

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

MJC
2-20-92

RULE REVIEW CHECKLIST

File No. 1897 Docket No. 05 0009 0866
DATE RECEIVED 2-18-92 ADOPTED W/O HEARING _____
REVIEW DATE 2-27-92 EMERGENCY RULE _____
DUE DATE 3-3-92 TO REVISOR ON 2/20/92
(DIS)APPROVED 3-3-92 mjc REVISOR (DIS)APPROVED 2-20-92
WITHDRAWN _____ FILED W/SEC. OF STATE 3-4-92
RETURNED TO AGENCY 3-4-92

✓ Rule as adopted (4 copies)

_____ Notice to Solicit Outside Information/Opinion (if applicable)
6-10-91, 9-23-91 Date published in State Register
_____ Comments

_____ Petition for Adoption of a Rule

_____ Board's Authorizing Resolution
_____ Date adopted

✓ Proposed Rule
✓ Revisor's Certificate

✓ Notice of Intent to Adopt Rule
256D.03 Statutory Authority 256.991
No statem Small Business Statement
✓ Expenditure of public money statement have a fiscal note but doesn't apply
Nov 13, 1991 Signature

✓ Statement of Need and Reasonableness (if applicable)
_____ Small Business Statement
_____ Fees - § 16A.128

✓ Affidavit of Mailing Notice of Intent to Adopt Rule
November 27, 1991 Dated 30/25 days before adoption
✓ Notice attached indicates it is attached
_____ Copy of rule or summary attached

✓ Publication in State Register
Dec 2, 1991 Date 30/25 days before adoption

✓ 180-day deadline from:
✓ Effective date of law requiring rule (14.12) (both rules) amendments don't apply
_____ end of comment period (§ 14.26) (rules without hearing)
_____ effective date of statutory authority (§ 14.29) (emergency rules)

_____ Resolution Adopting
_____ Date adopted

✓ Findings of Fact, Conclusions & Order Adopting
Feb 18, 1992 Date

_____ Written Requests, ~~Submissions or Comments~~

_____ Declaration of Attorney
~~Kim~~ Buechel Name of SAAG representing agency

_____ Notice of Submission to Attorney General (if applicable) measure

_____ Affidavit of Mailing Notice to Attorney General (if applicable)

DEPARTMENT: Office of the Attorney General **STATE OF MINNESOTA**

OFFICE MEMORANDUM

DATE: March 4, 1992

TO: ELEANOR WEBER
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road

FROM: MARTHA J. CASSERLY
Special Assistant
Attorney General mjc

PHONE: 296-6839

SUBJECT: In the Matter of the Adopted Rule Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

The above-referenced rule has been approved as to its legality by the Attorney General on March 3, 1992.

Enclosed is your copy of the approved rule. This office has already filed two copies with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submissions or comments along with any extra copies of documents which you submitted to the Attorney General.

Your next step is to arrange for publication of the Notice of Adoption in the State Register. In a day or two, you should receive from the Revisor's Office three copies of the notice of adoption of your rule. You should submit two copies of the Notice of Adoption to the State Register for publication. A permanent rule without a hearing does not become effective until five days after a notice of adoption is published in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

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

MJC:jj

cc: Kim Buechel Mesun
William Brown, Chief Judge
MaryAnn Hruby

Department of Human Services

Adopted Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

Rules as Adopted

9505.5010 PRIOR AUTHORIZATION REQUIREMENT.

Subpart 1. **Provider requirements.** Except as provided in part 9505.5015, a provider shall obtain prior authorization as a condition of reimbursement under the medical assistance and general assistance medical care programs for health services designated under parts 9505.0170 to 9505.0475 and 9505.5025; and Minnesota Statutes, section 256B.0625, subdivision 25. Prior authorization shall assure the provider reimbursement for the approved health service only if the service is given during a time the person is a recipient and the provider meets all requirements of the medical assistance or general assistance medical care programs.

[For text of subps 2 to 4, see M.R.]

9505.5015 AFTER THE FACT AUTHORIZATION.

Subpart 1. **Exceptions.** As provided in subparts 2 to 4, medical assistance or general assistance medical care programs reimbursement shall be given for a health service for which the required authorization was requested after the health service was delivered to the recipient. The provider of the health service shall submit the request on form DHS-1856 or DHS-1855 as required in part 9505.5010, subpart 3, and shall submit materials, reports, progress notes, admission histories, or other information that substantiates that the service was necessary to treat the recipient.

Subp. 2. **Emergencies.** A health service requiring prior authorization shall retroactively receive authorization in an emergency if the provider submits the request for authorization after providing the initial service and the provider documents the emergency. Billing for emergency services must comply with

part 9505.0450.

Subp. 3. **Retroactive eligibility.** When the health service was provided on or after the date on which the recipient's eligibility began, but before the date the case was opened, a health service requiring prior authorization shall be authorized retroactively if the health service meets the criteria in part 9505.5030, and if an authorization request is submitted to the department within 180 days of the date the case was opened.

Subp. 4. **Third party liability.** A provider of a health service originally billed to Medicare or a third-party payer as defined in part 9505.0015, subpart 46, for which Medicare or the third-party payer denied payment or made a partial payment may retroactively submit a request for authorization if the provider wants to receive payment of the difference between the medical assistance or general assistance medical care payment rate for the service and the payment by the third-party payer. The service is eligible for medical assistance or general assistance medical care reimbursement if it meets the criteria in part 9505.5030 and if the authorization request is submitted to the department along with a copy of the notice explaining the denial or partial payment within 180 days of the date of the notice.

Subp. 5. **Authorization of dental prostheses.** A dental services provider who wants to obtain after the fact authorization of a removable dental prosthesis for which authorization is required under part 9505.0270, subpart 4, must submit the request on form DHS-1856 before submitting an invoice for the removable prosthesis. To obtain after the fact authorization, the removable prosthesis must meet a criterion specified in part 9505.0270, subpart 4, items A to C.

Subp. 6. **Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility.** Medical supplies or equipment requiring prior authorization under part 9505.0310, subpart 3, or Minnesota Statutes, section 256B.0625, subdivision 25, shall receive after the fact authorization in the case of a recipient being discharged from a hospital or long-term care facility if:

A. the provider submits a request for authorization after providing the initial service;

B. the provider documents the date of the recipient's discharge from the long-term care facility or hospital;

C. the recipient's discharge plan specifies the medical supplies or equipment as medically necessary and appropriate for the recipient's home care; and

D. the medical supplies and equipment are eligible for medical assistance payment under part 9505.0310.

APPROVED AS TO FORM AND LEGALITY

March 3 1992

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY MJ Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

MAR 4 1992

Joan Anderson Growe
Secretary of State

10:50 AM
PRB

Department of Public Safety

Adopted Permanent Rules Relating to Merit System

Rules as Adopted

7520.0100 DEFINITIONS.

[For text of subps 1 to 23, see M.R.]

Subp. 24. [See repealer.]

[For text of subps 25 to 46, see M.R.]

Subp. 47. **Temporary employee.** "Temporary employee" means an employee who is appointed with a definite ending date. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency.

[For text of subps 48 to 50, see M.R.]

7520.0650 SALARY ADJUSTMENTS AND INCREASES.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Recommended adjustment.** The merit system general adjustment recommended for incumbents is 2-1/4 percent for employees on the professional and clerical salary schedules.

[For text of subps 4 and 5, see M.R.]

7520.1000 COMPENSATION PLAN (EMERGENCY MANAGEMENT), 1992; PROFESSIONAL.

Subpart 1. **Plan.**

	Minimum	Maximum
Administrative Officer Assistant	1873	2799
Emergency Management Director	1713	2566
Communications Officer	1639	2446
Operations Officer	1873	2799
Public Information Officer	1873	2799
Radiological Officer	1639	2446
Safety Services Coordinator	1873	2799

7520.1100 COMPENSATION PLAN (EMERGENCY MANAGEMENT), 1992; CLERICAL.

Subpart 1. **Plan.**

	Minimum	Maximum
Clerk I	902	1467
Clerk II	1049	1713
Clerk III	1224	1830

Clerk-Typist I	985	1600
Clerk-Typist II	1049	1713
Clerk-Typist III	1311	1961
Clerk-Steno	1049	1713

REPEALER. Minnesota Rules, part 7520.0100, subpart 24, is repealed.

APPROVED AS TO FORM AND LEGALITY

Feb 21 19 92

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY _____
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

FEB 21 1992

Joan Anderson Growe
Secretary of State

11:44 a
RC

Department of Human Services

Adopted Permanent Rules Relating to Merit System

Rules as Adopted

9575.0010 DEFINITIONS.

[For text of subps 1 to 45, see M.R.]

Subp. 46. **Temporary employee.** "Temporary employee" means an employee who is appointed with a definite ending date. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency.

[For text of subps 47 to 49, see M.R.]

9575.0350 SALARY ADJUSTMENTS AND INCREASES.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Recommended adjustment.** The merit system general adjustment recommended for incumbents is 2-1/4 percent for employees on the professional, support, clerical, and maintenance and trades salary schedules.

[For text of subps 4 and 5, see M.R.]

9575.0680 TEMPORARY APPOINTMENT.

Subpart 1. **Approval.** The supervisor may approve an appointing authority's temporary appointment for:

A. filling a vacancy funded for six months or less;

B. providing an employee for a temporary project not anticipated to last more than six months;

C. filling a vacancy created by an approved leave of absence; or

D. unusual documented instances, when an appointing authority asks to make a temporary appointment of six months or less to a position otherwise authorized for more than six months.

Subp. 2. **From eligible register.** Temporary appointments must be made from the eligible register. Certification must be made of the names of those eligible persons, in order of their place on an appropriate register, who have indicated willingness

to accept temporary employment. Certification must be made according to parts 9575.0600 to 9575.0630. The acceptance or refusal of a temporary appointment does not affect an eligible person's standing on a register or eligibility for appointment to a permanent position.

Subp. 3. **No available candidates on eligible register.** In the absence of available candidates on the eligible register, the supervisor may authorize the appointing authority to make a direct appointment of a person who meets the minimum qualifications of education and experience for the classification, after considering the following documentation submitted by the appointing authority:

A. a statement that there is no appropriate eligible list available or that all eligible candidates on an incomplete certification from an eligible list are unavailable or unsuitable for temporary appointment; and

B. a description of the appointee's qualifications in a manner prescribed by the supervisor to permit examination of the appointee's qualifications.

Subp. 4. **Term of appointment.** Temporary appointments must be for the period of need only and are limited to six months. An appointing authority may submit a written request to extend a temporary appointment for up to an additional six months, specifying the reason why the extension is necessary. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency. The period of the temporary appointment may not be counted as part of a probationary period. Successive temporary appointments to the same position may not be made.

9575.0930 LAYOFF.

Subpart 1. **Reasons and procedures.** An appointing authority may lay off an employee in the classified service by reason of abolishment of the position, lack of funds, shortage of work, or other reason outside the control of the employee. No permanent employee, however, shall be laid off while any

emergency, provisional, temporary, or probationary employee is continued in a position of the same class in the agency. Layoff shall be made in inverse order of seniority by employment conditions in the class of work in the agency. Seniority for purposes of layoff shall be the length of service in the class from which layoff occurs in the agency.

[For text of subps 2 to 5, see M.R.]

Subp. 6. **Length of time on layoff list.** Names of laid off employees will remain on the layoff list for a minimum of one year and eligibility shall be extended to a period of time equal to the employee's previous service in the merit system not to exceed five years. The name of a laid off employee must be removed from the layoff list if the employee fails to accept a position in the former classification and county agency or if the employee is appointed to a permanent position in a class equal to or higher than the one from which the employee was laid off. In such cases, the employee's name must remain on the reemployment list for the class from which the employee was laid off.

[For text of subps 7 and 8, see M.R.]

9575.1030 VACATION LEAVE.

Subpart 1. **Accrual rate.** Upon the completion of six full months of satisfactory service in the merit system, vacation leave shall accrue to a permanent, probationary, or trainee employee for time served at the rate of one working day for each full month of service except as otherwise adopted under part 9575.1000, subpart 3. No vacation leave shall be accrued or granted during the first six months of service in the merit system, but upon the satisfactory completion of such period, vacation leave shall accrue to a permanent, probationary, or trainee employee for the time served. Temporary and provisional employees with less than six full months of service and emergency employees shall not accrue vacation leave. Provisional employees with more than six months of service shall accrue vacation leave. Unused vacation leave shall accumulate to a

total of at least 24 working days. The county agency shall determine the time at which vacation leave may be taken. Vacation leave may not be used prior to completion of the period in which it is accrued. Part-time employees shall accrue vacation leave on a prorated basis based on hours worked in accordance with a schedule prepared by the appointing authority.

[For text of subps 2 to 4, see M.R.]

9575.1040 SICK LEAVE.

Subpart 1. **Accrual rate.** Every permanent, probationary, provisional, temporary, and trainee employee shall accrue sick leave at the rate of one working day for each completed month of service, except as otherwise adopted under part 9575.1000, and such accrued sick leave may be used under the conditions hereinafter prescribed:

Absence necessitated by an employee's inability to perform the duties of his or her position by reason of illness or injury, by necessity for medical or dental care, by reason of prenatal and postnatal care, by exposure to contagious disease under circumstances in which the health of the employees with whom associated or members of the public necessarily dealt with would be endangered by attendance on duty, or by illness in the employee's immediate family, for such period as shall be necessary. The term "immediate family" shall be limited to the employee's spouse, minor children, or parent living in the household of the employee when the parent has no other person to provide the necessary nursing care. Within the discretion of the appointing authority, use of sick leave also may be authorized in cases of death of the spouse, children, and wards of the employee and the brothers, sisters, parents, or grandparents of either the employee or the employee's spouse.

[For text of subps 2 to 9, see M.R.]

9575.1500 COMPENSATION PLAN; HUMAN SERVICES, 1992.

Subpart 1. **Professional.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum	Maximum
Accountant	1873	2923
Accounting Supervisor	2235	3651
Administrative Assistant I	2338	3996
Administrative Assistant II	2733	4273
Administrative Assistant III	3120	4655
Adult Day Care Center Supervisor	1790	2923
Assistant Welfare Director	4179	6205
Chemical Dependency Coordinator	1873	2923
Collections and Accounting Unit Supervisor	1961	3192
Collection Services Supervisor II	1961	3192
Community Health Services Supervisor	2235	3651
Computer Programmer	1790	2923
Contract Services Representative	2047	3341
County Agency Social Worker (Licensing Specialist)	1790	2923
County Agency Social Worker	1873	3192
County Agency Social Worker (Child Protection Specialist)	1873	3192
County Agency Social Worker (MSW)	1961	3192
County Agency Social Worker (MSW) (Child Protection Specialist)	1961	3192
Director of Business Management I	2733	4273
Director of Business Management II	3268	4860
Director of Financial Assistance	3268	4860
Director of Planning	3268	4860
Director of Public Health Nursing	2235	3651
Director of Social Services	3268	4860
Employment Guidance Counselor	1713	2566
Family Based Services Supervisor	1873	2923
Family Service Coordinator II	1713	2566
Financial Assistance Supervisor I	1961	3192
Financial Assistance Supervisor II	2235	3651
Financial Assistance Supervisor III	2338	3996
Fiscal Manager	2338	3996
Fiscal Officer	1713	2566
Fiscal Supervisor I	1790	2923
Fiscal Supervisor II	2235	3651
Gerontology Counselor	1961	3192
Human Services Director III	3570	5307
Human Services Supervisor I	2338	3996
Human Services Supervisor II	3052	4560
Mental Health Program Manager	2733	4273
Mental Health Worker	2047	3341
Nutrition Project Assistant Director	1790	2923
Nutrition Project Director	2235	3651
Office Services Supervisor	1639	2566
Planner (Human Services)	2047	3341
Psychologist I	1961	3192
Psychologist II	2235	3651
Psychologist III	2983	4273
Public Health Educator	1873	3192
Public Health Nurse	1961	3052
Public Health Nurse (Team Leader)	2047	3192
Public Health Nursing Supervisor	2142	3341
Registered Dietician	1790	2923
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	1873	2923
Sanitarian	1790	2923
Senior Staff Development Specialist	2235	3651
Social Services Supervisor I	2338	3996
Social Services Supervisor II	2675	4368
Social Services Supervisor III	3052	4560
Staff Development Specialist	1790	2923
Student Social Worker (Intern)	Rate proposed by appointing authority.	
Support Services and Accounting Supervisor	2047	3341
Support Services Supervisor	1873	2923

Trainee	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.	
Volunteer Services Coordinator	1790	2923
Welfare Director I	2733	4273
Welfare Director II	3052	4560
Welfare Director III	3268	4860
Welfare Director IV	3570	5307
Welfare Director V	3814	5672
Welfare Director VI	4758	6761

Subp. 4. **Support personnel.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum	Maximum
Account Clerk	1224	1830
Accounting Technician	1311	1961
Adult Day Care Center Program Coordinator	1437	2142
Case Aide	1311	2142
Chemical Dependency Counselor	1600	2282
Child Health Aide	1049	1713
Child Support Officer (Administrative Process)	1713	2566
Child Support Officer I	1533	2282
Child Support Officer II	1713	2566
Collections Officer	1437	2142
Collection Services Supervisor I	1873	2923
Community Service Aide	1049	1713
Community Support Technician	1600	2282
Computer Operations Specialist	1224	1830
Coordinator of Aging	1713	2566
Crisis Center Resource Aide	1311	1961
Executive Assistant	1600	2282
Family Based Services Provider	1600	2282
Family Service Aide I	1224	1830
Family Service Aide II	1311	1961
Family Service Coordinator I	1437	2142
Family Service/Home Health Aide	1224	1830
Financial Assistance Specialist	1639	2566
Financial Worker	1311	2142
Home Health Aide	1224	1830
Home Health Aide Coordinator	1437	2142
Housekeeper	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.	
Housing Coordinator	1873	2923
Housing Rehabilitation Specialist	1437	2142
Licensed Practical Nurse	1437	2142
Methods and Procedures Technician	1600	2282
Monitoring and Review Specialist	1437	2142
Public Health Aide	1049	1713
Senior Citizen's Aide	1224	1830
SILS Program Coordinator	1600	2282
Support and Collections Specialist	1713	2566
Support Enforcement Aide	1224	1830
Welfare Fraud Investigator	1713	2566

Subp. 7. **Clerical.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum	Maximum
Administrative Secretary	1311	1961
Clerk I	902	1467

Clerk II	1049	1713
Clerk III	1224	1830
Clerk-Typist I	985	1600
Clerk-Typist II	1049	1713
Clerk-Typist III	1311	1961
Clerk-Steno	1049	1713
Data Entry Operator	985	1600
Information Systems Specialist	1049	1713
Legal Secretary	1224	1830
Switchboard Operator	985	1600

Subp. 10. **Maintenance and trades.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions. Janitors who are required to work for a period of at least five hours after 6 p.m. on a regularly scheduled basis may be paid a shift differential in the amount of one salary step above their normal day-work rate.

	Minimum	Maximum
Auto Driver	985	1600
Bus Driver	1049	1713
Janitor	1049	1713
Maintenance Worker	1224	1830

APPROVED AS TO FORM AND LEGALITY

Feb 21 1992

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY [signature]
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

FEB 21 1992

Joan Anderson Growe
Secretary of State

11:42a
RC

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of Proposed Amendments of Rules of the Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization

STATEMENT OF NEED AND REASONABLENESS

INTRODUCTION

Minnesota Rules, parts 9505.5000 to 9505.5030 were adopted in October 1985 and establish procedures for prior authorization of health services provided to recipients of medical assistance or general assistance medical care. Prior authorization is a condition of reimbursement under the medical assistance and general assistance medical care programs for certain health services as designated under parts 9505.0170 to 9505.0475 and 9505.5025, and Minnesota Statutes, section 256B.0625, subdivision 25.

Prior authorization is one of the systems used in the medical assistance and general assistance medical care programs to safeguard against unnecessary use of health care services as required by Minnesota Statutes, section 256B.04, subdivision 15. Prior authorization refers to the Department's issuance of an authorization number to a recipient's health service provider. The procedure provides the Department an opportunity to review and to assure that the recipient actually needs the proposed health service, that all appropriate, less expensive alternatives have been considered by the provider, and that the proposed service conforms to commonly accepted community standards of the profession or health specialty involved. Usually, the procedure must take place before the service

is provided. However, certain circumstances, such as an emergency, permit the provider to provide the service necessary to meet the emergency before submitting the request for authorization. The rule amendments are being proposed in the portion of the procedure related to after the fact authorization.

The proposed amendments clarify and provide additional provider flexibility about rule requirements that are already in effect. Organizations of providers of health services requiring prior authorization were sent copies of the proposed amendments and asked to review and comment on the proposed amendments. See Attachment A, list of organizations and Attachment B, copy of letter. The Department received two written responses supporting the amendments and no comments opposing them.

Authority for the proposed rule amendments is in Minnesota Statutes, sections 256.991 and 256D.03.

PROPOSED AMENDMENTS

Part 9505.5010, subpart 1, Provider requirements.

This amendment is a technical amendment that is necessary to delete the reference to a rule and its subparts which have been repealed.

Part 9505.5015 AFTER THE FACT AUTHORIZATION

Subpart 1. Exceptions. The proposed amendment clarifies that the provider may use either form DHS-1856 or form DHS-1855, in submitting the request for after the fact authorization. This is a technical amendment that provides flexibility.

Subp. 2. Emergencies. The proposed amendment removes the time limitation for submitting a request for authorization after providing the initial service if the provider documents that the service was given to meet an emergency. Under the existing rule, providers have been denied payment for a medically necessary service provided in an emergency because the request for authorization was not submitted timely. The Department believes that a five day time limit in which to submit the request is not reasonable because it is not consistent with the community standard of professional practice and because it focuses attention on a procedural requirement rather than the required standard of safeguarding against unnecessary services specified in Minnesota Statutes, section 256B.04, subdivision 15. The community standard is to document the nature of the emergency and the date the service was provided. A second amendment clarifies that billing for emergency services must comply with part 9505.0450 which applies to billings for medical assistance and general assistance medical care services. The clarification is reasonable as it informs affected persons of the standard that replaces the timeline of five working days. This subpart also is being amended to delete "prior" as a modifier of "authorization". This is a reasonable technical amendment related to language structure, reflecting the fact that the term "after the fact prior authorization" is illogical.

Subp. 3. Retroactive eligibility. The present rule requires a provider to submit an authorization request within 20 days of the date a case is opened for a recipient whose service was provided on or after the date on which the recipient became eligible but before the date the case was opened. The Department notes that in many cases clients do not immediately notify their service providers as soon as they are determined eligible for medical assistance

in a past period. Thus, under the present time requirement, the effect of a delay in informing a provider may be to deny a provider payment for services that were medically necessary. Lengthening the period to 180 days in which to request retroactive authorization is reasonable as the decision about authorization is properly based on the medical necessity of the service for the recipient rather than compliance with a time period that may be insufficient to allow the information about eligibility to be given to the service provider.

Subp. 4. Third party liability. This subpart is being amended to lengthen the time available for submitting an authorization request from 20 to 180 days when the health service provider who wants to receive payment of the difference between the medical assistance or general assistance medical care payment rate and the payment by a third party payer. This is a retroactive request. The provider furnished the health service to a person who had both third party coverage which did not require prior authorization of the service and medical assistance eligibility. The provider, as required under part 9505.0070 if a recipient has third party coverage in addition to medical assistance eligibility, first billed the third party payer. However, the third party payer did not pay an amount equal to the medical assistance payment rate for the service. Therefore, the provider under this subpart may bill medical assistance for the difference. The time extension to 180 days is necessary because in many cases 20 days is insufficient time to allow for a delay in clients' notifying providers of a payment made by a third party. 180 days is reasonable as it is consistent with the revised time limitation proposed in subpart 3 and balances the need to consider delayed information and timely action on requesting payment.

Subp. 5. Authorization of dental prostheses. Part 9505.0270, subpart 4 requires prior authorization of all removable dental prostheses. Proposed subpart 5 revises the prior authorization requirement for dental prostheses to permit a provider to obtain after the fact authorization of a dental prosthesis if the request meets a criterion specified in part 9505.0270, subpart 4. In many cases the recipient at the time of the service does not inform the dental service provider about being medical assistance eligible or the recipient becomes eligible through meeting a spenddown. (See part 9505.0065, subpart 11, which specifies requirements about eligibility based on spenddown. The recipient's ability to meet a spenddown requirement may result, at least in part, from the cost of the dental prostheses.) This is reasonable as it assures the decision about authorization will be based on the medical necessity of the request as required under Minnesota Statutes, section 256B.04, subdivision 15.

Subp. 6. Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility. As authorized in Minnesota Statutes, section 256B.0625, subdivision 25, certain medical supplies and equipment have been listed in the State Register as health services that require prior authorization. Among these medical supplies and equipment are items needed by recipients who are being discharged from hospitals or long-term care facilities to their homes and for whom the use of the medical supplies and equipment in their homes is medically necessary to enable their safe discharge to their homes. Because at present prior authorization is required, the discharge of a recipient who has been determined by a physician as ready for discharge is sometimes delayed while the required prior authorization is requested and obtained. Delaying the recipient's discharge for purposes of

complying with a procedural requirement is not consistent with the community standard of professional practice nor is it consistent with the standard of safeguarding against unnecessary services as required by Minnesota Statutes, section 256B.04, subdivision 15. Proposed subpart 6 permits after the fact authorization of medical supplies or equipment requiring prior authorization in the case of a recipient being discharged from a hospital or long-term care facility. The proposed subpart is reasonable because it enables the recipient's discharge to be dependent upon the physician's determination of the recipient's condition and necessary services rather than upon compliance with a procedure. Criteria are necessary to determine when to grant after the fact authorization in order to establish a uniform standard and avoid arbitrary and capricious decisions. Items A to D are the criteria the medical supply or equipment must meet to receive after the fact authorization. Item A is reasonable as it informs the Department. Item B is reasonable as the information enables the Department to relate the date of the recipient's discharge to the request for after the fact authorization. Only trained health care staff who may not be available to the client at home are able to appropriately use some medical supplies and equipment without running the risk of possible threat to the client's health and safety; the use of other medical and supplies equipment is limited to persons holding the required licensure; and some medical supplies and equipment cannot be appropriately used in a recipient's home because of physical limitations of the client's residence. Item C limits the authorization to medical supplies and equipment that are appropriately used in the recipient's home. The limitation is reasonable as it serves to protect the recipient and to assure that the supplies and equipment will be able to be used. It is also reasonable to require the supplies and equipment to be specified in the recipient's discharge plan as

the plan is the document developed by the recipient's care provider to specify the health services that are necessary and appropriate to complete the recipient's recovery, or to maintain the recipient in a stable condition, after the recipient's discharge. Part 9505.0310 establishes the conditions to receive medical assistance payment for medical supplies and equipment. Item D is reasonable as it applies the established standard for medical supplies and equipment, part 9505.0310, to medical assistance recipients being discharged to home care and thereby assists the uniform administration of the medical assistance program as required by Minnesota Statutes, section 256B.04, subdivision 2. It is reasonable to inform affected persons of the established standard.

EXPERT WITNESSES

In the event a public hearing is required, the Department will not present expert witnesses other than Department staff members to testify on behalf of the Department concerning the provisions of these proposed amendments to the rules.

Date: November 13, 1991

for NATALIE HAAS STEFFEN, Commissioner
Department of Human Services

Stat Authority 256.D.03
subd 7
The commissioner shall promulgate emergency and permanent rules as necessary to establish (a) (b) (c)

256.991
The commissioner of human services may promulgate emergency and permanent rules as necessary to implements section 256.01 subd 2, 256.82 subdivision 3

end of comment period Jan 2, 1992

State of Minnesota
Department of Human Services
Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155

TO: Patricia Nolte, Legal Assistant
Public Finance Division
525 Park Street, Suite 500

FROM: Jim Schmidt, Rulemaker
Department of Human Services

SUBJECT: Review of a Rule Adopted Without a Public Hearing; Conditions For Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules Part 9505.5015, After the Fact Authorization

Enclosed are the documents required to be submitted under Minnesota Rules, part 2010.0300 for your review of a rule adopted without a public hearing for the above entitled matter.

Official documents in this submitted material include:

1. A copy or photocopy of the notice of solicitation of outside information or opinions as published in the State Register [Two notices June 10, 1991 and September 23, 1991].

2. A copy of the proposed rule with a certificate of approval as to form by the revisor of statutes attached.

3. The notice of intent to adopt a rule without a public hearing as mailed.

4. The statement of need and reasonableness in support of the proposed rule complying with part 2010.0700 and fiscal note.

5. The affidavit of mailing the notice of intent to adopt a rule without a public hearing. The affidavits state that the mailing list maintained by the agency pursuant to Minnesota Statutes, sections 14.22 and 14.14, subdivision 1a is accurate, complete, and current and that the notice of intent to adopt the rule without a public hearing was mailed to all persons and groups whose names appear on the list.

6. A copy or photocopy of the notice of intent to adopt the rule without a public hearing as published in the State Register.

7. Four copies of the rule as adopted. There were no modifications made to the proposed rule.

8. The findings of fact, conclusions, and order adopting the rule.

9. There were no written requests, submissions, or comments on the rule received by the agency except requests solely for copies of the rule or of the statement of need and reasonableness.

10. The declaration of the attorney in the attorney general's office who represents the agency.

11. There were no requests to be notified of submittal of the rule to the Attorney General.

12. A copy of the cover letter to the LCRAR submitting a copy of the Statement of Need and Reasonableness as required under Minnesota Statutes, section 14.131.

If you have any questions on this submitted material, please call me at 296-7815.

Minnesota Higher Education Facilities Authority

Notice of Public Hearing on Proposal to Issue Revenue Bonds

NOTICE IS HEREBY GIVEN that a public hearing will be held by the Minnesota Higher Education Facilities Authority (the "Authority") with respect to a proposal to issue revenue bonds on behalf of the Trustees of the Hamline University of Minnesota, as owner and operator of Hamline University, a Minnesota non-profit institution of higher education (the "University"), at the Authority's offices at Suite 450 Galtier Plaza, 175 East Fifth Street, St. Paul, Minnesota on June 26, 1991 at 2 o'clock p.m.

Under the proposal, the Authority would issue its revenue bonds in an original aggregate principal amount of up to approximately $5,000,000, to provide financing for a Project generally described as (i) the advance refunding of the Authority's Series Two-G Bonds, the proceeds of which were used for the renovation and refurbishing of Sorin, Peterson, Osborn, Schilling and Manor House Residence Halls (the "Refunding"); and (ii) (a) renovation, equipping and repairs to Manor House, Sorin and Drew Halls, the Law School, Bush Library, Old Main and the swimming pool facility; (b) the purchase and installation of an emergency generator; (c) the purchase and installation of signage throughout the campus and (d) maintenance and remodeling projects at various campus locations, including acquisition and installation of replacement windows and sidewalks and security lighting; all including appurtenant site improvements (the "Project") to be owned and operated by the University and located on its campus, the principal street address of which is Hamline University, 1536 Hewitt Ave., St. Paul, Minnesota 55104.

At said time and place the Authority shall give all parties who appear or have submitted written comments an opportunity to express their views with respect to the proposal to undertake and finance the refunding and the Project.

Dated: 10 June 1991

By Order Of The Minnesota Higher
Education Facilities Authority
Joseph E. LaBelle
Executive Director

Department of Human Services

Health Care Management Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Revision of Adopted Rules Governing Prior Authorization of Health Care Services as a Condition of Eligibility to Receive Medical Assistance and General Assistance Medical Care Payment

NOTICE IS HEREBY GIVEN that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose revisions to adopted rules governing Prior Authorization of Health Services As a Condition of Eligibility to Receive Medical Assistance and General Assistance Medical Care Payment, part 9505.5015, After the fact authorization. The adoption of the rule amendments is authorized by *Minnesota Statutes*, sections 256.991 and 256D.03, subdivision 7, paragraph (b) which require the agency to adopt rule related to deciding which medical assistance and general assistance medical care services require prior authorization.

The proposed amendments: 1. revise the form designation in subpart 1; 2. remove the requirement to submit a request for after the fact authorization within five working days after providing the initial service; 3. provide 180 days after the initial services for submitting a request for prior authorization based on the recipient's retroactive medical assistance eligibility; 4. provide 180 days after receipt of a third party payer denial in which to request after the fact prior authorization; 5. clarify the requirement for prior authorization of removable prostheses.

The State Department of Human Services requests information and opinions concerning the subject matter of the amendments to the rules. Interested persons or groups may submit data or views in writing or orally. Written statements should be addressed to:

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Oral statements will be received during the regular business hours over the telephone at (612) 297-4301 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register*. Any written material received by the State Department of Human Services shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event the rule is adopted.

Dated: 3 June 1991

Eleanor Weber, Rulemaker
Rules and Bulletins

Department of Labor and Industry

Workers' Compensation Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing a Neutral Physician List

NOTICE IS HEREBY GIVEN that the State Department of Labor and Industry is seeking information or opinions from sources outside the agency in preparing to propose the adoption of a rule governing the list of neutral physicians from which the commissioner, compensation judge, or workers' compensation court of appeals may designate a neutral physician to examine injured workers. The adoption of the rule is authorized by *Minnesota Statutes*, section 176.155, which requires the agency to develop and maintain the list.

The Department of Labor and Industry requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Sandra Keogh
Medical Policy Analyst
Rehabilitation and Medical Affairs
Department of Labor and Industry
Workers' Compensation Division
443 Lafayette Road
St. Paul, Minnesota 55155

Oral statements will be received during regular business hours over the telephone at 297-7134 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register*. Any written material received by the Department of Labor and Industry shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

Dated: 31 May 1991

John B. Lennes
Commissioner

Minnesota Pollution Control Agency

Ground Water and Solid Waste Division

Notice of Intent to Solicit Outside Information Regarding Proposed Rules Governing the Establishment and Collection of Permit Fees for Solid Waste Management Facilities

NOTICE IS HEREBY GIVEN that the Minnesota Pollution Control Agency (Agency) is seeking information or opinions from outside sources in preparing to propose the adoption of rules governing the establishment and collection of permit fees for solid waste management facilities. The adoption of the rule is authorized by *Minnesota Statutes* § 116.07, subd. 4d (1986), which in part allows the Agency to collect permit fees in amounts not greater than necessary to cover the reasonable costs of reviewing and acting upon applications for Agency permits.

The Agency requests information and opinions concerning the subject matter of the rule. Interested persons or groups may submit data or views in writing or orally. Written or oral statements or comments should be directed to:

Department of Human Services

Health Care Management Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Revision of Adopted Rules Governing Prior Authorization of Health Care Services as a Condition of Eligibility to Receive Medical Assistance and General Assistance Medical Care Payment

NOTICE IS HEREBY GIVEN that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose revisions to adopted rules governing Prior Authorization of Health Care Services as a Condition of Eligibility to Receive Medical Assistance and General Assistance Medical Care Payment, part 9505.5015. After the fact authorization. The adoption of the rule amendment is authorized by *Minnesota Statutes*, sections 256.991 and 256D.03, subdivision 7, paragraph (b) which require the agency to adopt rules related to deciding which medical assistance and general assistance medical care services require prior authorization.

The proposed amendment will permit after the fact authorization of medical equipment or supplies requiring prior authorization in cases of recipients being discharged from a hospital or long-term care facility.

The State Department of Human Services requests information and opinions concerning the subject matter of the rules. Interested persons or groups may submit data or views on the subject matter of concern in writing or orally. Written statements should be addressed to:

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Oral statements will be received during regular business hours over the telephone at (612) 297-4301 and in person at the above address.

All statements of information and opinions shall be accepted until further notice is published in the *State Register* or the Notice of Hearing or Notice of Intent to Adopt Rules Without a Hearing is published in the *State Register*. Any written material received by the State Department of Human Services shall become part of the rulemaking record to be submitted to the attorney general or administrative law judge in the event that the rule is adopted.

Eleanor Weber,
Assistant Director

Metropolitan Council

Public Hearing to Amend Fiscal Year 1990-91 Capital Improvement Program for Regional Recreation Open Space (Regional Parks)

The Metropolitan Council will hold a public hearing to amend the Fiscal Year 1990-91 Capital Improvement Program (CIP) for the Regional Recreation Open Space System, the "regional parks," on Tuesday, November 12, 1991 at 4:00 p.m. in the Council Chambers, Mears Park Centre, 230 E. Fifth Street, St. Paul, The amendment may affect the standards for determining projects of metropolitan significance in the Metropolitan Significance Rules.

All interested persons are encouraged to attend the hearing and offer comments. People may register in advance to speak by calling Ellie Porter, Metropolitan Systems Committee secretary at 291-6312. Written comments may be addressed to: Arne Stefferud, Metropolitan Council, 230 E. Fifth Street, St. Paul, MN 55101. The hearing record will close Tuesday, November 26 at 4:30 p.m. Copies of the amendment to the CIP are available by contacting the Council's Data Center at 291-8140.

Department of Natural Resources

Notice of Intention to Solicit Outside Opinion for Rules Relating to the Minnesota Conservation Corps

NOTICE IS HEREBY GIVEN that the Department of Natural Resources is seeking information or opinions from sources outside of the agency in preparing the Minnesota Conservation Corps rules. Establishment of these rules is occurring pursuant to 1989 Minnesota session laws, Chapter 335, which require the Commissioner of Natural Resources to adopt a plan to provide:

Department of Human Services

Proposed Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

Rules as Proposed

9505.5010 PRIOR AUTHORIZATION REQUIREMENT.

Subpart 1. **Provider requirements.** Except as provided in part 9505.5015, a provider shall obtain prior authorization as a condition of reimbursement under the medical assistance and general assistance medical care programs for health services designated under parts ~~9500.1070, subparts 1, 4, 6, 12 to 15, and 23,~~ 9505.0170 to 9505.0475, and 9505.5025; and Minnesota Statutes, section 256B.0625, subdivision 25. Prior authorization shall assure the provider reimbursement for the approved health service only if the service is given during a time the person is a recipient and the provider meets all requirements of the medical assistance or general assistance medical care programs.

[For text of subps 2 to 4, see M.R.]

9505.5015 AFTER THE FACT AUTHORIZATION.

Subpart 1. **Exceptions.** As provided in subparts 2 to 4, medical assistance or general assistance medical care programs reimbursement shall be given for a health service for which the required authorization was requested after the health service was delivered to the recipient. The provider of the health service shall submit the request on form DHS-1856 or DHS-1855 as required in part 9505.5010, subpart 3, and shall submit materials, reports, progress notes, admission histories, or other information that substantiates that the service was necessary to treat the recipient.

Subp. 2. **Emergencies.** A health service requiring prior authorization shall retroactively receive ~~prior~~ authorization in an emergency if the provider submits the request for authorization ~~no later than five working days~~ after providing

Approved by Revisor PMM

the initial service and the provider documents the emergency. Billing for emergency services must comply with part 9505.0450.

Subp. 3. **Retroactive eligibility.** When the health service was provided on or after the date on which the recipient's eligibility began, but before the date the case was opened, a health service requiring prior authorization shall be authorized retroactively if the health service meets the criteria in part 9505.5030, and if an authorization request is submitted to the department within ~~20 working~~ 180 days of the date the case was opened.

Subp. 4. **Third party liability.** A provider of a health service originally billed to Medicare or a third-party payer as defined in part 9505.0015, subpart 46, for which Medicare or the third-party payer denied payment or made a partial payment may retroactively submit a request for authorization if the provider wants to receive payment of the difference between the medical assistance or general assistance medical care payment rate for the service and the payment by the third-party payer. The service is eligible for medical assistance or general assistance medical care reimbursement if it meets the criteria in part 9505.5030 and if the authorization request is submitted to the department along with a copy of the notice explaining the denial or partial payment within ~~20 working~~ 180 days of the date of the notice.

Subp. 5. **Authorization of dental prostheses.** A dental services provider who wants to obtain after the fact authorization of a removable dental prosthesis for which authorization is required under part 9505.0270, subpart 4, must submit the request on form DHS-1856 before submitting an invoice for the removable prosthesis. To obtain after the fact authorization, the removable prosthesis must meet a criterion specified in part 9505.0270, subpart 4, items A to C.

Subp. 6. **Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility.** Medical supplies or equipment requiring prior

Approved by Revisor _____

authorization under part 9505.0310, subpart 3, or Minnesota Statutes, section 256B.0625, subdivision 25, shall receive after the fact authorization in the case of a recipient being discharged from a hospital or long-term care facility if:

A. the provider submits a request for authorization after providing the initial service;

B. the provider documents the date of the recipient's discharge from the long-term care facility or hospital;

C. the recipient's discharge plan specifies the medical supplies or equipment as medically necessary and appropriate for the recipient's home care; and

D. the medical supplies and equipment are eligible for medical assistance payment under part 9505.0310.

Approved
by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

The attached rules are approved for publication in the State Register

Paul M. Marinac
Assistant Deputy Revisor

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Amendments of Rules of the State Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above entitled rule amendment without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is in Minnesota Statutes, sections 256.991 and 256D.03.

All persons have 30 days or until 4:30 p.m. on January 2, 1992 in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

Minnesota Rules, part 9505.5015 is a component of the set of rules, parts 9505.5000 to 9505.5030, which establish procedures for prior authorization of health services provided to recipients of medical assistance or general assistance medical care. Prior authorization is a condition of reimbursement under the medical assistance and general assistance programs for certain health services as designated under parts 9505.0170 to 9505.0475 and 9505.5025 and Minnesota Statutes, section 256B.0625, subdivision 25. The proposed amendments will: 1. assist providers to obtain authorization based on the criteria of medical necessity and appropriateness rather than compliance with procedural

requirements; 2. assist medical assistance and general assistance medical care recipients to receive necessary and appropriate services in a timely manner; 3. extend the time in which to request after the fact authorization to 180 days in the case of emergency services, services to a recipient who is retroactively eligible for medical assistance or general assistance medical care, or the denial or partial payment for a health service by a third party payer; 4. clarify the availability of after the fact authorization of removable dental prostheses; and 5. extend eligibility for after the fact authorization to medical supplies and equipment needed by recipients being discharged to their homes from hospitals and nursing facilities.

(11) A free copy of the rule is available upon request from:

Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296-7454.

A copy of the rule may also be viewed at any of the 87 county welfare or human service agencies in the State of Minnesota.

(12) A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:

Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296 7454

(13) Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

(9) If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to :

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816.

Date: November 13, 1991

George J. Steffen
for NATALIE HAAS STEFFEN
COMMISSIONER OF HUMAN SERVICES

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of Proposed Amendment of
Rules of the Department of Human Services
Governing Conditions for Medical Assistance
and General Assistance Medical Care
Reimbursement, Minnesota Rules, Part
9505.5015, After the Fact Authorization

FISCAL NOTE

INTRODUCTION

Minnesota Rules, parts 9505.5000 to 9505.5030 establish the procedure to obtain prior authorization as a condition to receive medical assistance (MA) and general assistance medical care (GAMC) reimbursement for health services provided to MA or GAMC eligible persons. These permanent rules became effective in October 1985.

The goal of the prior authorization program is to assure that the proposed health service is medically necessary for the recipient, that all appropriate, less expensive alternatives have been considered, and that the proposed services conforms to commonly accepted community standards of practice.

The proposed amendments are intended to clarify the procedural requirements and increase the opportunity for MA and GAMC providers to obtain authorization of certain services after the services have been provided.

AUTHORITY

Minnesota Statutes, sections 256.991 and 256D.03

SUMMARY OF PROJECTED COST EFFECTS

The Department believes the proposed rule amendments will not affect state or local spending in either of the two years following their adoption.

RATIONALE

Subpart 2, Emergencies; Subpart 3, Retroactive eligibility; Subpart 4, Third party liability.

The Department has carefully considered the potential cost effects of the revision of the time limits relating to after the fact authorization of health services in the case of emergencies, the retroactive determination of a person's eligibility for MA or GAMC, and the denial or partial payment by a third party payer. The Department believes extending the period to 180 days will have no effect on state or local spending in either of the two fiscal years following adoption of the amendments.

Subpart 5, Authorization of dental prostheses.

The Department believes this subpart will have no effect on state or local spending in either of the two fiscal years following adoption of the amendments. The amendment does not affect the present criteria to obtain authorization. The

amendment does address the problem encountered by the provider in obtaining payment for a removable dental prosthesis provided to a person who has been determined MA or GAMC eligible through meeting a spenddown requirement or who has not informed the provider about eligibility for MA or GAMC at the time of the service.

Subpart 6, Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility.

At present, the provider must request and obtain prior authorization of medical supplies or equipment needed by the MA or GAMC recipient being discharged to home care before the recipient is actually discharged from the hospital or long-term care facility. The request is always approved if the medical supplies or equipment meet the criteria of medically necessary and appropriate for the recipient's home care. Thus, no additional cost is expected.
However, there may be a potential cost saving in regard to MA payment for care in a long-term care facility as after the fact authorization will facilitate the person's timely discharge based on the person's medical condition rather than compliance with a procedural requirement.

Date: November 13, 1991

George J. Steffen

for NATALIE HAAS STEFFEN
COMMISSIONER OF HUMAN SERVICES

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Amendments of Rules of the State Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, part 9505.5015, After the Fact Authorization

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND CERTIFICATE OF MAILING LIST

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Nancy Bishop, being sworn says:

I hereby certify that the list of persons and associations who have requested, pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22 or 14.30, that their names be placed on the State Department of Human Services rulemaking mailing list is accurate, complete, and current as of this 27th day of November, 1991.

That on the 27th day of November, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt a Rule without a Public Hearing by depositing in the State of Minnesota Central Mail System for United States mailing, a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

KATHY ANN McDONOUGH
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
My Comm. Expires Oct. 16, 1992

Nancy L. Bishop

Subscribed and sworn to before me

this 27th day of Nov., 1991

Kathy Ann McDonough

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Amendments of Rules of the State Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above entitled rule amendment without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is in Minnesota Statutes, sections 256.991 and 256D.03.

All persons have 30 days or until 4:30 p.m. on January 2, 1992 in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:
Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

Minnesota Rules, part 9505.5015 is a component of the set of rules, parts 9505.5000 to 9505.5030, which establish procedures for prior authorization of health services provided to recipients of medical assistance or general assistance medical care. Prior authorization is a condition of reimbursement under the medical assistance and general assistance programs for certain health services as designated under parts 9505.0170 to 9505.0475 and 9505.5025 and Minnesota Statutes, section 256B.0625, subdivision 25. The proposed amendments will: 1. assist providers to obtain authorization based on the criteria of medical necessity and appropriateness rather than compliance with procedural

requirements; 2. assist medical assistance and general assistance medical care recipients to receive necessary and appropriate services in a timely manner; 3. extend the time in which to request after the fact authorization to 180 days in the case of emergency services, services to a recipient who is retroactively eligible for medical assistance or general assistance medical care, or the denial or partial payment for a health service by a third party payer; 4. clarify the availability of after the fact authorization of removable dental prostheses; and 5. extend eligibility for after the fact authorization to medical supplies and equipment needed by recipients being discharged to their homes from hospitals and nursing facilities.

A free copy of the rule is available upon request from:
Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296-7454.

A copy of the rule may also be viewed at any of the 87 county welfare or human service agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:
Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296 7454

Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to :
Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816.

Date: November 13, 1991

George J. Steiner
for NATALIE HAAS STEFFEN
COMMISSIONER OF HUMAN SERVICES

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Amendments of Rules of the State Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, part 9505.5015, After the Fact Authorization

AFFIDAVIT OF ADDITIONAL MAILING

Nancy Bishop, being first duly sworn, deposes and says:

That on the 27th day of November, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid to the following parties:

- The 87 County Human Service Agencies
- Advisory Committee Members
- Minnesota Association of Homes for the Aging
- Minnesota Hospital Association

KATHY ANN McDONOUGH
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
My Comm. Expires Oct. 16, 1992

Nancy L. Bishop

Subscribed and sworn to before me

this 27th day of Nov., 1991

Kathy Ann McDonough

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Amendments of Rules of the State Department of Human Services Governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

Notice is hereby given that the State Department of Human Services intends to adopt the above entitled rule amendment without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is in Minnesota Statutes, sections 256.991 and 256D.03.

All persons have 30 days or until 4:30 p.m. on January 2, 1992 in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:
Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

Minnesota Rules, part 9505.5015 is a component of the set of rules, parts 9505.5000 to 9505.5030, which establish procedures for prior authorization of health services provided to recipients of medical assistance or general assistance medical care. Prior authorization is a condition of reimbursement under the medical assistance and general assistance programs for certain health services as designated under parts 9505.0170 to 9505.0475 and 9505.5025 and Minnesota Statutes, section 256B.0625, subdivision 25. The proposed amendments will: 1. assist providers to obtain authorization based on the criteria of medical necessity and appropriateness rather than compliance with procedural

requirements; 2. assist medical assistance and general assistance medical care recipients to receive necessary and appropriate services in a timely manner; 3. extend the time in which to request after the fact authorization to 180 days in the case of emergency services, services to a recipient who is retroactively eligible for medical assistance or general assistance medical care, or the denial or partial payment for a health service by a third party payer; 4. clarify the availability of after the fact authorization of removable dental prostheses; and 5. extend eligibility for after the fact authorization to medical supplies and equipment needed by recipients being discharged to their homes from hospitals and nursing facilities.

A free copy of the rule is available upon request from:
Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296-7454.

A copy of the rule may also be viewed at any of the 87 county welfare or human service agencies in the State of Minnesota.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:
Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296 7454

Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to :
Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816.

Date: November 13, 1991

George J. Steffen
for NATALIE HAAS STEFFEN
COMMISSIONER OF HUMAN SERVICES

1. _____
Alternate Supervising Physician

_____
(type name/date)

2. _____
Alternate Supervising Physician

_____
(type name/date)

3. _____
Alternate Supervising Physician

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(type name/date)

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Alternate Supervising Physician

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(type name/date)

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Alternate Supervising Physician

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(type name/date)

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Alternate Supervising Physician

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Alternate Supervising Physician

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Alternate Supervising Physician

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Alternate Supervising Physician

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(type name/date)

11. _____
Alternate Supervising Physician

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(type name/date)

12. _____
Alternate Supervising Physician

_____
(type name/date)

* The listed drug categories are based upon the chapter heading used in the Physicians Health Plan Drug Formulary: Copyright 1988. United HealthCare Corporation. Used with permission of copyright owner.

Department of Human Services

Proposed Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

Notice of Intent to Adopt a Rule Without a Public Hearing

NOTICE IS HEREBY GIVEN that the State Department of Human Services intends to adopt the above entitled rule amendment without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rule is in *Minnesota Statutes*, sections 256.991 and 256D.03.

All persons have 30 days or until 4:30 p.m. on January 2, 1992 in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

Minnesota Rules, part 9505.5015 is a component of the set of rules, parts 9505.5000 to 9505.5030, which establish procedures for prior authorization of health services provided to recipients of medical assistance or general assistance medical care. Prior authorization is a condition of reimbursement under the medical assistance and general assistance program for certain health services as designated under parts 9505.0170 to 9505.0475 and 9505.5025 and *Minnesota Statutes*, section 256B.0625, subdivision 25. The proposed amendments will: 1. assist providers to obtain authorization based on the criteria of medical necessity and appropriateness rather than compliance with procedural requirements; 2. assist medical assistance and general assistance medical care recipients to receive necessary and appropriate services in a timely manner; 3. extend the time in which to request after the fact authorization to 180 days in the case of emergency services, services to a recipient who is retroactively eligible for medical assistance or general assistance medical care, or the denial or partial payment for a health service by a third party payer; 4. clarify the availability of after the fact authorization of removable dental prostheses; and 5. extend eligibility for after the fact authorization to medical supplies and equipment needed by recipients being discharged to their homes from hospitals and nursing facilities.

A free copy of the rule is available upon request from:

Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296-7454

A copy of the rule may also be viewed at any of the 87 county welfare or human service agencies in the State of Minnesota.

A **STATEMENT OF NEED AND REASONABLENESS** that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:

Nancy Bishop
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 296-7454

Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to:

Eleanor Weber
Rules and Bulletins Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Natalie Haas Steffen
Commissioner of Human Services

Rules as Proposed

9505.5010 PRIOR AUTHORIZATION REQUIREMENT.

Subpart 1. **Provider requirements.** Except as provided in part 9505.5015, a provider shall obtain prior authorization as a condition of reimbursement under the medical assistance and general assistance medical care programs for health services designated under parts ~~9500.1070,~~ ~~subparts 1, 4, 6, 12 to 15, and 23;~~ 9505.0170 to 9505.0475~~;~~ and 9505.5025; and *Minnesota Statutes*, section 256B.0625, subdivision 25. Prior authorization shall assure the provider reimbursement for the approved health service only if the service is given during a time the person is a recipient and the provider meets all requirements of the medical assistance or general assistance medical care programs.

[For text of subps 2 to 4, see M.R.]

9505.5015 AFTER THE FACT AUTHORIZATION.

Subpart 1. **Exceptions.** As provided in subparts 2 to 4, medical assistance or general assistance medical care programs reimbursement shall be given for a health service for which the required authorization was requested after the health service was delivered to the recipient. The provider of the health service shall submit the request on form DHS-1856 or DHS-1855 as required in part 9505.5010, subpart 3, and shall submit materials, reports, progress notes, admission histories, or other information that substantiates that the service was necessary to treat the recipient.

Subp. 2. **Emergencies.** A health service requiring prior authorization shall retroactively receive ~~prior~~ authorization in an emergency if the provider submits the request for authorization ~~no later than five working days~~ after providing the initial service and the provider documents the emergency. Billing for emergency services must comply with part 9505.0450.

Subp. 3. **Retroactive eligibility.** When the health service was provided on or after the date on which the recipient's eligibility began, but before the date the case was opened, a health service requiring prior authorization shall be authorized retroactively if the health service meets the criteria in part 9505.5030, and if an authorization request is submitted to the department within ~~20 working~~ 180 days of the date the case was opened.

Subp. 4. **Third party liability.** A provider of a health service originally billed to Medicare or a third-party payer as defined in part 9505.0015, subpart 46, for which Medicare or the third-party payer denied payment or made a partial payment may retroactively submit a request for authorization if the provider wants to receive payment of the difference between the medical assistance or general assistance medical care payment rate for the service and the payment by the third-party payer. The service is eligible for medical assistance or general assistance medical care reimbursement if it meets the criteria in part 9505.5030 and if the authorization request is submitted to the department along with a copy of the notice explaining the denial or partial payment within ~~20 working~~ 180 days of the date of the notice.

Subp. 5. **Authorization of dental prostheses.** A dental services provider who wants to obtain after the fact authorization of a removable dental prosthesis for which authorization is required under part 9505.0270, subpart 4, must submit the request on form DHS-1856 before submitting an invoice for the removable prosthesis. To obtain after the fact authorization, the removable prosthesis must meet a criterion specified in part 9505.0270, subpart 4, items A to C.

Subp. 6. **Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility.** Medical supplies or equipment requiring prior authorization under part 9505.0310, subpart 3, or *Minnesota Statutes*, section 256B.0625, subdivision 25, shall receive after the fact authorization in the case of a recipient being discharged from a hospital or long-term care facility if:

A. the provider submits a request for authorization after providing the initial service;

B. the provider documents the date of the recipient's discharge from the long-term care facility or hospital;

C. the recipient's discharge plan specifies the medical supplies or equipment as medically necessary and appropriate for the recipient's home care; and

D. the medical supplies and equipment are eligible for medical assistance payment under part 9505.0310.

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 HUMAN SERVICES

In the Matter of the Proposed Adoption of the Rule of the State Department of Human Services Governing Conditions For Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

(1) Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on December 2, 1991 and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22, on November 27, 1991. (2) The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

(4) All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. (5) No requests for a public hearing on the rule were received by the agency. No submissions or comments on the rule were received by the agency. (7) No requests for notice of submission to the attorney general were received by the agency.

Based on the comments and evidence in the record before the agency, I find the following:

The above-captioned rule is needed and reasonable. (8)

NOW, THEREFORE, IT IS ORDERED that the rule identified as Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, Part 9505.5015, After the Fact Authorization is adopted this 18th day of February, 1992, pursuant to authority vested in me by Minnesota Statutes, sections 256.991 and 256D.03. (9)

George J. Steffen

for NATALIE HAAS STEFFEN
Commissioner

In the Matter of the Adoption
of the Rule of the State Department
of Human Services Governing Conditions
For Medical Assistance and General
Assistance Medical Care Reimbursement,
Minnesota Rules, Part 9505.5015

DECLARATION OF
COUNSEL

I, Kim Buechel Mesun, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rule, and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 0866 .

Kim Buechel Mesun

Special Assistant
Attorney General

Dated: 2/12/92

Department of Human Services

Proposed Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

Rules as Proposed

9505.5010 PRIOR AUTHORIZATION REQUIREMENT.

Subpart 1. **Provider requirements.** Except as provided in part 9505.5015, a provider shall obtain prior authorization as a condition of reimbursement under the medical assistance and general assistance medical care programs for health services designated under parts ~~9500.1070, subparts 1, 4, 6, 12 to 15, and 23,~~ 9505.0170 to 9505.0475~~,~~ and 9505.5025; and Minnesota Statutes, section 256B.0625, subdivision 25. Prior authorization shall assure the provider reimbursement for the approved health service only if the service is given during a time the person is a recipient and the provider meets all requirements of the medical assistance or general assistance medical care programs.

[For text of subps 2 to 4, see M.R.]

9505.5015 AFTER THE FACT AUTHORIZATION.

Subpart 1. **Exceptions.** As provided in subparts 2 to 4, medical assistance or general assistance medical care programs reimbursement shall be given for a health service for which the required authorization was requested after the health service was delivered to the recipient. The provider of the health service shall submit the request on form DHS-1856 or DHS-1855 as required in part 9505.5010, subpart 3, and shall submit materials, reports, progress notes, admission histories, or other information that substantiates that the service was necessary to treat the recipient.

Subp. 2. **Emergencies.** A health service requiring prior authorization shall retroactively receive ~~prior~~ authorization in an emergency if the provider submits the request for authorization ~~no later than five working days~~ after providing

Approved by Revisor PMM

the initial service and the provider documents the emergency. Billing for emergency services must comply with part 9505.0450.

Subp. 3. **Retroactive eligibility.** When the health service was provided on or after the date on which the recipient's eligibility began, but before the date the case was opened, a health service requiring prior authorization shall be authorized retroactively if the health service meets the criteria in part 9505.5030, and if an authorization request is submitted to the department within ~~20 working~~ 180 days of the date the case was opened.

Subp. 4. **Third party liability.** A provider of a health service originally billed to Medicare or a third-party payer as defined in part 9505.0015, subpart 46, for which Medicare or the third-party payer denied payment or made a partial payment may retroactively submit a request for authorization if the provider wants to receive payment of the difference between the medical assistance or general assistance medical care payment rate for the service and the payment by the third-party payer. The service is eligible for medical assistance or general assistance medical care reimbursement if it meets the criteria in part 9505.5030 and if the authorization request is submitted to the department along with a copy of the notice explaining the denial or partial payment within ~~20 working~~ 180 days of the date of the notice.

Subp. 5. **Authorization of dental prostheses.** A dental services provider who wants to obtain after the fact authorization of a removable dental prosthesis for which authorization is required under part 9505.0270, subpart 4, must submit the request on form DHS-1856 before submitting an invoice for the removable prosthesis. To obtain after the fact authorization, the removable prosthesis must meet a criterion specified in part 9505.0270, subpart 4, items A to C.

Subp. 6. **Authorization of medical supplies or equipment for recipient being discharged from hospital or long-term care facility.** Medical supplies or equipment requiring prior

Approved by Revisor _____

authorization under part 9505.0310, subpart 3, or Minnesota Statutes, section 256B.0625, subdivision 25, shall receive after the fact authorization in the case of a recipient being discharged from a hospital or long-term care facility if:

A. the provider submits a request for authorization after providing the initial service;

B. the provider documents the date of the recipient's discharge from the long-term care facility or hospital;

C. the recipient's discharge plan specifies the medical supplies or equipment as medically necessary and appropriate for the recipient's home care; and

D. the medical supplies and equipment are eligible for medical assistance payment under part 9505.0310.

Approved
by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Prior Authorization under Medical Assistance and General Assistance Medical Care

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

The attached rules are approved for publication in the State Register

Paul M. Marinac
Assistant Deputy Revisor

Department of Health

Proposed Permanent Rules Relating to Merit System

Rules as Proposed

4670.0100 DEFINITIONS.

[For text of subps 1 to 23, see M.R.]

Subp. 24. [See repealer.]

[For text of subps 25 to 46, see M.R.]

Subp. 47. **Temporary employee.** "Temporary employee" means an employee who ~~has been~~ is appointed ~~to a position from an eligible register but the appointment has~~ with a definite ending date. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency.

[For text of subps 48 to 50, see M.R.]

4670.1320 RECOMMENDED ADJUSTMENTS.

The merit system general adjustment recommended for incumbents is ~~four~~ 2-1/4 percent for employees on the professional and administrative, health services support, clerical, and building maintenance salary schedules.

4670.2530 ~~LIMITED TERM~~ TEMPORARY APPOINTMENT.

~~If an employee is needed for a limited period of not more than six months, a certification may be made by the supervisor of the names of those eligibles, in the order of their place on an appropriate register, who have indicated willingness to accept temporary employment. Certification shall be made in the manner set forth in part 4670.2100. The duration of the limited term appointment shall be for the period of need only, and in no event shall such appointment continue for more than six months in any 12 month period. The acceptance or refusal of a limited term appointment shall not affect an eligible's standing on a register or his eligibility for appointment to a permanent position, and the period of the limited term appointment shall not constitute a part of a probationary~~

Approved by Revisor

~~period.--Successive-limited-term-appointments-to-the-same position-shall-not-be-made,-nor-shall-an-employee-receive continued-limited-term-appointments.~~

Subpart 1. **Approval.** The supervisor may approve an appointing authority's temporary appointment for:

A. filling a vacancy funded for six months or less;

B. providing an employee for a temporary project not anticipated to last more than six months;

C. filling a vacancy created by an approved leave of absence; or

D. unusual documented instances, when an appointing authority asks to make a temporary appointment of six months or less to a position otherwise authorized for more than six months.

Subp. 2. **From eligible register.** Temporary appointments must be made from the eligible register. Certification will be made of the names of those eligibles, in order of their place on an appropriate register, who have indicated willingness to accept temporary employment. Certification must be made according to parts 4670.2100 to 4670.2400. The acceptance or refusal of a temporary appointment does not affect an eligible's standing on a register or eligibility for appointment to a permanent position.

Subp. 3. **No available candidates on eligible register.** In the absence of available candidates on the eligible register, the supervisor may authorize the appointing authority to make a direct appointment of a person who meets the minimum qualifications of education and experience for the classification, after considering the following documentation submitted by the appointing authority:

A. a statement that there is no appropriate eligible list available or that all eligible candidates on an incomplete certification from an eligible list are unavailable or unsuitable for temporary appointment; and

B. a description of the appointee's qualifications in a manner prescribed by the supervisor to permit examination of the appointee's qualifications.

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Subp. 4. **Term of appointment.** Temporary appointments must be for the period of need only and are limited to a period of six months. An appointing authority may submit a written request to extend a temporary appointment for up to an additional six months, specifying the reason why the extension is necessary. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency. The period of the temporary appointment may not be counted as part of a probationary period. Successive temporary appointments to the same position may not be made.

4670.2930 LAYOFF.

Subpart 1. **Reason for layoff.** An appointing authority may lay off an employee in the classified service by reason of abolishment of the position, lack of funds, shortage of work, or other reason outside the control of the employee. No permanent employee, however, shall be laid off while any emergency, provisional, ~~limited-term~~ temporary, or probationary employee is continued in a position of the same class in the agency. Layoff shall be made in inverse order of seniority by employment conditions in the class of work in the agency. Seniority for purposes of layoff shall be the length of service in the class from which layoff occurs in the agency.

[For text of subps 2 and 3, see M.R.]

Subp. 4. **Layoff list.** The names of permanent or probationary employees laid off or demoted in lieu of layoff shall be placed in order of seniority on the layoff list for the class and the agency from which the layoff took place. The affected employees shall have their names placed also on the reemployment list for the class from which the layoff took place and any other class in which they have permanent or probationary status prior to layoff.

Names of laid off employees will remain on the layoff list for a minimum of one year and eligibility shall be extended to a period of time equal to the employee's previous service in the merit system not to exceed five years. The name of a laid off

Approved
by Revisor _____

employee must be removed from the layoff list if the employee fails to accept a position in the former classification and county agency or if the employee is appointed to a permanent position in a class equal to or higher than the one from which the employee was laid off. In such cases, the employee's name must remain on the reemployment list for the class from which the employee was laid off.

[For text of subps 5 and 6, see M.R.]

4670.3030 VACATION LEAVE.

Subpart 1. **Accrual.** Upon the completion of six full months of satisfactory service in the merit system, vacation leave shall accrue to a permanent, probationary, or trainee employee for the time served at the rate of one working day for each full month of service except as otherwise provided under part 4670.3000. No vacation leave shall be accrued or granted during the first six months of service in the merit system; but upon satisfactory completion of that period, vacation leave shall accrue to a permanent, probationary, or trainee employee for the time served. ~~limited-term~~ Temporary and provisional employees with less than six full months of service and emergency employees shall not accrue vacation leave. Provisional employees with more than six months of service shall accrue vacation leave. Unused vacation leave shall accumulate to a total of at least 24 working days. The agency shall determine the time at which vacation leave may be taken. Vacation leave may not be used before completion of the period in which it is accrued. Part-time employees shall accrue vacation leave on a prorated basis based on hours worked in accordance with a schedule prepared by the appointing authority.

[For text of subps 2 to 4, see M.R.]

4670.3040 SICK LEAVE.

Subpart 1. **Rate.** Every permanent, probationary, provisional, ~~and limited-term~~ or temporary employee shall accrue sick leave at the rate of one working day for each completed month of service, except as otherwise adopted under part

Approved by Revisor _____

4670.3000, and such accrued sick leave may be used under the conditions prescribed in subparts 2 to 10.

[For text of subps 2 to 10, see M.R.]

4670.4210 PROFESSIONAL AND ADMINISTRATIVE COMPENSATION PLAN, ~~1991~~ 1992.

Subpart 1. **Plan.**

	Minimum		Maximum	
Assistant Director of Environmental Health	~~2287~~	2338	~~3571~~	3651
Director of Environmental Health	~~2616~~	2675	~~4087~~	4179
Director of Public Health Nursing	~~2186~~	2235	~~3571~~	3651
Public Health Educator	~~1832~~	1873	~~2859~~	3192
Public Health Nurse	~~1918~~	1961	~~2985~~	3052
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	~~1832~~	1873	~~2859~~	2923
Sanitarian	~~1751~~	1790	~~2737~~	2923

4670.4220 HEALTH SERVICES SUPPORT PERSONNEL COMPENSATION PLAN.

Subpart 1. **Plan.**

	Minimum		Maximum	
Bookkeeper	~~1252~~	1280	~~1956~~	2000
Home Health Aide	~~1197~~	1224	~~1790~~	1830
Home Health Aide Coordinator	~~1405~~	1437	~~2095~~	2142
Inspector	~~1405~~	1437	~~2095~~	2142
Licensed Practical Nurse	~~1405~~	1437	~~2095~~	2142
Public Health Aide	~~1026~~	1049	~~1675~~	1713

4670.4230 CLERICAL COMPENSATION PLAN.

Subpart 1. **Plan.**

	Minimum		Maximum	
Clerk I	~~882~~	902	~~1435~~	1467
Clerk II	~~1026~~	1049	~~1675~~	1713
Clerk III	~~1197~~	1224	~~1790~~	1830
Clerk-Typist I	~~963~~	985	~~1565~~	1600
Clerk-Typist II	~~1026~~	1049	~~1675~~	1713
Clerk-Typist III	~~1282~~	1311	~~1918~~	1961
Clerk-Steno	~~1026~~	1049	~~1675~~	1713
Switchboard Operator	~~963~~	985	~~1565~~	1600

4670.4240 BUILDING MAINTENANCE COMPENSATION PLAN.

[For text of subpart 1, see M.R.]

Subp. 2. **Shift differential; janitors.**

	Minimum		Maximum	
Janitor	~~1026~~	1049	~~1675~~	1713

REPEALER. Minnesota Rules, part 4670.0100, subpart 24, is repealed.

Approved by Revisor _____

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Merit System

AGENCY: Department of Health

MINNESOTA RULES: Chapter 4670

The attached rules are approved for
publication in the State Register

Craig E. Lindeke
Senior Assistant Revisor

Department of Human Services

Proposed Permanent Rules Relating to Merit System

Rules as Proposed

9575.0010 DEFINITIONS.

[For text of subps 1 to 45, see M.R.]

Subp. 46. **Temporary employee.** "Temporary employee" means an employee who ~~has been~~ is appointed ~~to a position from an eligible register but the appointment has~~ with a definite ending date. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency.

[For text of subps 47 to 49, see M.R.]

9575.0350 SALARY ADJUSTMENTS AND INCREASES.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Recommended adjustment.** The merit system general adjustment recommended for incumbents is ~~four~~ 2-1/4 percent for employees on the professional, support, clerical, and maintenance and trades salary schedules.

[For text of subps 4 and 5, see M.R.]

9575.0680 TEMPORARY APPOINTMENT.

~~If an employee is needed for a limited period of not more than six months, a certification may be made by the supervisor of the names of those eligibles, in the order of their place on an appropriate register, who have indicated willingness to accept temporary employment. Certification shall be made in the manner set forth in parts 9575.0600 to 9575.0630. The duration of the limited term appointment shall be for the period of need only, and in no case shall such appointment continue for more than six months in any 12 month period. The acceptance or refusal of a limited term appointment shall not affect an eligible's standing on a register or his eligibility for appointment to a permanent position, and the period of the limited term appointment shall not constitute a part of a~~

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~~probationary-period.--Successive-limited-term-appointments-to the-same-position-shall-not-be-made,-nor-shall-an-employee receive-continued-limited-term-appointments.~~

Subpart 1. **Approval.** The supervisor may approve an appointing authority's temporary appointment for:

A. filling a vacancy funded for six months or less;

B. providing an employee for a temporary project not anticipated to last more than six months;

C. filling a vacancy created by an approved leave of absence; or

D. unusual documented instances, when an appointing authority asks to make a temporary appointment of six months or less to a position otherwise authorized for more than six months.

Subp. 2. **From eligible register.** Temporary appointments must be made from the eligible register. Certification must be made of the names of those eligible persons, in order of their place on an appropriate register, who have indicated willingness to accept temporary employment. Certification must be made according to parts 9575.0600 to 9575.0630. The acceptance or refusal of a temporary appointment does not affect an eligible person's standing on a register or eligibility for appointment to a permanent position.

Subp. 3. **No available candidates on eligible register.** In the absence of available candidates on the eligible register, the supervisor may authorize the appointing authority to make a direct appointment of a person who meets the minimum qualifications of education and experience for the classification, after considering the following documentation submitted by the appointing authority:

A. a statement that there is no appropriate eligible list available or that all eligible candidates on an incomplete certification from an eligible list are unavailable or unsuitable for temporary appointment; and

B. a description of the appointee's qualifications in a manner prescribed by the supervisor to permit examination of the appointee's qualifications.

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Subp. 4. **Term of appointment.** Temporary appointments must be for the period of need only and are limited to six months. An appointing authority may submit a written request to extend a temporary appointment for up to an additional six months, specifying the reason why the extension is necessary. A temporary employee's term of employment may not exceed a total of 12 months in any 24-month period in any one agency. The period of the temporary appointment may not be counted as part of a probationary period. Successive temporary appointments to the same position may not be made.

9575.0930 LAYOFF.

Subpart 1. **Reasons and procedures.** An appointing authority may lay off an employee in the classified service by reason of abolishment of the position, lack of funds, shortage of work, or other reason outside the control of the employee. No permanent employee, however, shall be laid off while any emergency, provisional, ~~limited-term~~ temporary, or probationary employee is continued in a position of the same class in the agency. Layoff shall be made in inverse order of seniority by employment conditions in the class of work in the agency. Seniority for purposes of layoff shall be the length of service in the class from which layoff occurs in the agency.

[For text of subps 2 to 5, see M.R.]

Subp. 6. **Length of time on layoff list.** Names of laid off employees will remain on the layoff list for a minimum of one year and eligibility shall be extended to a period of time equal to the employee's previous service in the merit system not to exceed five years. The name of a laid off employee must be removed from the layoff list if the employee fails to accept a position in the former classification and county agency or if the employee is appointed to a permanent position in a class equal to or higher than the one from which the employee was laid off. In such cases, the employee's name must remain on the reemployment list for the class from which the employee was laid off.

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[For text of subps 7 and 8, see M.R.]

9575.1030 VACATION LEAVE.

Subpart 1. **Accrual rate.** Upon the completion of six full months of satisfactory service in the merit system, vacation leave shall accrue to a permanent, probationary, or trainee employee for time served at the rate of one working day for each full month of service except as otherwise adopted under part 9575.1000, subpart 3. No vacation leave shall be accrued or granted during the first six months of service in the merit system, but upon the satisfactory completion of such period, vacation leave shall accrue to a permanent, probationary, or trainee employee for the time served. ~~Limited-term~~ Temporary and provisional employees with less than six full months of service and emergency employees shall not accrue vacation leave. Provisional employees with more than six months of service shall accrue vacation leave. Unused vacation leave shall accumulate to a total of at least 24 working days. The county agency shall determine the time at which vacation leave may be taken. Vacation leave may not be used prior to completion of the period in which it is accrued. Part-time employees shall accrue vacation leave on a prorated basis based on hours worked in accordance with a schedule prepared by the appointing authority.

[For text of subps 2 to 4, see M.R.]

9575.1040 SICK LEAVE.

Subpart 1. **Accrual rate.** Every permanent, probationary, provisional, ~~limited-term~~ temporary, and trainee employee shall accrue sick leave at the rate of one working day for each completed month of service, except as otherwise adopted under part 9575.1000, and such accrued sick leave may be used under the conditions hereinafter prescribed:

Absence necessitated by an employee's inability to perform the duties of his or her position by reason of illness or injury, by necessity for medical or dental care, by reason of prenatal and postnatal care, by exposure to contagious disease under circumstances in which the health of the employees with

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whom associated or members of the public necessarily dealt with would be endangered by attendance on duty, or by illness in the employee's immediate family, for such period as shall be necessary. The term "immediate family" shall be limited to the employee's spouse, minor children, or parent living in the household of the employee when the parent has no other person to provide the necessary nursing care. Within the discretion of the appointing authority, use of sick leave also may be authorized in cases of death of the spouse, children, and wards of the employee and the brothers, sisters, parents, or grandparents of either the employee or the employee's spouse.

[For text of subps 2 to 9, see M.R.]

9575.1500 COMPENSATION PLAN; HUMAN SERVICES, ~~1991~~ 1992.

Subpart 1. **Professional.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Accountant	~~1832~~	1873	~~2859~~	2923
Accounting Supervisor	~~2186~~	2235	~~3571~~	3651
Administrative Assistant I	~~2287~~	2338	~~3908~~	3996
Administrative Assistant II	~~2446~~	2733	~~4179~~	4273
Administrative Assistant III	~~2917~~	3120	~~4553~~	4655
Adult Day Care Center Supervisor	~~1751~~	1790	~~2737~~	2923
Assistant Welfare Director	~~4087~~	4179	~~6068~~	6205
~~Auditor~~	~~2186~~		~~3571~~	
Chemical Dependency Coordinator	~~1832~~	1873	~~2859~~	2923
Collections and Accounting Unit Supervisor	~~1918~~	1961	~~3122~~	3192
Collection Services Supervisor II	~~1918~~	1961	~~3122~~	3192
Community Health Services Supervisor	~~2186~~	2235	~~3571~~	3651
Computer Programmer	~~1751~~	1790	~~2737~~	2923
Contract Services Representative	~~2002~~	2047	~~3267~~	3341
County Agency Social Worker (Licensing Specialist)	~~1751~~	1790	~~2737~~	2923
County Agency Social Worker	~~1832~~	1873	~~3122~~	3192
County Agency Social Worker (Child Protection Specialist)	~~1832~~	1873	~~3122~~	3192
County Agency Social Worker (MSW)	~~1918~~	1961	~~3122~~	3192
County Agency Social Worker (MSW) (Child Protection Specialist)	~~1918~~	1961	~~3122~~	3192
Director of Business Management I	~~2446~~	2733	~~4179~~	4273
Director of Business Management II	~~3196~~	3268	~~4753~~	4860
Director of Financial Assistance	~~3196~~	3268	~~4753~~	4860
Director of Planning	~~3196~~	3268	~~4753~~	4860
Director of Public Health Nursing	~~2186~~	2235	~~3571~~	3651
Director of Social Services	~~3196~~	3268	~~4753~~	4860
Employment Guidance Counselor	~~1675~~	1713	~~2510~~	2566
Family Based Services Supervisor	~~1832~~	1873	~~2859~~	2923
Family Service Coordinator II	~~1675~~	1713	~~2510~~	2566
Financial Assistance Supervisor I	~~1918~~	1961	~~3122~~	3192
Financial Assistance Supervisor II	~~2186~~	2235	~~3571~~	3651
Financial Assistance Supervisor III	~~2287~~	2338	~~3908~~	3996
Fiscal Manager	~~2287~~	2338	~~3908~~	3996

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Fiscal Officer	~~1675~~	1713	~~2510~~	2566
Fiscal Supervisor I	~~1751~~	1790	~~2859~~	2923
Fiscal Supervisor II	~~2186~~	2235	~~3571~~	3651
Gerontology Counselor	~~1918~~	1961	~~3122~~	3192
Human Services Director III	~~3491~~	3570	~~5190~~	5307
Human Services Supervisor I	~~2287~~	2338	~~3908~~	3996
Human Services Supervisor II	~~2859~~	3052	~~4460~~	4560
~~Jobs and Training Supervisor~~	~~1918~~		~~3122~~	
Mental Health Program Manager	~~2446~~	2733	~~4179~~	4273
Mental Health Worker	~~2002~~	2047	~~3267~~	3341
~~Methods & Procedures Analyst~~	~~1751~~		~~2737~~	
Nutrition Project Assistant Director	~~1751~~	1790	~~2737~~	2923
Nutrition Project Director	~~2186~~	2235	~~3571~~	3651
Office Services Supervisor II	~~1603~~	1639	~~2510~~	2566
Planner (Human Services)	~~2002~~	2047	~~3267~~	3341
Psychologist I	~~1918~~	1961	~~3122~~	3192
Psychologist II	~~2186~~	2235	~~3571~~	3651
Psychologist III	~~2917~~	2983	~~4179~~	4273
Public Health Educator	~~1751~~	1873	~~2737~~	3192
Public Health Nurse	~~1918~~	1961	~~2985~~	3052
Public Health Nurse (Team Leader)	~~2002~~	2047	~~3122~~	3192
Public Health Nursing Supervisor	2142		3341	
Registered Dietician	~~1751~~	1790	~~2737~~	2923
Registered Nurse (A.A. Degree, 3 year Diploma, or B.S. Degree)	~~1832~~	1873	~~2859~~	2923
Sanitarian	~~1751~~	1790	~~2737~~	2923
Senior Staff Development Specialist	~~2186~~	2235	~~3571~~	3651
Social Services Supervisor I	~~2287~~	2338	~~3908~~	3996
Social Services Supervisor II	~~2616~~	2675	~~4272~~	4368
Social Services Supervisor III	~~2859~~	3052	~~4460~~	4560
Staff Development Specialist	~~1751~~	1790	~~2737~~	2923
Student Social Worker (Intern)	Rate proposed by appointing authority.			
Support Services and Accounting Supervisor	~~2002~~	2047	~~3267~~	3341
Support Services Supervisor	~~1832~~	1873	~~2859~~	2923
Trainee	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Volunteer Services Coordinator	~~1751~~	1790	~~2737~~	2923
Welfare Director I	~~2673~~	2733	~~4179~~	4273
Welfare Director II	~~2985~~	3052	~~4460~~	4560
Welfare Director III	~~3196~~	3268	~~4753~~	4860
Welfare Director IV	~~3491~~	3570	~~5190~~	5307
Welfare Director V	~~3730~~	3814	~~5547~~	5672
Welfare Director VI	~~4653~~	4758	~~6612~~	6761

Subp. 4. **Support personnel.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Account Clerk	~~1197~~	1224	~~1790~~	1830
Accounting Technician	~~1282~~	1311	~~1918~~	1961
Adult Day Care Center Program Coordinator	~~1282~~	1437	~~2095~~	2142
Case Aide	~~1282~~	1311	~~2095~~	2142
Chemical Dependency Counselor	~~1565~~	1600	~~2232~~	2282
Child Health Aide	~~1026~~	1049	~~1675~~	1713
Child Support Officer (Administrative Process)	~~1675~~	1713	~~2510~~	2566
Child Support Officer I	~~1499~~	1533	~~2232~~	2282
Child Support Officer II	~~1675~~	1713	~~2510~~	2566
Collections Officer	~~1405~~	1437	~~2186~~	2142
Collection Services Supervisor I	~~1832~~	1873	~~2859~~	2923
Community Service Aide	~~1026~~	1049	~~1675~~	1713
Community Support Technician	~~1565~~	1600	~~2232~~	2282
Computer Operations Specialist	~~1197~~	1224	~~1790~~	1830
Coordinator of Aging	~~1675~~	1713	~~2510~~	2566

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Crisis Center Resource Aide	~~1282~~	1311	~~1918~~	1961
~~Employment Technician~~	~~1282~~		~~2095~~	
Executive Assistant	1600		2282	
Family Based Services Provider	~~1565~~	1600	~~2232~~	2282
Family Service Aide I	~~1197~~	1224	~~1790~~	1830
Family Service Aide II	~~1282~~	1311	~~1918~~	1961
Family Service Coordinator I	~~1405~~	1437	~~2095~~	2142
Family Service/Home Health Aide	~~1197~~	1224	~~1790~~	1830
Financial Assistance Specialist	~~1603~~	1639	~~2510~~	2566
Financial Worker	~~1282~~	1311	~~2095~~	2142
Home Health Aide	~~1197~~	1224	~~1790~~	1830
Home Health Aide Coordinator	~~1405~~	1437	~~2095~~	2142
Housekeeper	Rate proposed by appointing authority and approved by the merit system supervisor and the commissioner of human services.			
Housing Coordinator	~~1832~~	1873	~~2859~~	2923
Housing Rehabilitation Specialist	~~1405~~	1437	~~2095~~	2142
Licensed Practical Nurse	~~1405~~	1437	~~2095~~	2142
Methods and Procedures Technician	~~1565~~	1600	~~2232~~	2282
Monitoring and Review Specialist	~~1282~~	1437	~~2095~~	2142
~~Office Services Supervisor I~~	~~1405~~		~~2095~~	
Public Health Aide	~~1026~~	1049	~~1675~~	1713
Senior Citizen's Aide	~~1197~~	1224	~~1790~~	1830
SILS Program Coordinator	~~1565~~	1600	~~2232~~	2282
Support and Collections Specialist	~~1675~~	1713	~~2510~~	2566
Support Enforcement Aide	~~1197~~	1224	~~1790~~	1830
Welfare Fraud Investigator	~~1675~~	1713	~~2510~~	2566

Subp. 7. **Clerical.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions:

	Minimum		Maximum	
Administrative Secretary	~~1282~~	1311	~~1918~~	1961
Clerk I	~~882~~	902	~~1435~~	1467
Clerk II	~~1026~~	1049	~~1675~~	1713
Clerk III	~~1197~~	1224	~~1790~~	1830
Clerk-Typist I	~~963~~	985	~~1565~~	1600
Clerk-Typist II	~~1026~~	1049	~~1675~~	1713
Clerk-Typist III	~~1282~~	1311	~~1918~~	1961
Clerk-Steno	~~1026~~	1049	~~1675~~	1713
Data Entry Operator	~~963~~	985	~~1565~~	1600
Information Systems Specialist	~~1026~~	1049	~~1675~~	1713
Legal Secretary	~~1197~~	1224	~~1790~~	1830
Switchboard Operator	~~963~~	985	~~1565~~	1600

Subp. 10. **Maintenance and trades.** The following minimum and maximum salary steps in monthly salary amounts shall be applicable to the specified classes of positions. Janitors who are required to work for a period of at least five hours after 6 p.m. on a regularly scheduled basis may be paid a shift differential in the amount of one salary step above their normal day-work rate.

	Minimum		Maximum	
Auto Driver	~~963~~	985	~~1565~~	1600
Bus Driver	~~1026~~	1049	~~1675~~	1713
Janitor	~~1026~~	1049	~~1675~~	1713
Maintenance Worker	~~1197~~	1224	~~1790~~	1830

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Merit System

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9575

The attached rules are approved for
publication in the State Register

Craig E. Lindeke
Senior Assistant Revisor

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-38___

November 27, 1991

Ms. Maryanne Hruby
Executive Director, LCRAR
55 State Office Building
St. Paul, Minnesota 55155

Dear Ms. Hruby:

Pursuant to Minnesota Statutes, section 14.131, enclosed is a statement of need and reasonableness governing Conditions for Medical Assistance and General Assistance Medical Care Reimbursement, Minnesota Rules, part 9505.5015, After the Fact Authorization.

If you have any questions on the statement of need and reasonableness, please do not hesitate to contact me at 297-4301.

Sincerely,

Eleanor Weber

Eleanor Weber
Rules and Bulletins Division

Encl.

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AN EQUAL OPPORTUNITY EMPLOYER