

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

Our File No. 1025

RULE REVIEW CHECKLIST

DATE RULE RECEIVED 4-26-84
DATE FOR REVIEW
DATE DUE 05-03-84

Adopted w/a hearing
Adopted w/o hearing
Temporary rule X

Approved 5-3-84 mjc Disapproved Returned to Agency

Resubmitted Due
Approved Disapproved Returned to Agency

Date filed w/Secretary of State Revisor approved / disapproved

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✓ Rule as Adopted

Rule as Proposed

✓ Order Adopting 4.12.84 Date

N/A Notice of Intent to Solicit Outside Opinion

✓ Order for rulemaking
date of Hearing

N/A Certificate of Board's Authorizing Resolution

✓ Notice of rulemaking
✓ Sufficiency

✓ Affidavit of Mailing Notice or rulemaking
4.18.84 At least ~~30~~ 20 days prior to ~~hearing~~/adoption

✓ Mailing list Certificate

✓ Publication in State Register
1.23.84 At least ~~30~~/20 days prior to hearing/adoption

N/A Hearing Examiner's Report

Chief Hearing Examiner's Report(s)
Approving H.E.'s Report
Approving agency action

✓ Agency's Findings of Fact

N/A LCRAR Report or agency Affidavit

Certificate of Board's Resolution Adopting Rules

Order Approving Incorporation by Reference

Statement of Need and Reasonableness

Petition for Adoption of a Rule

✓ Record (includes transcript or tape, exhibits, comments received by agency, requests for a hearing, and other relevant materials)

✓ Certificate of Compliance w/Rulemaking Procedures

N/A Affidavit of Mailing Notice of Submission to Attorney General

✓ Notice of Submission to the Attorney General

SF-00006-02

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO LEONARD W LEVINE
Commissioner of Public Welfare

DATE: May 3, 1984

ATTN: JOHN M. BURMAN
Special Asst, Attorney General

FROM : MARTHA J. CASSERLY
Special Assistant
Attorney General M.J.C

PHONE: 296-4692

SUBJECT:

In the Matter of Proposed Temporary Rules Governing Certification of Admission Program for Inpatient Hospitals Participating in the Medical Assistance and General Assistance Medical Care Programs (12MCAR §§ 2.00481 - 2.0484 Temporary)

Enclosed herewith are the rules you have submitted for approval. These rules have been approved by this office and filed with the Secretary of State. Please note that they have not been filed with the State Register. This must be done promptly by your agency.

Upon receipt and before transmittal to your agency, however, it is important that you recheck these rules as to:

1. Affixation of stamps of the Attorney General and Secretary of State;

2. Coverage by these stamps of all rules submitted; and

3. Inclusion of all pages to the rules in the approved set.

If you have any questions in this regard, please contact me.

Encs.

cc: Ms. Kathy Burek
Mr. Duane Harves

MVC:cb

AG copy

Department of Public Welfare
Bureau of Income Maintenance

Adopted Temporary Rules Governing the Certification of Admission Programs for Inpatient Hospitals Participating in the Medical Assistance Program

Temporary Rules as Adopted

12 MCAR S 2.0481 [Temporary] Authority and applicability.

A. Authority.

1. Minnesota Statutes, chapter 312, article 5, section 38 (to be codified at Minnesota Statutes, chapter 256B.503), authorizes the commissioner to establish, by uniform rules, criteria for determining the appropriateness of hospital admissions and standards that safeguard against unnecessary or inappropriate use of inpatient medical assistance services;

2. The provisions of 12 MCAR SS 2.0481-2.0484 [Temporary] are to be read in conjunction with Code of Federal Regulations, titles XVIII and XIX and Minnesota Statutes, chapters 256, 256B, and 256D. ~~The Minnesota Department of Public Welfare, the state agency responsible for the administration of the medical assistance and general assistance medical care programs, may issue instructional bulletins, manual materials, and forms, as necessary to assist in compliance with these rules.~~

B. Applicability. Rules 12 MCAR SS 2.0481-2.0484 [Temporary] apply to admitting providers and hospitals seeking medical assistance or general assistance medical care payment for inpatient hospital services provided to medical assistance or general assistance medical care recipients under Minnesota Statutes, chapters 256B and 256D. The department retains the authority to approve prior authorizations established under 12 MCAR SS 2.047 and 2.058. For the purposes of 12 MCAR SS 2.0481-2.0484 [Temporary] out-of-state hospitals and admitting providers are exempt. Out-of-state admitting providers who admit to an in-state hospital must comply.

12 MCAR S 2.0482 [Temporary] Definitions.

A. Applicability. As used in 12 MCAR SS 2.0481-2.0484 [Temporary], the following terms have the meanings given them.

B. Admission. "Admission" means the act that allows the recipient to officially enter a hospital under the professional care of a member of the medical staff to receive medical care.

C. Admission certification. "Admission certification" means that the commissioner or the medical review agent has determined that inpatient hospitalization is medically necessary based on the criteria contained in 12 MCAR SS 2.0481-2.0484 [Temporary] and that medical assistance or general assistance medical care funds may be used to reimburse the admitting provider and hospital for providing such services, subject to the requirements of 12 MCAR SS 2.047 and 2.058.

D. Admitting provider. "Admitting provider" means the deliverer of medical services who orders the admission to the hospital and who enters into a provider agreement with the Department of Public Welfare.

E. Against medical advice or AMA. "Against medical advice" or "AMA" means the patient leaves a hospital against the advice of the provider.

F. Commissioner. "Commissioner" means the commissioner of the Minnesota Department of Public Welfare or a designated representative.

F G. Department. "Department" means the Department of Public Welfare.

G H. General assistance medical care or GAMC. "General assistance medical care" or "GAMC" means payment of part or all of the cost of care and services not provided by title XVIII, XIX, or XX of the Social Security Act for eligible individuals whose income and resources are insufficient to meet all such costs.

H I. Hospital. "Hospital" means an institution properly staffed and equipped which provides services, facilities, and beds for the reception and care for a continuous period longer than 12 hours of one or more nonrelated persons who require

diagnosis, treatment, or care for illness, injury, or pregnancy. A hospital regularly makes available clinical laboratory services, diagnostic x-ray services, and treatment facilities for (a) surgery, (b) obstetrical care, or (c) other definitive medical treatment of similar extent as defined in 7 MCAR S 1.076.

~~I~~ J. Inpatient hospital services. "Inpatient hospital services" means those items and services ordinarily furnished by a hospital for the care and treatment of inpatients; and which are provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis. The hospital offering services must be licensed or formally approved as a hospital by the Minnesota Department of Health; and must be qualified to participate under title XVIII of the Social Security Act or is determined currently to meet the requirements for such participation under 7 MCAR S 1.076.

~~J~~ K. Local welfare agency. "Local welfare agency" means the local agency under the authority of the county welfare board or county human service board which is responsible for determining medical assistance and general assistance medical care eligibility.

~~K~~ L. Medical assistance or MA. "Medical assistance" or "MA" means the program established under title XIX of the Social Security Act and Minnesota Statutes, chapter 256B.

~~L~~ M. Medical emergency. "Medical emergency" means a medical condition that, if not immediately diagnosed and treated, could cause a recipient serious physical or mental disability, continuation of severe pain, or death.

~~M~~ N. Medically necessary. "Medically necessary" means a service or treatment appropriate and consistent with the recipient's diagnosis and which in accordance with accepted medical standards in Minnesota, cannot be provided on an outpatient basis.

~~N~~ O. Medical review agent. "Medical review agent" means an agency contracting with the department to perform admission

certification.

~~O~~ P. Peer review task force. "Peer review task force" means the peers practicing in a speciality of the admitting provider, who are appointed to the review force by the medical review agent. The peer review task force hears reconsideration for a denied admission certification.

~~P~~ Q. Prior authorization. "Prior authorization" means prior approval under 12 MCAR SS 2.047 and 2.058 of services and items of care by the department prior to the provision of service.

~~Q~~ R. Recipient. "Recipient" means a person who has made application to the local welfare agency and meets the eligibility criteria for medical assistance or general assistance medical care.

~~R~~ S. Reconsideration. "Reconsideration" means a review, based on additional information from the admitting provider of denied admission certifications. The review is conducted by the peer review task force of the medical review agent.

12 MCAR S 2.0483 [Temporary] Inpatient admission certification process.

All medical assistance (MA) and general assistance medical care (GAMC) admissions to hospitals must receive admission certification by the commissioner or a medical review agent if designated, prior to admission in order for the admitting provider or the hospital to receive MA or GAMC funds.

A. Admitting provider responsibilities. The admitting provider that seeks MA or GAMC reimbursement for hospital services to be provided to a recipient shall:

1. Request admission certification by contacting the commissioner or, if directed, a medical review agent, under procedures specified by the commissioner through provider bulletins. Admission certification will be denied unless the admitting provider requests it prior to the time the recipient is admitted to a hospital, except in the case of medical emergencies ~~or~~. Deliveries of newborn babies~~, which~~ within a hospital are exempt from the admission certification process.

2. Obtain a certification number from the medical review

agent.

3. Inform the hospital of the certification number.

4. Include the certification number on all invoices to the department.

5. Attach a copy of second or third surgical opinion to all appropriate invoices.

6. Receive prior authorization from the Professional Services Section of the department for any service requiring prior authorization under 12 MCAR SS 2.047 and 2.058. Certification without prior authorization when needed or prior authorization without certification will result in denial of MA or GAMC reimbursement, excluding dental procedures. In-patient dental procedures require prior authorization under 12 MCAR SS 2.047 and 2.058 and therefore are exempt from 12 MCAR SS 2.0481-2.0484. F&F4

7. Provide the following accurate and complete information to the medical review agent or commissioner:

a. recipient's name;

b. MA or GAMC recipient's identification number;

c. admitting provider MA provider number and address; F&F5

d. operating physician and primary procedure code, if applicable; F&F6

e. reason for admission;

f. primary diagnosis by diagnostic code;

g. secondary diagnosis by diagnostic code;

h. other condition by diagnostic code; and

i. information from the plan of care as necessary or requested by the commissioner or medical review agent, if designated, to determine if admission is medically necessary.

B. Hospital responsibilities. Hospitals may not receive MA or GAMC reimbursement for any services or treatment provided to MA or GAMC recipients admitted to the hospital unless:

1. The admitting provider has obtained admission certification from the commissioner or medical review agent.

2. The hospital has informed the commissioner or medical review agent of all emergency admissions within ~~one-working-day~~

24 hours exclusive of weekends and holidays. The hospital shall inform the admitting provider of the admission certification number and provide the information under A.7. to the medical review agent or the commissioner.

3. The hospital uses the admission certification number from the commissioner or medical review agent on all invoices to the department seeking MA or GAMC funds.

4. The hospitals may not seek admission certification on any person whose application for MA or GAMC is pending.

5. The hospital may seek admission certification for persons found retroactively eligible for MA or GAMC after the date of admission. Hospitals shall inform the admitting provider of the admission certification number.

6. The hospital must inform the commissioner or medical review agent, within 24 hours exclusive of weekends and holidays, of an against medical advice or AMA recipient.

C. Medical review agent responsibility. The medical review agent shall:

1. Determine within ~~one-working-day~~ 24 hours exclusive of weekends and holidays whether admission certification is appropriate based on the criteria in 12 MCAR S 2.0484 [Temporary].

2. Complete the admission certification form as specified by the department.

3. Mail or deliver a written notification of the admission certification determination on forms specified by the commissioner, the admitting provider, hospital, and the department within five working days, exclusive of weekends and holidays.

4. Determine if admission certification is appropriate based on criteria in 12 MCAR S 2.0484 [Temporary] for a recipient determined eligible for MA or GAMC funds as the result of a pending application or retroactive determination by the local welfare agency even though services may already have been provided.

5. On a monthly basis, mail or deliver data and reports

to the commissioner.

6. Provide for a reconsideration of an admission certification denial through a peer review task force. The determination of the peer review task force is binding on the admitting provider, hospital, and commissioner.

D. Commissioner responsibility. Upon receipt of admission certification forms from the medical review agent the commissioner shall:

1. Process the certification number in the department billing system;

2. Review admission certification forms for utilization and readmission patterns of admitting providers and recipients;

3. Deny payment of MA or GAMC funds to the admitting provider and hospital if the admission certification has been denied or the ~~procedure performed~~ prior authorization was not ~~authorized~~ obtained as required; } EqFF 13

4. Take steps to identify underutilization or early discharge practices of hospitals and admitting provider;

5. Ensure that the medical review agent is performing admission certifications according to the provisions of this rule;

6. When acting as the medical review agent; ? does this track int initial sentence in D.

a. determine within one working day whether admission certification is appropriate based on the criteria contained in 12 MCAR S 2.0484 [Temporary].

b. complete the admission certification form as specified by the department.

c. mail or deliver a written notification of the admission certification on forms specified by the commissioner, the admitting provider, hospital, and the department within five working days.

d. determine if admission certification is appropriate based on criteria in 12 MCAR S 2.0484 [Temporary] for a recipient determined eligible for MA or GAMC funds as the result of a pending application or retroactive determination by the local welfare agency even though services may already have been

provided;

e. provide for a reconsideration of admission certification denial by the Professional Advisory Committee under Minnesota Statutes, section 256B, who shall make a recommendation to the commissioner who shall make the final determination.

12 MCAR S 2.0484 [Temporary] Admission certification criteria.

The admitting provider shall indicate the need for admission based on criteria contained in this rule. A recipient is eligible for admission to a hospital based on the criteria in A., B., or C.

A. Mentally ill. The recipient is diagnosed as mentally ill and one or more of the following needs or problems must describe the recipient's condition and be documented in a plan of care.

1. The recipient demonstrates a danger to self or others.

2. The recipient demonstrates a severe and disruptive social, occupational, school, or personal dysfunction.

3. The recipient demonstrates that there is a failure of existing support systems and there is a documented lack of alternatives.

4. The recipient's psychiatric condition substantially impedes functioning in daily activities.

B. Medical or surgical. The recipient has a diagnosis appropriate to the illness and one or more of the following needs or problems is demonstrated.

1. The recipient requires a medical service necessitating a major invasive procedure, or a treatment requiring monitoring that cannot be performed on an outpatient basis.

2. The recipient requires nursing or life support services which are professional intensive services that must be continued on a 24-hour basis that can only be provided in a hospital.

3. The recipient has a condition which is acute or unstable or has the potential for producing a disability which requires medical intervention.

C. Chemically dependent recipient. The recipient is

diagnosed as chemically dependent based on the pattern of pathological use, impairment in social or occupational functioning due to pathological use, and at least one of the following needs or problems:

1. The recipient has a documented condition or disorder which in combination with chemical use presents a serious health risk.

2. The recipient has a documented condition or disorder which in combination with chemical use presents a serious mental health risk.

3. The recipient has an unsuccessful or incomplete chemical dependency treatment experience within the last 12 months which warrants a more structured setting.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
MAY - 4 1984
2:25PM
Joan Anderson Growe
Secretary of State

APPROVED AS TO FORM AND LEGALITY
May 3 19 84
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY Martha J Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

In the Matter of Proposed Temporary
Rules Governing Certification
of Admission Program for Inpatient
Hospitals Participating in the Medical
Assistance and General Assistance
Medical Care Programs
(12 MCAR SS 2.0481 - 2.0484 Temporary)

ORDER ADOPTING
TEMPORARY RULES

The above-entitled matter was published in the State Register on January 23, 1984, as a proposed temporary rule pursuant to Minnesota Statutes section 14.29 -14.36.

After affording interested and affected persons an opportunity to submit written data and views within 20 days of the publication date, reviewing and considering the data and views, and determining that the above captioned rules are needed and reasonable.

NOW, THEREFORE, IT IS ORDERED that these rules identified as Certification of Admission Programs for Inpatient Hospitals Participating in the Medical Assistance and General Assistance Medical Care Programs. (12 MCAR SS 2.0481-2.0484 Temporary) are adopted this 12 day of April, pursuant to authority vested in me by Laws of Minnesota 1983, Chapter 312, Article 5, Section 38.

STATE OF MINNESOTA



LEONARD W. LEVINE
Commissioner of Public Welfare

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

PROPOSED TEMPORARY RULES GOVERNING
THE CERTIFICATION OF ADMISSION PROGRAMS
FOR INPATIENT HOSPITALS PARTICIPATING IN
THE MEDICAL ASSISTANCE PROGRAM
(12 MCAR §§2.0481 - 2.0484 Temporary)

ORDER FOR PUBLICATION
OF A TEMPORARY RULE

IT IS ORDERED this 9th day of January, 1984, that the proposed temporary rule in the above-entitled matter be published in the State Register.

LEONARD W. LEVINE
Commissioner of Public Welfare

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

Proposed Temporary Rules Governing the Certification of Admission Programs for Inpatient Hospitals Participating in the Medical Assistance Program (12 MCAR §§ 2.0481-2.0484, Temporary)

NOTICE OF INTENT TO ADOPT TEMPORARY RULES

The State Department of Public Welfare proposes to adopt the above-entitled temporary rules to implement Laws of Minnesota 1983, chapter 312, article 5, section 38, (to be codified at Minnesota Statutes, chapter 256 B.503).

Persons interested in these rules have until February 13, 1984 to submit written comments. The proposed temporary rules may be modified if the modifications are supported by the data and views submitted to the agency and do not result in a substantial change in the proposed language. Written comments should be sent to:

Thomas JoliCoeur
Health Care Programs
Department of Public Welfare
Second Floor, Space Center
444 Layfayette Road
St. Paul, MN 55101
612/297-2022

Upon adoption of these temporary rules, this notice, all written comments received, and the adopted temporary rules will be delivered to the Attorney General and to the Revisor of Statutes for review as to form and legality.

The adopted temporary rules will not become effective without the Attorney General's approval and the Revisor of Statute's certification of the rule's form.

As required by the Administrative Procedures Act, Minnesota Statutes, chapter 14, these temporary rules shall be in effect for up to 180 days following their adoption and may be continued in effect for an additional 180 days if the Commissioner gives notice of continuation by publishing notice in the State Register and mailing the same notice to all persons registered with the Commissioner to receive notice of rulemaking proceedings. The temporary rules shall not be effective 360 days after their effective date without following the procedure in Minnesota Statutes, sections 14.13 to 14.20.

The purpose of 12 MCAR §§ 2.0481-2.0454 (Temporary) is to establish by uniform rules criteria for determining the appropriateness of hospital admissions and standards that safeguard against unnecessary or inappropriate use of inpatient Medical Assistance services. These rules apply to

admitting providers and hospitals seeking Medical Assistance or General Assistance Medical Care payment for inpatient hospital services provided to Medical Assistance or General Assistance Medical Care recipients under Minnesota Statutes, sections 256B and 256D. These rules contain provisions on the responsibilities of admitting physicians and other providers with admitting privileges, responsibilities of hospitals, responsibilities of medical review agents, responsibilities of the Commissioner of the Department of Public Welfare, and hospital admission criteria.

These temporary rules will not result in any additional state or county spending beyond the amount of funds appropriated under Laws of Minnesota 1983, chapter 312.

Copies of this notice and the proposed temporary rules may be obtained by contacting Sandra Searles (612/296-3386).

1-10-84

LEONARD W. LEVINE
Commissioner of Public Welfare

EM-27

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

IN THE MATTER OF PROPOSED TEMPORARY RULES GOVERNING THE CERTIFICATION OF ADMISSION PROGRAMS FOR INPATIENT HOSPITALS PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM (12 MCAR §§ 2.0481 - 2.0484, TEMPORARY)

AFFIDAVIT OF MAILING

Wendy Johnson, being first duly sworn, deposes and says:

That on the 18th day of January, 1984, at the City of St. Paul, County of Ramsey, State of Minnesota, she served the attached Notice of Intent to Adopt Temporary Rules by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid, on all persons and associations who have requested that their names be placed on file with the Department of Public Welfare for the purpose of receiving notice of the proposed adoption of rules by this Department.

Wendy Johnson

Subscribed and sworn to before me

this 18th day of January, 1984.

Margaret Holt

MARGARET HOLT
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
My Comm. Expires Sept. 22, 1984

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

IN THE MATTER OF THE PROPOSED TEMPORARY RULES GOVERNING THE CERTIFICATION OF ADMISSION PROGRAMS FOR INPATIENT HOSPITALS PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM (12 MCAR §§2.0481 - 2.0484, TEMPORARY)

CERTIFICATE

I hereby certify that the list of persons, associations, and other interested groups who have requested, pursuant to Minn. Stat. §14.14 subd. 1., that their names be placed on file with and maintained by the Department of Public Welfare for the purpose of receiving notice of the proposed adoption of rules by this Department is accurate and complete as of 4:00 P.M., this 18th day of January, 1984.

C. Colorado: University of Colorado Health Sciences Center School of Nursing, Denver.

D. Connecticut: Yale University Maternal Newborn (Nurse-Midwifery) Program, New Haven.

E. District of Columbia: Georgetown University School of Nursing, Washington.

F. Florida:

1. University of Miami School of Nursing, Coral Gables; and

2. University of Florida at Gainesville, T. Hillis Miller Health Center College of Nursing, Gainesville.

G. Georgia: Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta.

H. Illinois:

1. Rush-Presbyterian-St. Luke's Medical Center, Chicago; and

2. University of Illinois at the Medical Center, College of Nursing, Chicago.

I. Kentucky:

1. Frontier School of Midwifery and Family Nursing, Frontier Nursing Service, Hyden; and

2. University of Kentucky College of Nursing, Lexington.

J. Maryland: United States Air Force (USAF), Nurses Only, Nurse-Midwifery Program, Malcom Grow USAF Medical Center, Andrews Air Force Base.

K. Minnesota: University of Minnesota School of Nursing, Minneapolis.

L. Mississippi: University of Mississippi Nurse-Midwifery Education Program, Jackson.

M. Missouri: St. Louis University Department of Nursing, St. Louis.

N. New Jersey: University of Medicine and Dentistry of New Jersey, School of Allied Health Professions, Nurse-Midwifery Program, Newark.

O. New York:

1. State University of New York, Downstate Medical Center, College of Health Related Professions, Nurse-Midwifery Program, Brooklyn; and

2. Columbia University Graduate Program in Maternity Nursing and Nurse Midwifery, Columbia Presbyterian Medical Center, New York.

P. Ohio: Case Western Reserve, Frances Payne Bolton School of Nursing, Cleveland.

Q. Oregon: Oregon Health Sciences University School of Nursing, Portland.

R. Pennsylvania:

1. Booth Maternity Center, Philadelphia; and

2. University of Pennsylvania School of Nursing, Philadelphia.

S. South Carolina: Medical University of South Carolina Nurse-Midwifery Program, Charleston.

T. Tennessee: Meharry Medical College Nurse-Midwifery Program, Nashville.

U. Utah: University of Utah College of Nursing, Salt Lake City.

Department of Public Welfare
Bureau of Income Maintenance

Proposed Temporary Rules Governing the Certification of Admission Programs for Inpatient Hospitals Participating in the Medical Assistance Program (12 MCAR §§ 2.0481-2.0484, Temporary)

Notice of Intent to Adopt Temporary Rules

The State Department of Public Welfare proposes to adopt the above-entitled temporary rules to implement Laws of Minnesota 1983, chapter 312, article 5, section 38, (to be codified at Minnesota Statutes, chapter 256 B.503).

Persons interested in these rules have until February 13, 1984 to submit written comments. The proposed temporary rules may be modified if the modifications are supported by the data and views submitted to the agency and do not result in a substantial change in the proposed language. Written comments should be sent to:

Thomas JoliCoeur
Health Care Programs
Department of Public Welfare
2nd Floor, Space Center
444 Lafayette Road
St. Paul, MN 55101
612/297-2022

Upon adoption of these temporary rules, this notice, all written comments received, and the adopted temporary rules will be delivered to the Attorney General and to the Revisor of Statutes for review as to form and legality.

The adopted temporary rules will not become effective without the Attorney General's approval and the Revisor of Statute's certification of the rule's form.

As required by the Administrative Procedures Act, Minnesota Statutes, chapter 14, these temporary rules shall be in effect for up to 180 days following their adoption and may be continued in effect for an additional 180 days if the Commissioner gives notice of continuation by publishing notice in the *State Register* and mailing the same notice to all persons registered with the Commissioner to receive notice of rulemaking proceedings. The temporary rules shall not be effective 360 days after their effective date without following the procedures in Minnesota Statutes, sections 14.13 to 14.20.

The purpose of 12 MCAR §§ 2.0481-2.0484 (Temporary) is to establish by uniform rules criteria for determining the appropriateness of hospital admissions and standards that safeguard against unnecessary or inappropriate use of inpatient Medical Assistance services. These rules apply to admitting providers and hospitals seeking Medical Assistance or General Assistance Medical Care payment for inpatient hospital services provided to Medical Assistance or General Assistance Medical Care recipients under Minnesota Statutes, sections 256B and 256D. These rules contain provisions on the responsibilities of admitting physicians and other providers with admitting privileges, responsibilities of hospitals, responsibilities of medical review agents, responsibilities of the Commissioner of the Department of Public Welfare, and hospital admission criteria.

These temporary rules will not result in any additional state or county spending beyond the amount of funds appropriated under Laws of Minnesota 1983, chapter 312.

Copies of this notice and the proposed temporary rules may be obtained by contacting Sandra Searles (612/296-3386).

January 9, 1984

Leonard W. Levine, Commissioner
of Public Welfare

Temporary Rules as Proposed (all new material)

12 MCAR § 2.0481 [Temporary] Authority and applicability.

A. Authority.

1. Minnesota Statutes, chapter 312, article 5, section 38 (to be codified at Minnesota Statutes, chapter 256B.503), authorizes the commissioner to establish, by uniform rules, criteria for determining the appropriateness of hospital admissions and standards that safeguard against unnecessary or inappropriate use of inpatient medical assistance services;

2. The provisions of 12 MCAR §§ 2.0481-2.0484 [Temporary] are to be read in conjunction with Code of Federal Regulations, titles XVIII and XIX and Minnesota Statutes, chapters 256, 256B, and 256D, The Minnesota Department of Public Welfare, the state agency responsible for the administration of the medical assistance and general assistance medical care programs, may issue instructional bulletins, manual materials, and forms, as necessary to assist in compliance with these rules.

B. Applicability. Rules 12 MCAR §§ 2.0481-2.0484 [Temporary] apply to admitting providers and hospitals seeking medical assistance or general assistance medical care payment for inpatient hospital services provided to medical assistance or general assistance medical care recipients under Minnesota Statutes, chapters 256B and 256D. The department retains the authority to approve prior authorizations established under 12 MCAR §§ 2.047 and 2.058. For the purposes of 12 MCAR §§ 2.0481-2.0484

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

[Temporary] out-of-state hospitals and admitting providers are exempt. Out-of-state admitting providers who admit to an in-state hospital must comply.

12 MCAR § 2.0482 [Temporary] Definitions.

A. Applicability. As used in 12 MCAR §§ 2.0481-2.0484 [Temporary], the following terms have the meanings given them.

B. Admission. "Admission" means the act that allows the recipient to officially enter a hospital under the professional care of a member of the medical staff to receive medical care.

C. Admission certification. "Admission certification" means that the commissioner or the medical review agent has determined that inpatient hospitalization is medically necessary based on the criteria contained in 12 MCAR §§ 2.0481-2.0484 [Temporary] and that medical assistance or general assistance medical care funds may be used to reimburse the admitting provider and hospital for providing such services, subject to the requirements of 12 MCAR §§ 2.047 and 2.058.

D. Admitting provider. "Admitting provider" means the deliverer of medical services who orders the admission to the hospital and who enters into a provider agreement with the Department of Public Welfare.

E. Commissioner. "Commissioner" means the commissioner of the Minnesota Department of Public Welfare or a designated representative.

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G. General assistance medical care or GAMC. "General assistance medical care" or "GAMC" means payment of part or all of the cost of care and services not provided by title XVIII, XIX, or XX of the Social Security Act for eligible individuals whose income and resources are insufficient to meet all such costs.

H. Hospital. "Hospital" means an institution properly staffed and equipped which provides services, facilities, and beds for the reception and care for a continuous period longer than 12 hours of one or more nonrelated persons who require diagnosis, treatment, or care for illness, injury, or pregnancy. A hospital regularly makes available clinical laboratory services, diagnostic x-ray services, and treatment facilities for (a) surgery, (b) obstetrical care, or (c) other definitive medical treatment of similar extent as defined in 7 MCAR § 1.076.

I. Inpatient hospital services. "Inpatient hospital services" means those items and services ordinarily furnished by a hospital for the care and treatment of inpatients; and which are provided under the direction of a physician or dentist in an institution maintained primarily for treatment and care of patients with disorders other than tuberculosis. The hospital offering services must be licensed or formally approved as a hospital by the Minnesota Department of Health; and must be qualified to participate under title XVIII of the Social Security Act or is determined currently to meet the requirements for such participation under 7 MCAR § 1.076.

J. Local welfare agency. "Local welfare agency" means the local agency under the authority of the county welfare board or county human service board which is responsible for determining medical assistance and general assistance medical care eligibility.

K. Medical assistance or MA. "Medical assistance" or "MA" means the program established under title XIX of the Social Security Act and Minnesota Statutes, chapter 256B.

L. Medical emergency. "Medical emergency" means a medical condition that, if not immediately diagnosed and treated, could cause a recipient serious phyupcal or mental disability, continuation of severe pain, or death.

M. Medically necessary. "Medically necessary" means a service or treatment appropriate and consistent with the recipient's diagnosis and which in accordance with accepted medical standards in Minnesota, cannot be provided on an outpatient basis.

N. Medical review agent. "Medical review agent" means an agency contracting with the department to perform admission certification.

O. Peer review task force. "Peer review task force" means the peers practicing in a speciality of the admitting provider, who are appointed to the review force by the medical review agent. The peer review task force hears reconsideration for a denied admission certification.

P. Prior authorization. "Prior authorization" means prior approval under 12 MCAR §§ 2.047 and 2.058 of services and items of care by the department prior to the provision of service.

Q. Recipient. "Recipient" means a person who has made application to the local welfare agency and meets the eligibility criteria for medical assistance or general assistance medical care.

R. Reconsideration. "Reconsideration" means a review, based on additional information from the admitting provider of denied admission certifications. The review is conducted by the peer review task force of the medical review agent.

12 MCAR § 2.0483 [Temporary] Inpatient admission certification process.

All medical assistance (MA) and general assistance medical care (GAMC) admissions to hospitals must receive admission certification by the commissioner or a medical review agent if designated, prior to admission in order for the admitting provider or the hospital to receive MA or GAMC funds.

A. Admitting provider responsibilities. The admitting provider that seeks MA or GAMC reimbursement for hospital services to be provided to a recipient shall:

1. Request admission certification by contacting the commissioner or, if directed, a medical review agent, under procedures specified by the commissioner through provider bulletins. Admission certification will be denied unless the admitting provider requests it prior to the time the recipient is admitted to a hospital, except in the case of medical emergencies or deliveries of newborn babies, which are exempt from the admission certification process.

2. Obtain a certification number from the medical review agent.

3. Inform the hospital of the certification number.

4. Include the certification number on all invoices to the department.

5. Attach a copy of second or third surgical opinion to all appropriate invoices.

6. Receive prior authorization from the Professional Services Section of the department for any service requiring prior authorization under 12 MCAR §§ 2.047 and 2.058. Certification without prior authorization when needed or prior authorization without certification will result in denial of MA or GAMC reimbursement.

7. Provide the following accurate and complete information to the medical review agent or commissioner:

a. recipient's name;

b. MA or GAMC recipient's identification number;

c. admitting provider MA provider number;

d. operating physician, if applicable;

e. reason for admission;

f. primary diagnosis by diagnostic code;

g. secondary diagnosis by diagnostic code;

h. other condition by diagnostic code; and

i. information from the plan of care as necessary or requested by the commissioner or medical review agent, if designated, to determine if admission is medically necessary.

B. Hospital responsibilities. Hospitals may not receive MA or GAMC reimbursement for any services or treatment provided to MA or GAMC recipients admitted to the hospital unless:

1. The admitting provider has obtained admission certification from the commissioner or medical review agent.

2. The hospital has informed the commissioner or medical review agent of all emergency admissions within one working day. The hospital shall inform the admitting provider of the admission certification number.

3. The hospital uses the admission certification number from the commissioner or medical review agent on all invoices to the department seeking MA or GAMC funds.

4. The hospitals may not seek information certification on any person whose application for MA or GAMC is pending.

5. The hospital may seek admission certification for persons found retroactively eligible for MA or GAMC after the date of admission. Hospitals shall inform the admitting provider of the admission certification number.

C. Medical review agent responsibility. The medical review agent shall:

1. Determine within one working day whether admission certification is appropriate based on the criteria in 12 MCAR § 2.0484 [Temporary].

2. Complete the admission certification form as specified by the department.

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

3. Mail or deliver a written notification of the admission certification determination on forms specified by the commissioner, the admitting provider, hospital, and the department within five working days.

4. Determine if admission certification is appropriate based on criteria in 12 MCAR § 2.0484 [Temporary] for a recipient determined eligible for MA or GAMC funds as the result of a pending application or retroactive determination by the local welfare agency even though services may already have been provided.

5. Provide for a reconsideration of an admission certification denial through a peer review task force. The determination of the peer review task force is binding on the admitting provider, hospital, and commissioner.

D. Commissioner responsibility. Upon receipt of admission certification forms from the medical review against the commissioner shall:

1. Process the certification number in the department billing system;

2. Review admission certification forms for utilization and readmission patterns of admitting providers and recipients;

3. Deny payment of MA or GAMC funds to the admitting provider and hospital if the admission certification has been denied or the procedure performed was not authorized as required;

4. Take steps to identify underutilization or early discharge practices of hospitals and admitting provider;

5. Ensure that the medical review agent is performing admission certifications according to the provisions of this rule;

6. When acting as the medical review agent;

a. determine within one working day whether admission certification is appropriate based on the criteria contained in 12 MCAR § 2.0484 [Temporary].

b. complete the admission certification form as specified by the department.

c. mail or deliver a written notification of the admission certification on forms specified by the commissioner, the admitting provider, hospital, and the department within five working days.

d. determine if admission certification is appropriate based on criteria in 12 MCAR § 2.0484 [Temporary] for a recipient determined eligible for MA or GAMC funds as the result of a pending application or retroactive determination by the local welfare agency even though services may already have been provided;

e. provide for a reconsideration of admission certification denial by the Professional Advisory Committee under Minnesota Statutes, section 256B, who shall make a recommendation to the commissioner who shall make the final determination.

12 MCAR § 2.0484 [Temporary] Admission certification criteria.

The admitting provider shall indicate the need for admission based on criteria contained in this rule. A recipient is eligible for admission to a hospital based on the criteria in A., B., or C.

A. Mentally ill. The recipient is diagnosed as mentally ill and one or more of the following needs or problems must describe the recipient's condition and be documented in a plan of care.

1. The recipient demonstrates a danger to self or others.

2. The recipient demonstrates a severe and disruptive social, occupational, school, or personal dysfunction.

3. The recipient demonstrates that there is a failure of existing support systems and there is a documented lack of alternatives.

4. The recipient's psychiatric condition substantially impedes functioning in daily activities.

B. Medical or surgical. The recipient has a diagnosis appropriate to the illness and one or more of the following needs or problems is demonstrated.

1. The recipient requires a medical service necessitating a major invasive procedure, or a treatment requiring monitoring that cannot be performed on an outpatient basis.

2. The recipient requires nursing or life support services which are professional intensive services that must be continued on a 24-hour basis that can only be provided in a hospital.

3. The recipient has a condition which is acute or unstable or has the potential for producing a disability which requires medical intervention.

C. Chemically dependent recipient. The recipient is diagnosed as chemically dependent based on the pattern of pathological use, impairment in social or occupational functioning due to pathological use, and at least one of the following needs or problems:

1. The recipient has a documented condition or disorder which in combination with chemical use presents a serious health risk.

2. The recipient has a documented condition or disorder which in combination with chemical use presents a serious mental health risk.

3. The recipient has an unsuccessful or incomplete chemical dependency treatment experience within the last 12 months which warrants a more structured setting.

ADOPTED RULES

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.13-14.28 have been met and five working days after the rule is published in the *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strike outs and new language will be underlined, and the rule's previous *State Register* publication will be cited.

A temporary rule becomes effective upon the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted temporary rule will be published in the manner provided for adopted rules under § 14.18.

Department of Labor and Industry
Occupational Safety and Health Division

Adoption by Reference of Occupational Safety and Health Standards

Pursuant to Minn. Stat. § 182.655 (1982) notice was duly published at *State Register*, Volume 8, Number 23, p. 1338 (8 S.R. 1338) dated December 5, 1983 specifying the establishment and modification of certain Occupational Safety and Health Standards; specifically, the corrections to the Hearing Conservation Amendment final rule—1910.95, and the new Safety and Health Standards for Marine Terminals—Part 1917.

No objections, comments or written requests for public hearing have been received; therefore, these Occupational Safety and Health Standards are adopted and are identical in every respect to their proposed form.

Steve Keefe
Commissioner of Labor and Industry

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

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

In the Matter of Proposed Temporary
Rules Governing Certification
of Admission Program for Inpatient
Hospitals Participating in the Medical
Assistance and General Assistance
Medical Care Programs
(12 MCAR SS 2.0481 - 2.0484)

FINDINGS OF FACT AND CONCLUSIONS

Notice of the Commissioner's intent to adopt the above-entitled temporary rules and the proposed rules were published in the State Register on January 23, 1984, and were sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes section 14.14, subdivision 1 on January 23, 1984. After affording interested and affected persons an opportunity to submit comments for 20 days after publication, reviewing and considering the comments, and having determined that the above-captioned rule is needed and reasonable, I find the following:

1. The sentence on page 1, lines 20-24 should be deleted:

> "The Minnesota Department of Public Welfare, the state agency responsible for the administration of the medical assistance and general assistance medical care programs, may issue instructional bulletins, manual materials, and forms, as necessary to assist in compliance with these rules."

Because the Department has the authority to issue instructional bulletins, manual materials and forms, it is not necessary to include this in the rule.

2. On page 2, lines 18 and 19 this defintion should be inserted:

E. Against medical advice or AMA, "Against medical advice" or AMA" means the patient decides to leave a hospital against the advice of the provider."

The Commissioner finds that a definition for this term is necessary because it is used in item 9 below.

3. On page 4, lines 31 and 32 should be deleted and changed to read:

"emergencies. Deliveries of newborn babies within a hospital are exempt from the admission certification 'process."

The Commissioner finds this change necessary in order to clarify that admission relating to newborn babies not delievered in a hospital are subject to the admission certification process.

4. On page 5, line 9 these words should be added after "reimbursement": excluding dental procedures. All inpatient dental procedures require prior authorization under 12 MCAR SS 2.047 and 2.058 and therefore are exempt from these rules."

The Commissioner finds this change to be necessary to avoid unnecessary work for all parties involved. Because all inpatient dental procedures must be prior authorized, these services need not be subject to the certification of admission program.

5. Page 5, line 14 should be changed to read as follows:

"c. admitting provider MA provider number and address;"

The Commissioner finds that the address information is of assistance in obtaining the admitting provider number for a medical review agent and the department.

6. Page 5, line 15 should be changed to include:

"d. operating physician and primary procedure code, if applicable;"

The Commissioner finds that the primary procedure code information is necessary to evaluate the appropriateness of the admission.

7. On page 5, lines 29 and 30 the words "one working day," should be deleted and replaced with the following words:

"24 hours exclusive of weekends and holidays."

The Commissioner finds this change necessary to eliminate the confusion that may exist in the hospital industry which is continuously open for business day in and day out.

8. On page 5, line 31 these words should be added after "number":

"and provide the information under A.7. to the medical review agent or commissioner."

The Commissioner finds the change necessary so that required information is received for emergency admissions just as for the non-emergency admissions.

9. The following paragraph should be inserted between lines 4 and 5 of page 6:

"6. The hospital must inform the commissioner or medical review agent within 24 hours exclusive of weekends and holidays of all recipient AMAs."

The Commissioner finds this necessary so that the department is made aware of program abuse in the form of inappropriate re-admissions.

10. On page 6, line 7 the words "one working day" should be deleted and replaced with the words:

"24 hours exclusive of weekends and holidays."

The Commissioner finds this change necessary as justified above in item 7.

11. On page 6, line 15 these words should be added after "days":

"exclusive of weekends and holidays."

The Commissioner finds this change necessary as justified above in item 7.

12. On page 6, insert between lines 21 and 22 the following paragraph:

"5. Mail or deliver data and reports on a monthly basis as specified to the commissioner"

The Commissioner finds this change to be necessary so that the department can receive data from the medical review agent in order to monitor the performance of the admission certification program.

13. On page 6, line 35 the words "procedure performed" and "authorized" should be replaced by "prior authorization" and "obtained" respectively.

The Commissioner finds this change necessary in order to clarify that this section pertains to prior authorization which is defined in these rules.

CONCLUSIONS

I hereby conclude that:

1. The Commissioner has statutory authority to promulgate these rules.
2. Proper notice of the Department's intent to adopt the proposed captioned temporary rules was given as required by law, and all interested persons were afforded an opportunity to submit data and views on the proposed temporary rules.
3. All modifications made to the proposed temporary rule are either supported by the data and views submitted to the Department, necessary to correct errors, or to achieve internal consistency, and are not substantial changes.
4. The temporary rules, as modified are necessary and reasonable.
5. Any duplication in these rules of language contained in Minnesota Statutes is crucial to the ability of persons affected by the rules to comprehend their meaning and effect.
6. The Department has complied with all applicable provisions of law and rule in the promulgation of these rules.
7. If any finding or part of a finding, above, is properly characterized as a conclusion, it is adopted as a conclusion.

4/12/84
Date

STATE OF MINNESOTA

LEONARD W. LEVINE
Commissioner of Public Welfare

WINONA GENERAL HOSPITAL ASSOCIATION
OPERATING
Community Memorial Hospital, Convalescent & Rehabilitation Unit and Medical Office Building
855 MANKATO AVENUE WINONA, MINNESOTA 55987-4894 PHONE (507) 454-3650

Roger L. Metz
Administrator

February 9, 1984

Mr. Thomas JoliCoeur
Health Care Program
Department of Public Welfare
Second Floor, Space Center
444 Lafayette Road
St. Paul, Minnesota 55101

Re: COMMENTS PERTAINING TO PROPOSED TEMPORARY RULES GOVERNING THE CERTIFICATION OF ADMISSION PROGRAMS FOR INPATIENT HOSPITALS PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM (Chapter 312, Article 5, Section 38)

Dear Mr. JoliCoeur:

There are concerns regarding the increase in health care costs, not only in the governmental and public sectors but also the provider sectors which include hospitals. When more and more rules are placed upon the providers to monitor, it increases the number of manhours to police them. As you know, more pre-admission screening processes are taking place through all of the third party payor agencies. Our concerns are:

(1) Data has been collected over the past several years by PSRO's and state departments and therefore, it would appear to us that such a program could be based on known abusers rather than across the board for every hospital in Minnesota regardless of past performance. Why do we continue to penalize the innocent along with the guilty?

(2) Some of the responsibility for this program should be placed on the MA or GAMC recipient. It seems very illogical that both the attending physician and the admitting facility obtain and verify admission approval and certification. Why not have the patient obtain this approval and present it to the admitting institution? In many instances the recipient can also report to the local welfare agency why they have been advised to enter a hospital or requesting care concerning an elective procedure and bring this certification and approval to either the physician or the admitting institution. Let's place more of the responsibility on the recipient.

(3) Regarding second and third surgical opinions, the recipient should be the one that is responsible for obtaining the second and third opinions--not the hospital.

(4) How will certification be obtained on weekends?

(5) Why must we inform the welfare agents of emergency admissions within one day of admission? Since emergencies will be justified by the information submitted on the claim, it seems ridiculous to have to do this on a daily basis. It only expands our costs.

(6) What will be the admitting facility's alternative solution if we are not allowed to seek admission certification on persons whose application for MA or GAMC is pending? Are we being requested to provide free care in this instance?

(7) Will the state reimburse the admitting facility for any additional hours and expenses required to administer such a program if the rules are passed?

(8) Who will determine as to whether it is an emergency?

Our major concern is recipient responsibility. Let's place more responsibility on the person receiving the service.

If you require further comments, please do not hesitate to contact me at any time.

Sincerely,

Roger L. Metz
Administrator

lb

cc: Steve Rogness
Thomas Rasmussen

minnesota hospital association

representing nonprofit hospitals

February 10, 1984

Tom Jolicoeur, Health Care Programs Division
Department of Public Welfare
Space Center Building
444 Lafayette Road
St. Paul, MN 55101

Dear Tom:

On behalf of the Minnesota Hospital Association, I am submitting these comments in response to the Department's proposed temporary rule governing the certification of admission programs for inpatient hospitals participating in the MA program (12 MCAR S 2.0481 - 2.0484, temporary).

12MCAR 2.0482 (temporary) definitions.

M. Medically Necessary

MHA recommends the following changes in the definition:

Medically necessary. "Medically necessary" means a service or treatment appropriate and consistent with the recipients diagnosis and which in accordance with accepted medical standards.

Delete: in Minnesota, cannot be provided on an outpatient basis.

MHA believes that the definition must incorporate the concept of regional medical standards since Minnesota might not have accepted standards for unusual types of procedures. In addition since the rule only covers inpatient hospitals the language "cannot be provided on a outpatient basis" is not necessary. If included in the definition, it could preclude hospital emergency rooms providing services, based upon a medical emergency, from receiving reimbursement. Unless a patient is admitted after treatment as an inpatient, the emergency room bills on a outpatient basis.

REC'D
ASSIGN
PROC

2221 UNIVERSITY AVENUE SE, SUITE 425 • MINNEAPOLIS, MINNESOTA 55414-3085 • PHONE (612) 331-5571

12 MCARS2.0483 Inpatient Admission Certifiation Process

B. Hospital Responsibilities

MHA recommends that time period for hospitals to notify the medical review agent be changed to within 2 - 3 working days, rather than/working day. We believe this is a more reasonable requirement.

Thank you for your consideration of our comments.

Sincerely,

Vern

Vern F. Silvernale
Vice President
Division of Health Economics

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

IN THE MATTER OF THE PROPOSED TEMPORARY RULES GOVERNING THE CERTIFICATION OF ADMISSION PROGRAMS FOR INPATIENT HOSPITALS PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM (12 MCAR §§ 2.0481-2.0484, Temporary)

STATEMENT OF COMPLIANCE WITH RULEMAKING PROCEDURES

I, John M. Burman, Special Assistant Attorney General, do hereby declare that I have examined the rules and all related documents and that, based on my examination and my personal familiarity with the applicable procedures, the Administrative Procedure Act, the rules of the Office of Administrative Hearings, and the rules of the Attorney General have been followed. Any exceptions are noted below.

Special Assistant
Attorney General

Dated: 7/13/89