relative to personnel, reporting and participation requirements under the Community Health Services Act.

Bd's Exhibit No. 12
File No.
Date

Any written material received by the agency shall become a part of the hearing record in the event rules governing this subject are promulgated.

MINNESOTA STATE BOARD OF HEALTH

Dated: August 11, 1976

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

RECEIVED
SEP 15 1976
OFFICE OF HEARING
EXAMINERS

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

STATEMENT OF NEED

The above-captioned rules relating to the Community Health Services Act are new rules being proposed by the State Board of Health (hereinafter "Board"). The remainder represents initial amendments to existing rules, which rules were adopted, duly filed and became effective on May 28, 1976.

The need to adopt the proposed new rules arises because of the necessity of complying with Minn. Laws 1976, ch. 9, § 8 subd. 1(c). That section reads:

> Subd. 1. The state board of health shall:
> (c) Promulgate regulations [sic] in accordance with Minnesota Statutes, Chapter 15, for the purposes of establishing standards for:
> (1) Training, credentialing, and experience requirements for key administrative personnel to ensure expertise in administration, planning, and in each services program included in the community health services plan;
> (2) A uniform reporting system that will permit an assessment of the efficiency and effectiveness of service delivery programs; and
> (3) A planning process that will encourage full community participation in the development of the community health services plan.

Accordingly, the Board here proposes the adoption of MHD 455, which is divided into the following three subtitles in correspondence with the foregoing statutory mandate: A. "Personnel"; B. "Uniform Reports"; C. "Community Participation Process."

The need to adopt the above-referenced proposed amendments to existing Board rules is also founded in part upon Minn. Laws 1976, ch. 9, § 8 subd. 1(c). Pursuant to its cited, statutorily mandated promulgation of rules respecting standards for community health services plans, the Board must necessarily define certain terms appearing within Minn. Laws 1976, ch. 9 and/or within the instant,

Bd's Exhibit No. 13
File No.
Date

proposed new rules. Current Board community health services and other funding rules' definitions are set forth at MHD 451 D. Thus, for purposes of consolidating Board rules' funding program definitions and by authority of Minn. Laws 1976, ch. 9, § 8 subd. 1(c), it is proposed that certain new terms be defined under existing rule MHD 451 D. Such terms would include "Act" (451 D.1), "Consumer" (451 D.7), "Fiscal Year" (451 D.9), "Key Administrative Personnel" (451 D.10), "Local Agency" (451 D.11), "Local Government Officials" (451 D.12), "Local Participation" (451 D.14), and "Provider" (451 D.17).

Further, in that existing rules MHD 451 - 454 contain the current procedural standards, application and related requirements under which general Board-administered community health services and other "grant" programs are conducted, the need arises to amend such rules to bring them up to date with the newly enacted Community Health Services Act, i.e., with Minn. Laws 1976, ch. 9. In the main, the proposed amendments to these existing Board rules reflect the Community Health Services Act's broadening of the Board's community health services funding authority, which now includes "subsidy" awards as well as new grant programs. Accordingly, in addition to the adding of certain previously noted definitions, the principal change here proposed in MHD 451 - 454 is the selected deletion of the word "grants" where it now appears and the use, in lieu thereof, of the more inclusive and generic term "funds." Also, to further reflect the expanded scope of the Board's responsibility in the area, the word "subsidy" would be inserted where appropriate.

A number of other housekeeping and related amendments designed to improve the clarity and grammar of MHD 451 - 454 are also proposed. For example, the word "Board" under MHD 451 D.5 would be redefined to more clearly designate the Commissioner of Health as the rules' administrator, and there would be a change in prepositions, from "of" to "by," under MHD 451 D.15.

Any and all such housekeeping and related amendments to MHD 451 – 454, where not otherwise authorized under Minn. Laws 1976, ch. 9, § 8 subd. 1(c), are proposed by authority of Minn. Stat. § 15.0412 subd. 3(1975), which reads as follows:

> Each agency shall adopt rules setting forth the nature and requirements of all formal and informal procedures related to the administration of official agency duties. Procedures concerning only internal management which do not directly affect the rights of or procedures available to the public need not be adopted as rules.

And, in pertinent part, Minn. Stat. § 15.0411 subd. 3 (1975) defines "rule" to include:

> [E]very agency statement of general applicability and future effect, including the amendment, suspension, or repeal thereof, made to implement or make specific the law enforced or administered by it or to govern its organization or procedure. . . .

Thus, in seeking to promulgate the described amendments to MHD 451 - 454, the Board further relies upon the authority conferred by the above-quoted provisions of Minnesota Statutes, Chapter 15.

Such authority generally, although implied, is well-recognized as a valid basis upon which an agency may so promulgate reasonable rules:

> The power of administrative agencies to make rules and regulations does not depend for its existence solely upon express grant. The authority of an administrative agency to adopt reasonable rules and regulations, which are deemed necessary to the due and efficient exercise of the powers expressly granted, cannot be questioned. The authority is implied from the power granted. Thus, the power to fix a minimum wage does not confine an agency to that single act. It may adopt rules to make it effective. 1 Am. Jur. 2d Administrative Law, § 97.

An abundance of other-jurisdiction case law clearly further supports the principle of an administrative agency's implied statutory authority to make rules. See, e.g., O'Connor v. Hendrick, 184 NY 421, 77 NE 612 (1906); California Drive-In Restaurant Ass'n v. Clark, 22 Cal. 2d 287, 140 P2d 657, 147 ALR 1028 (1943); Stohlman v. F.C.C., 126 F.2d 124 (D.C. 1942); Bank of Staley v. Johnson, 251 P.274 (Cal. 1927); Hawaii Corp. v. Kim, 500 P2d 1165 (Hawaii 1965); Coffman v. State Board of Examiners in Optometry, 331 Mich. 582, 50 NW2d 327 (1951); Koelling v. Board of Trustees, 259 Iowa 1185, 146 NW2d 284 (1967).

In the leading Minnesota case, the Minnesota Supreme Court has also indicated that the Legislature need not expressly grant authority to promulgate every agency rule. In Welsand v. State of Minnesota Railroad & W. Com'n., 25 Minn. 504, 88 NW2d 834 (1958) the Court found that a statute empowering the commission to make such rules and require such reports as necessary to carry out its statutory authority included the power to adopt a rule requiring an applicant for a contract carrier permit to list its customers. The Court felt that since the Legislature gave the commission authority to adopt rules to regulate contract

carriers, and did not define what should constitute a contract carrier, there existed implied authority to promulgate a rule such as the one in question so that the commission could obtain a more accurate definition of a contract carrier. The Court stated:

> In vesting regulatory power in an administrative agency, the legislature need not expressly delineate with particularity or exactness each and every phase of the power so conferred, but may . . . leave the exact scope of rule-making power to reasonable implication . . . .

Id. at 838.

In the instant situation, the Board's authority to receive and expend monies for purposes of funding health services programs, in addition to its newly acquired responsibilities under the Community Health Services Act, is variously set forth at Minn. Stat. § 144.074 (1975), Minn. Stat. § § 144.07, 144.05 and 144.09 (1974). Pursuant to such authority the Board currently administers funding programs relating to, among other things, community health services generally, migrants, the treatment of venereal disease, and maternal and child health care. Where state and federal procedural standards and requirements for the aforesaid and other funding programs are non-existent, incomplete or non-exclusive, MHD 451 et seq. applies. Under the above-cited provisions of Chapter 15, the Welsand case, and the several other referenced authorities, it is clear that, by virtue of said rules' very recent adoption, the Board's power to so regulate such funding programs under MHD 451 - 454 has been and remains well-established. Consequently, the current proposal to make largely housekeeping and definitional changes in MHD 451 - 454 is supported both by Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and by said other authority.

Dated: September 13, 1976

MINNESOTA STATE
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Adoption of Rules of the State Board of Health Establishing Standards Under the Community Health Services Act and Conforming by Amendment the Scope of Agency Funding Program Rules

STATEMENT OF EVIDENCE

The State Board of Health (hereinafter "Board") will introduce the following documentary evidence at hearing in the above-entitled matter:

1. Materials evidencing the Board's compliance with procedural requirements for rulemaking, including:

(a) The Order for Hearing, together with the Certificate of Board's Authorizing Resolution;

(b) The Notice of Hearing as mailed;

(c) The Affidavit of Receipt of the Secretary of State's list, together with a copy of said list;

(d) The Affidavit of Mailing (of the Notice of Hearing), together with Certificate of the Secretary of State;

(e) Any and all materials received following the Notice of Seeking Outside Information made pursuant to Minn. Stat. § 15.0412 subd. 6, together with the citation to said Notice; and

(f) The instant Statement of Evidence.

2. The following materials constituting the Board's affirmative presentation of facts establishing the need for and reasonableness of the proposed rules and evidencing the Board's compliance with substantive requirements for rulemaking:

(a) Statement of Need; and

(b) Statement of Facts Establishing Reasonableness of Rules.

Bd's Exhibit No. 14

File No.

Date

Further, on the basis of the two documents listed immediately above and through oral testimony which it is anticipated will be presented at hearing, the Board will affirmatively present facts and expert opinions proving the need for and reasonableness of each proposed rule. In summary, such evidence will include the following:

MHD 451. Purpose, Scope and Definitions

It will be shown that proposed amendments to this rule are needed for purposes of its being updated and made to conform to the recently adopted Community Health Services Act. The Board's statutory authority to make such changes is founded primarily on Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and Minn. Stat. § 15.0412 subd. 3 (1975).

The principal amendments proposed would add several new definitions to MHD 451, delete two other definitions, and broaden the rule's scope largely only by adding, where appropriate, the word "subsidy" and replacing the word "grants" with the more generic term "funds." It will be shown that such changes are justified and reasonable in that they precisely reflect the newly expanded scope of the Board's statutory funding authority. Moreover, the proposed new definitions, including definitions of the terms "Act," "Consumer," "Fiscal Year," "Key Administrative Personnel," "Local Agency," "Local Government Officials," "Local Participation," and "Consumer," will be shown to be reasonable and essential to a complete understanding of the Community Health Services Act and MHD 455. Finally, several non-substantive, housekeeping amendments will be demonstrated to be justified by reason of their improvement of the rule's clarity and grammar.

MHD 452. Availability of Grant Funds and Application Process

The need and statutory basis for proposed amendments to MHD 452 are identical to those cited above under MHD 451.

The primary amendments proposed under this title include certain new Board notice requirements to applicants for funds and two additional items to be included within a completed grant application. In each instance, the Board will show that such amendments are reasonable and justified as providing applicants with more comprehensive notice of funding requirements and improving the means by which the Board may more expeditiously process and verify applications. It is proposed, for example, that grant applications now include original signatures on face sheets and budget forms.

Other proposed amendments to MHD 452 relate to the earlier-noted changes in terminology involving the words "grants," "funds," and "subsidy" and to certain grammatical alterations. Again, such amendments will be shown to be reasonable in that they more accurately reflect the Board's expanded funding authority and improve the rule's clarity.

MHD 453. Review and Disposition of Applications

The amendments proposed under this rule are also needed for purposes of updating the rule in question and are primarily authorized under Minn. Laws 1976, ch. 9, § 8 subd. 1(c) and Minn. Stat. § 15.0412 subd. 3 (1975).

The most significant changes proposed relate to (a) specification of the time frame within which regional review of fund applications shall occur and (b) Board eligibility criteria respecting migrant

agricultural workers and native Americans. Both such areas of changes will be shown by the Board to be reasonable and necessary pursuant to pertinent definitions and requirements set forth under the Community Health Services Act. The Board will also demonstrate that a series of proposed, non-substantive amendments to MHD 453 improve the rule's readability.

MHD 454. Administration

It will be shown that proposed amendments to MHD 454 are also needed to update and conform the rule to the Community Health Services Act and that such changes are primarily authorized under that Act and Minn. Stat. § 15.0412 subd. 3 (1975).

Additionally, the bulk of the changes proposed are grammatical or would broaden the rule's applicability, largely by substituting the word "funds" or "award" for "grant(s)." It will also again be shown that such changes are justified and reasonable as improving the rule's clarity and more precisely expressing the expanded scope of the Board's statutory funding authority.

MHD 455. Special Rules Authorized by Minnesota Laws 1976, Chapter 9

The proposed promulgation of this new rule and each of its subparts is expressly mandated by Minn. Laws 1976, ch. 9, § 8 subd. 1(c).

It will be demonstrated by the Board that the requirements presented under subpart A, entitled "Personnel," conform to commonly accepted minimum standards for key administrative personnel working under a community health services program. The reasonableness of such standards will be supported by expert Board opinion and will relate to both academic and experience qualifications for each of some seven (7) positions statutorily identified as fundamental to an approved community health services program.

The second subpart under MHD 455, entitled "Uniform Reports," establishes requirements and timetables pursuant to which the recipient of a community health services subsidy would furnish the Board with periodic activity and financial reports. It will be shown that all such requirements and timetables are reasonable and justified by reason of their permitting the Board to fulfill its statutory subsidy monitoring functions without unduly burdening fund recipients.

The final section of MHD 455, entitled "Community Participation Process," sets forth a variety of means by which interested persons within a local community could affect the form and development of a community health services plan. Included are local agency public notice, public meeting, roster maintenance, document inspection and advisory committee requirements. The reasonableness of each of these requirements will be demonstrated by the Board as being consistent with a fair balancing of a local agency's ability to efficiently and economically seek to prepare an acceptable community health services plan and the public's statutory right to know and influence that process.

The following expert witnesses will represent the Board at the hearing:

Robert W. Hiller
Assistant Commissioner
Community Health Services Development
State Department of Health; and

Ernest W. Kramer
Community Health Services Development
State Department of Health

Said witnesses will be available to answer questions and by affirmative oral presentation to expand upon the above-summarized evidence respecting the reasonableness of each proposed rule.

Finally, evidence to be introduced by the Board at hearing will include references to the Board's authortiy to promulgate the proposed rules. As fully set forth in the Board's Statement of Need, such authority includes:

Minn. Laws 1976, ch. 9, § 8 subd. 1(c);
Minn. Stat. § 15.0412 subd. 3 (1975); and
Welsand v. State of Minnesota Railroad & W. Com'n., 25 Minn. 504 88 NW2d 834 (1958).

Dated: September 13, 1976

MINNESOTA STATE

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer