STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
COMMISSIONER OF HEALTH

IN THE MATTER OF ADOPTION
OF RULES RELATED TO THE
LOCAL PUBLIC HEALTH ACT,
MINNESOTA RULES, PARTS 4736.0010
TO 4736.0130

STATEMENT OF NEED
AND REASONABLENESS

INTRODUCTION

The Minnesota Commissioner of Health (hereinafter "commissioner"), pursuant to Minnesota Statutes 14.05 through 14.28 presents facts establishing the need for and reasonableness of the above rules relating to powers and duties of the commissioner relative to administering the state subsidy funds under the Local Public Health Act, Minnesota Statutes, Sections 145A.09-145A.14.

In order to adopt the proposed rules, the commissioner must demonstrate that she has complied with all the procedural and substantive requirements of rule-making. These requirements are that: (1) there is statutory authority to adopt the rules, (2) all necessary procedural steps have been taken, (3) the rules are needed, (4) the rules are reasonable, and (5) any additional requirements imposed by law have been satisfied. This statement demonstrates that the commissioner has met these requirements.

Marlene E. Marschall
Commissioner of Health

5/18/93
(date)

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I. STATUTORY AUTHORITY

Citation

The statutory authority of the commissioner to adopt these rules is contained in Minn. Stat., Sect. 145A.12 (Minn. Laws 1987, Chapter 309, Sect. 12). In addition, Sect. 23 of Minn. Laws 1987, Chapter 309 states that:

> "Rules adopted under Minnesota Statutes, section 145.918 remain in effect until rules are adopted under section 145A.12 or until otherwise repealed according to chapter 14." (Chapter 309, Minn. Laws of 1987, Sect. 23)

Section 145.918 was part of the "Community Health Services Act of 1976." That Act was repealed in 1987 by Chapter 309, the "Local Public Health Act" (Minn. Statutes, Chapter 145A). Because of extensive statutory changes and extensive changes to the rules written under these two separate statutory authorities, the commissioner determined that amending the existing rules was impractical. Instead she chose to promulgate entirely new rules and repeal the existing rules (Minn. Rules, parts 4700.0100– 4700.1500) when these proposed rules are adopted.

Authority to Affect the CHS Subsidy

Subdivision 2. of Section 145A.09 of the Local Public Health Act says that "A board of health that meets the requirements of sections 145A.09 to 145A.13 is a community health board and is eligible for a community health subsidy under section 145A.13." Included in the requirements of sections 145A.09 to 145A.13 are those of 145A.12, which allows the commissioner to write these rules governing personnel standards (Subd. 2.), planning standards, budgets, revisions (Subd. 3.), and reporting standards (Subd. 5.). The rules written pursuant to Section 145A.12 are included in the comprehensive requirements of sections 145A.09 to 145A.13 and are therefore part of the eligibility requirements for the community health subsidy as referenced in Section 145A.09, Subd. 2.

The Department received public comment that questioned the commissioner's statutory authority to withhold or terminate the payment of subsidy funds for violation of these rules. It is the Department's position that the most reasonable interpretation of the statute is that the legislature intended there be sanctions for violations of the rules. This position is based on both a reading of the statute and on administrative history of the then-existing rules that were continued in effect by the Local Public Health Act.

It is the subsidy and its related requirements that define community health boards (versus un-subsidized boards of health). The commissioner's rules are part of the requirements a board must meet to be eligible for the subsidy. To find that violations of the requirements of rules will not in turn have any effect on subsidy eligibility would violate the statutory canon of construction that says the legislature does not intend a result that is unreasonable (Minn. Stat. 645.17 (1)).

Exceptions to sanctions for violating the general requirements of Minn. Stat. Sections 145A.09 to 145A.13 also point to a reasonable statutory interpretation that violation of the requirements of these sections does result in sanctions. Section 145A.10 specifically exempts one provision of the generalized requirements from its tie to subsidy eligibility. "Failure to comply with this subdivision does not effect eligibility under section 145A.09." (Minn. Stat. 145A.10, Subd. 4). It is the Department's position that this

specific exemption would not occur with its specific reference to Section 145A.09 unless the statutory intent is to require compliance with Section 145A.09 except for those parts specifically exempted. Violations of the rules promulgated under Minn. Stat. 145A.12 are not specifically exempted and therefore do affect eligibility under Section 145A.09.

Finally, the authority to withhold or terminate the subsidy for violation of these rules has long been a settled issue. The existing rules that are currently in effect under Section 23 of the Local Public Health Act contain a "Disqualification" section that states, "The commissioner may withhold or terminate funding for failure to comply with the terms of the award, with the requirements of the applicable rules and statutes, or for other just cause" (Minn. Rules, Part 4700.1500). The commissioner notes that her current statutory interpretation of the rule authority remains consistent with prior agency interpretations and policy. This is not a case of agency overreaching, but is merely a continuation and update of rules already in effect.

II. COMPLIANCE WITH PROCEDURAL RULE-MAKING REQUIREMENTS

A. Procedural Requirements of Minn. Stat. § 145A.12

Minnesota Statutes Section 145A.12 contains the authority to promulgate these rules in Subdivisions 2, 3, and 5. Each subdivision authorizes the commissioner to adopt rules in accordance with chapter 14 and "...in consultation with the state community health advisory committee..." (emphasis added). These rules were developed through a subcommittee of the State Community Health Services Advisory Committee (SCHSAC) during five subcommittee meetings and six public forums held throughout the state. The SCHSAC reviewed draft rules developed by the subcommittee at two full committee meetings and recommended that they be adopted by the commissioner (see Appendix A).

B. Notice of Solicitation of Non-agency Opinions (Minn. Stat. § 14.10)

Minnesota Statutes, Section 14.10, requires an agency seeking information or opinions from sources outside the agency (when it prepares to adopt a rule) to publish notice of its action in the State Register and afford all interested persons an opportunity to submit data or views on the subject. On Monday, July 4, 1988, the Department published a notice on page 42 of the State Register entitled "Outside Opinions Sought Concerning a Proposed Rule Relating to the Local Public Health Act." Written comments received as a result of this notice and its associated public forums will be made part of the rule making record (see Appendix B).

C. Fiscal Note (Minn. Stat. 14.11, Subdivision 1)

The implementation of these rules will not require the expenditure of public money by local public bodies of greater than $100,000 in either of the two years following their adoption. There is a statutory requirement for a local match of funds equal to the money received in the community health services subsidy (Minn. Stat. 145A.13, Subd. 2.). Local public bodies are already expending public money to meet the statutory local match requirements. These rules do not contemplate changes to that match requirement nor

will their implementation require an increased expenditure of public money by local public bodies.

D. Agricultural Land (Minn. Stat. 14.11, Subd. 2)

The adoption of these rules will not have any adverse impact on agricultural land.

E. Small Business Considerations (Minn. Stat. 14.115)

The implementation of these rules will not affect small businesses because they apply to community health boards that are eligible to receive a community health services subsidy. By statutory definition, community health boards are made up of governmental entities only; counties that meet population eligibility requirements and certain cities (Minneapolis, St. Paul, Bloomington, Richfield, and Edina) and particular combinations of counties and cities that form community health boards through joint powers agreements in accordance with Minn. Stat., Section 471.59. The planning, reporting and personnel requirements contained in the rules are applicable only to those community health board governmental units that receive the subsidy. They are not applicable to small businesses nor could small businesses form a community health board to become eligible.

III. INTRODUCTION

The State Community Health Advisory Committee (SCHSAC) was established in 1976 by the Legislature when it passed the Community Health Services Act (Minnesota Laws of 1976, Chapter 9). Since that time, the Department has routinely relied on the State CHS Advisory Committee "to advise, consult with, and make recommendations to the Commissioner of Health on matters related to the development, funding, and evaluation of community health services in Minnesota." (Minn. Stat. 145A.10 Subd. 10) Members are appointed to the Committee by the 49 local community health boards. Community health boards are the local entities directly affected by these rules. The local appointment process assures that the Committee is truly representative of community health boards throughout the state.

In 1984, the commissioner requested that the State CHS Advisory Committee assist her in a comprehensive review of the CHS program. The results of this review included (among other things):

1. changes made in the CHS funding formula and local match requirements in 1985;
2. a revision of all CHS administrative guidelines and procedures conducted in 1985 and 1986; and
3. a comprehensive review and revision of local public health statutes.

In 1988, an "Administrative Rules Subcommittee" of the State CHS Advisory Committee was formed to fulfill the SCHSAC's duty to provide consultation to the commissioner on rules development as called for in the Local Public Health Act. The Subcommittee was charged to revise the existing rules "... to reflect current standards and procedures for personnel, planning, and reporting" (charge to the SCHSAC Administrative Rules Subcommittee). Between April and June of 1988, the Subcommittee met four times to work on several sequential drafts of the rules. The draft rules were

then presented at six public forums held throughout the state to receive public and interested party comments.

After making changes to the rules reflecting the public comment, the Subcommittee presented the draft rules to the SCHSAC at its August meeting with the recommendation that they be moved forward through the rules adoption process. The SCHSAC forwarded the rules to the commissioner with that same recommendation—except for one "Additional Personnel Standards" part of the rules, which was referred back to the Subcommittee for further work. In an October follow-up meeting, the Subcommittee removed the language that had caused the controversy from that part of the rules, and the rules adoption process was initiated.

Reference is made throughout this document to the State CHS Advisory Committee, its Subcommittee, and the public forums noted above. This reflects the continuous and statewide discussion which characterized the development of this rule. The written comments received during this process are specifically addressed in this Statement of Need and Reasonableness. Other oral comments received were either very positive or were otherwise resolved during subsequent revisions of the proposed rules.

The delay in the rules adoption process between late 1988 and the present were due to unexpected and unrelated problems within the Department. However, the State CHS Advisory Committee is still in agreement with these proposed rules and have been supportive of having the rules promulgated.

IV. STATEMENT OF NEED AND REASONABLENESS

A. General Statement of Need

Minnesota Statutes, Section 145A.12 authorizes the commissioner to adopt rules governing three general areas related to administration of the Community Health Services subsidy: "...to set standards for administrative and program personnel to ensure competence in administration and planning and in each program area defined in section 145A.02" (Subd. 2.); "...to set submission dates, procedures, and standards for community health plans, budgets, and revisions prepared according to section 145A.10, Subdivisions 5 and 6" (Subd. 3.); "...establishing standards and procedures for a uniform reporting system that will permit the evaluation of the efficiency and effectiveness of community health services" (Subd. 5). This rule authority was carried over from the rule authority of Minn. Stat., Section 145.918, part of the "Community Health Services Act." The legislature recognized the need to continue these general rules until new rules could be adopted under the revised Act—the "Local Public Health Act" of 1987—and retained the existing rules until that time.

The proposed rules replace the old rules, set the standards mentioned in the above paragraph, and provide the needed specificity to assure that the commissioner administers the CHS subsidy in a responsible and fair way. The rules were developed with extensive community health board involvement to ensure a broad consensus with affected parties. The rules are also intended to ensure that the community health plan reflects the health needs of the community; that the community health board has provided an opportunity for interested parties to provide input into the identification and prioritization of community health problems; and that there is public accountability for the development of community health services.

B. Specific Statement of Need and Reasonableness by Part and Subpart

The part-by-part justification which follows further provides a basis for a determination of need and reasonableness of the proposed rules.

4736.0010 (DEFINITIONS)
This Part provides the definitions for this rule. The definitions are necessary to assure consistency and clarify the specific meaning of the terminology used in the rule. The definitions are known to be reasonable because many of them are found in the Local Public Health Act and have been in use since the passage of the Community Health Services Act in 1976 without any problems or questions having been raised about them. The definitions that are not found in the Act are reasonable because of their prior use and acceptance in the commissioner's instructions to community health boards.

4736.0010, Subpart 1 defines the scope of the definitions and clarifies that the definitions pertain to the terms used within the rule.

4736.0010, Subpart 2 defines the term "activities" to facilitate a better understanding of the term within the rule. The definition is necessary because the term "activity" has both specific and general meaning in various contexts in the field of public health. This definition clarifies that the term is limited by the scope of "program categories" defined in subpart 10 of this part.

4736.0010, Subpart 3 defines the term "commissioner." This definition is adopted from the statutory definition and amended to include, "or the commissioner's designees." This definition is necessary to remove any ambiguity about the commissioner's ability to authorize other persons to act on her behalf. It is reasonable because the complexity of the commissioner's duties require that more than one person act as the commissioner's agent.

4736.0010, Subpart 4 defines the term "community health board" and adopts the definition found in Minn. Stat. 145A.02 Subd. 5.

4736.0010, Subpart 5 defines the term "community health plan." This definition is necessary to make clear that the term as used in these rules refer to the specific document described in Minn. Stat. 145A.10 and Part 4736.0030. The reasonableness of the required contents of the "community health plan" are described later in this document.

4736.0010, Subpart 6 defines the term "community health services" and adopts the definition found in Minn. Stat. 145A.02 Subd. 6.

4736.0010, Subpart 7 defines the term "fiscal year." This definition is necessary to remove any ambiguity about the meaning of the term in the rule. This term is potentially confusing because community health boards administer local, state, and federal funds, all of which operate on different fiscal years. It is reasonable because all community health boards, historically and by agreement, use a calendar fiscal year.

4736.0010, Subpart 8 defines the term "local match." This definition summarizes and references the definition found in Minn. Stat. 145A.13, Subd. 2.

4736.0010, Subpart 9 defines the term "plan." This definition clarifies that the term "plan" and "community health plan" are used interchangeably in the rule. This is needed to remove any ambiguity on this point. It is reasonable because referring to the "community health plan" as the "plan" simplifies the language in the rule, and no other plans are relevant to this rule.

4736.0010, Subpart 10 defines the "program categories" of community health services. This definition adopts the definitions found in Minn. Stat. 145A.02, Subds. 9-14.

4736.0010, Subpart 11 defines the term "public health nurse." This definition was taken from Minn. Stat. 145A.02, Subd. 18.

4736.0010, Subpart 12 defines the term "special project grant." This definition is necessary because a distinction must be made between block grants such as the CHS subsidy and categorical grants, which are grants that have specific programmatic purposes and which are provided by the commissioner to community health boards on a contractual basis. The definition is reasonable because it is commonly accepted and used by the commissioner and community health boards for many years.

4736.0010, Subparts 13 and 14 define the terms "terminate funding" and "withhold funding." The need and reasonableness of these definitions are presented in the portion of this document that describes the commissioner's "Authority to Affect the CHS Subsidy," Part 4736.0120.

4736.0020 (PURPOSE OF RULES)
This Part describes the general purpose, scope and applicability of the rules to include planning, reporting, and personnel standards for the distribution of the community health subsidy. The part also states that the rule establishes planning and reporting standards for the distribution of Indian Health grants. The scope of the rule, as described, is entirely consistent with the rule-making authority granted in statute.

4736.0030 (CONTENT AND APPROVAL OF COMMUNITY HEALTH PLAN)
This Part covers the content and approval process for community health plans which are a basic eligibility requirement for community health boards to receive the CHS subsidy.

4736.0030, Subpart 1 establishes the general requirements for community health boards in developing four-year community health plans. The subpart specifies the obligations of community health boards and the commissioner in terms of time requirements and format for the plans. A community health plan is a statutory requirement for community health boards to be eligible for the community health services subsidy. The community health plans describe the process used to identify and establish priority community health problems, and describe interventions selected to address those problems. This subpart on general requirements is necessary because community health boards will need to know: (1) in what years the plans will be due; (2) the period of time

which those plans must address (four years); (3) what forms and instructions will govern the development and format of those plans and when community health boards can expect them from the commissioner; and (4) when the community health plans are due at the commissioner's office. The rules for the Community Health Services Act, which govern the submission of community health plans (4700.0800, proposed for repeal), require submission of plans every year. This subpart changes those requirements to every four years. This more generous time frame recognizes that: (1) community health problems do not change very rapidly, and (2) developing a comprehensive community health plan with full community participation is a time-consuming task.

Even though the rules will be adopted later than originally anticipated, the dates and general time frame defined in this subpart can remain as described here because they have been followed by community health boards since the passage of the Local Public Health Act (Minn. Statutes, Section 145A.10, Subd. 5), and it would be easiest for both community health boards and the commissioner to adhere to this established schedule of planning cycles and due dates.

4736.0030, Subpart 2 describes the requirements for assuring community participation in identifying and prioritizing community health problems, and in reviewing the proposed community health plan. Community participation is necessary to ensure that the community health plan reflects the health needs of the community; that the community health board has provided an opportunity for interested parties to provide input into the identification and prioritization of community health problems; and that there is public accountability for the development of community health services. This subpart is also reasonable because nearly identical requirements are contained in Minn. Rules 4700.1800, which currently govern the process for assuring and documenting community input, and have become established practice for community health boards.

4736.0030, Subpart 2. A contains a requirement that the process used for assessing the health status of the populations for which the community health board is responsible is documented in a narrative summary. This narrative describes the methods used for analyzing health-related data and obtaining community input. It is reasonable because the requirement allows the commissioner to monitor documentation that the community health board has fulfilled its statutory obligation to "provide for the assessment of community health status" (Minn. Stat. 145A.10, Subd. 5). The language for this subpart is based on the requirement contained in the Local Public Health Act (Minn. Stat. 145A.10, Subd.5(2). It is also reasonable in that the subpart does not specify which methods may be used or require specific forms and instructions for the development of the narrative but does require an affirmative showing that a community health assessment was conducted.

4736.0030, Subpart 2. B contains a requirement that the process used to encourage full community participation be documented in a narrative summary. Community participation is necessary to ensure that the community health plan reflects the health needs of the community, that the community health board has provided an opportunity for interested parties to provide input into the identification and prioritization of community health problems, and that there is public accountability for the development of community health services. This subpart is reasonable because the requirement allows the commissioner to determine whether the community health board has fulfilled its statutory obligation to "provide for the assessment of community health status and encourage full community participation in the development of the proposed community health plan" (Minn. Stat. 145A.10, Subd. 5(2)). It is also reasonable in that the subpart

does not require specific forms and instructions for the development of the narrative.

4736.0030, Subpart 2. B. (1) & (2) contains two methods for assuring community participation which are required of all community health boards in developing proposed community health plans.

Subpart 2. B. (1) contains a requirement that interested members within the community be notified that the community health board is initiating the development of a new community health plan. The subpart specifies certain categories of "interested persons" who must be notified (because of their likely interest in the planning process or the possibility that the activities ultimately contained in the plan would in some way affect them) but it does not limit notice to those groups. It further specifies the minimum procedures required to carry out the notification. The requirement is reasonable because it is consistent with established practice for public notification procedure and because it does not specify requirements in addition to those required by Minn. Rules 4700.1800, Subpart. 1 (proposed for repeal).

Subpart 2. B. (2) contains requirements for holding a public meeting at which interested persons can comment on the proposed community health plan. This assures that an adequately publicized opportunity for public comment exists, with adequate time for interested parties to review the proposed plan, and that the plan is made available for public review at a designated and publicized location. The public comments are obtained prior to community health board approval of the proposed community health plan. The requirements are reasonable because they are consistent with established practice for public comment procedure and because they specify fewer requirements than those contained in Minn. Rules 4700.1800, Subpart. 1 (proposed for repeal).

4736.0030, Subpart 3 contains requirements for community health boards to document their compliance with certain applicable federal and state laws. These requirements assure the commissioner that funds are going only to community health boards that are in compliance with those state and federal laws which pertain to the administration of funds. The documentation occurs as part of submitting the community health plan to the commissioner for approval, and the specific applicable laws are contained in the Assurances and Agreements of the community health plan cover forms. The federal laws and state laws are not specified in rule because laws change too frequently to reasonably do that. The requirements are reasonable because assuring such compliance is a fundamental obligation of the commissioner in administering state and federal funds, particularly to ensure that the community health services subsidy goes only to eligible community health boards. These requirements use the same standard as those found in Minn. Rules 4700.0800 (proposed for repeal).

4736.0030, Subpart 3. A contains the specific minimum requirements for community health boards to document their compliance with M. S. 145A.09–.10 and 145A.13, Subd. 2 and other state and federal laws which pertain to the administration of funds. The minimum requirements are that the community health board document its approval of the plan, its legal status as a community health board, its compliance with applicable statute and rules, the process it used for obtaining community participation in the development of the proposed community health plan, and that the administrator for the community health board has met the personnel standards specified in 4736.0110. These requirements are needed for the commissioner to verify that the community health board is in compliance with state and federal laws. These requirements are all contained in the cover forms which accompany a community health plan when submitted to the commissioner. The requirements are reasonable in that they ask only for the

documentation of a community health board's compliance as part of submitting its community health plan to the commissioner for approval. The specific requirements with which they must comply are contained and explained elsewhere in these rules.

4736.0030, Subpart 3. B contains the requirements for budget approval by county boards of commissioners and submission of the approved budget to the commissioner of health. This is needed because county boards and community health boards need to know when budgets must be approved and submitted to the commissioner, and in what format the budgets should be developed. By having community health boards submit budgets, the commissioner can verify both that the financial resources have been committed to meet the objectives of the community health plan (4736.0030, Subpart. 4. C. (2)), and also that the community health board has budgeted an adequate amount to meet the local match requirement to the community health services subsidy required in Minn. Statute 145A.13, Subd. 2. The requirements are reasonable in that the budget approval process is for only one year at a time; the remaining budgets submitted as part of the plan are projected budgets which do not require approval until October 31 of the year in which they are prepared. The format for budgets is specified in 4736.0090, Subpart 3 under reporting standards, which allows community health boards to both develop budgets and report expenditures using identical formats.

4736.0030, Subpart 4 includes provisions which govern the community health services planning process. The provisions specify basic components of a community health plan, including assessing community health status, identifying and prioritizing community health problems, and selecting and describing interventions to address those problems. The provisions are necessary so that community health boards have more guidance than is provided in Minn. Stat. 145A.10, Subd. 5 as to the content and format of a community health plan. The provisions are reasonable in that they represent the same standard as used under Minn. Rules 4700.0800 (proposed for repeal), provide general guidance as to the basic components of a community health plan, and were developed jointly by representatives of community health boards and the commissioner.

4736.0030, Subpart 4. A provides requirements for a community health plan which supplement those requirements specified in Minn. Stat. 145A.10. Subd. 5. These requirements pertain to those health problems which were identified as part of the community assessment process governed under 4736.0030, Subpart. 4 and which were established as priorities for inclusion into the proposed community health plan. This subpart specifies that six basic components must be included for each of the problems listed in the plan. The provisions of this subpart are necessary because community health boards request general guidance in developing community health plans based on locally determined health problems. The basic components also assure that each community health plan is developed according to sound and established principles of human service planning, and that progress towards resolving the community health problems can be measured and reported to the community. The provisions are reasonable in that they represent established practice in human service planning, and they adhere to the same standard used in Minn. Rules 4700.0800 (proposed for repeal). The provision allows community health boards autonomy in how health problems are addressed, and in the actual content and format of the goals, objectives, interventions, evaluation methods, and requests for technical assistance.

4736.0030, Subpart 4. B contains public health principles which can be used by community health boards in identifying community health problems, and developing goals, objectives, and intervention methods. The principles can assist a board in developing its plan by highlighting the unique characteristics of public health

interventions and practice. The principles contained in this subpart are necessary because community health boards have requested such guidance from Department field consultants in developing past community health plans, and the Administrative Rules Subcommittee of SCHSAC which drafted these proposed rules specifically requested the inclusion of these principles. This subpart is reasonable because the principles are not required to be followed but are provided as an optional resource to community health boards as they develop their plans. The principles do not introduce new standards or requirements for community health boards and are also widely accepted in the national and international public health communities.

4736.0030, Subpart 4. C contains provisions for specified standards which the community health plan must meet. These standards assure that: community input was considered in identifying community health problems; that the selected intervention methods are consistent with the board's budget, staff, and other resource allocations; that targeted efforts to address specific problems or populations are documented; that the evaluation methods are consistent with the goals, objectives, and intervention methods contained in the plan; that the administrator for the community health board meets the personnel requirement established in these rules; that the intervention methods are consistent with applicable rules and guidelines and with any delegation agreements the community health board has with the commissioner; and that other community resources, programs, and services have been identified and coordinated with where appropriate. Because these provisions are distinct requirements, they will be addressed separately below.

4736.0030, Subpart 4. C. (1) requires community health boards to document that they considered the results of the community assessment in identifying and prioritizing community health problems. This provision allows the commissioner to verify that the community assessment was a genuine effort to involve the community in identifying its health problems pursuant to Minn. Stat. 145A.10, Subd. 5 (2). It is reasonable in that community health boards need only document how the community assessment results were considered. The specific methods used to assess the community, and the specific problems identified, and the methods selected to address them are all at the discretion of the community health boards and not subject to approval by the commissioner. The Department also provides regular technical assistance on community assessment techniques to community health board staff.

4736.0030, Subpart 4. C. (2) The commissioner has the statutory obligation to review community health plans pursuant to Minn. Stat. 145A.12, Subd. 4. This subpart states that the intervention methods listed in the plan must be consistent with the resources the community health board can commit to carrying them out. This is necessary for the commissioner to assure that the plan is a reasonable and realistic effort to guide the activities of the board in addressing community health problems and not simply a document that fulfills a statutory requirement. It is reasonable in that any organization must have the staff, budgetary, and other resources to carry out its planned activities.

4736.0030, Subpart 4. C. (3) states that a community health plan must show that the objectives and intervention methods contained in the plan are targeted to specific community health problems and/or specific populations within the community. This provision is needed because community health boards have a statutory obligation under 145A.10, Subd. 5 to develop a plan which "meets the priority needs of the community health services area" and provides "a description of and rationale for the method the community health board plans to use to address each identified community health goal

and objective." The requirement is reasonable in that it is fundamental to any organization that resolving selected problems require that the goals, objectives and intervention methods actually address those problems in a meaningful way. The provision requires what a community health board should do anyway—namely, assure itself that the efforts documented in the plan will, to the extent known, actually act to ameliorate community health problems and improve the health status of the populations for whom it is responsible.

4736.0030, Subpart 4. C. (4) contains a provision that the evaluation methods contained in the community health plan are consistent with the goals, objectives, and intervention methods to which they relate. This is needed and reasonable in that evaluation methods are used to measure progress towards achieving goals and resolving community health problems. If the evaluation methods do not match the objectives and intervention methods— both of which are stated in measurable terms—then progress cannot be measured and the community health board will lack information it needs to effectively target its resources.

4736.0030, Subpart 4. C. (5) requires the community health plan to document that all community health services administrators hired after these rules are promulgated have met the minimum standards for training, experience, and skill specified in Part 4736.0110. This provision is needed to assure competence in administration and planning in community health services. It is reasonable because Minn. Stat. 145A.12, Subd. 2 authorizes the commissioner to "adopt rules to set standards for administrative and program personnel...." These minimum standards were developed jointly by a subcommittee of the SCHSAC (which represents each community health board in the state) and Department of Health staff. It is also reasonable in that minimum standards are set for only community health services administrators and not for any other administrative or program staff of community health boards.

4736.0030, Subpart 4. C. (6) requires that the provision and coordination of services designed to support the six program categories of community health services defined in 4736.0010, Subpart 10 are consistent with: current scientific knowledge of the efficacy of selected activities; the program category definitions contained in 4736.0010, Subp. 10; guidelines approved by the commissioner for use by community health boards in developing programs; and any delegation of authority agreement which a community health board has voluntarily signed with the commissioner. This is needed because Minn. Stat. 145A.10, Subpart 5 (5) states that the community health plan must provide "a description of...how each program category defined in section 145A.02 and any agreements entered into under section 145A.07 will be implemented to achieve..." the goals and objectives contained in the plan. The "current scientific knowledge" standard is needed because public health interventions must be grounded in research which demonstrates the efficacy of those interventions. To carry out interventions without knowledge of their ability to actually reduce the community health problem being addressed is not a sound or defensible means of allocating public resources.

This provision is reasonable in that it represents a statutory requirement of community health boards, does not bind community health boards to any rules, guidelines, and delegation agreements (see preceding paragraph) which they have not already voluntarily obligated themselves to, and represents sound public health practice.

4736.0030, Subpart 4, C. (7) requires that other community resources and services have been identified and attempts have been made to coordinate the services with the plan. This subpart is needed to carry out the statutory definition of community health services; namely, "to protect and promote the health of the general population ...through

the promotion of effective coordination and use of community resources, and by extending health services into the community" (Minn. Stat. 145A.02, Subd. 6). The provision is reasonable in that identifying community resources is a standard component of a community needs assessment, used in identifying gaps in services and areas where coordination is needed. It is also reasonable in that the rule only requires that coordination be attempted and only where the community resources and services relate to specific activities in the plan. This acknowledges the reality that coordination cannot be mandated and is not always needed or desirable. The discretion to decide in which areas coordination is appropriate remains with the community health board.

4736.0030, Subpart 5 requires community health boards to make a summary of the approved community health plan available upon request to interested individuals, and to make a copy of the complete plan available for public review at a designated location. This provision is necessary to assure that the community health boards and the plans remain publicly accountable and sensitive to community needs. The provision is reasonable in that it only requires a board to have copies available to persons interested in reviewing the plan, and does not require that copies be sent to specified persons regardless of their interest.

4736.0040 (PLAN UPDATE)

4736.0040, Subpart 1 establishes the general requirements for community health boards in developing the community health plan updates. The plan update is a mid-course review and revision of the plan's goals, objectives, and methods and occurs after the second year of the four-year plans. The subpart specifies the obligations of community health boards and the commissioner in terms of time requirements and format for the plan updates. A plan update is a statutory requirement for community health boards to be eligible for the community health services subsidy. This subpart on general requirements is necessary because community health boards will need to know: (1) in what years the plan updates will be due; (2) the period of time which those plan updates must address (the third and fourth years of the 4-year plans (see part 4736.0030, subpart 1)); (3) what forms and instructions will govern the development and format of those plan updates and when community health boards can expect them from the commissioner; and (4) when the plan updates are due at the commissioner's office. It is reasonable in that it requires only basic information from community health boards to fulfill a statutory requirement. The plan updates are a significant departure from current requirements for community health plans which require a new and complete plan every year (Minn. Rules 4700.0800, proposed for repeal).

4736.0040, Subpart 2 This subpart specifies requirements for community participation in developing the plan update. The provisions are identical to 4736.0030, Subpart 2 which governs requirements for the complete plan, except that this subpart requires a narrative summary of the plan update process, instead of a narrative summary of the community assessment process. Because these requirements match those of Part 4736.0030, subpart 2, the justification provided under Part 4730.0030, subpart 2 apply with equal validity here.

4736.0040, Subpart 3 This subpart is identical to 4736.0030, Subpart 3, except that the plan update must document only changes to those items used to document administrative compliance with federal and state laws pertaining to the administration of funds. The justification is the same as for Part 4730.0030, Subpart 3.

4736.0040, Subpart 4 includes provisions for how community health boards must document changes to the previous community health plan. The changes may be in the community health problems being addressed or the interventions selected to address the problems. These provisions are needed so that community health boards know what the commissioner is requiring for the plan update pursuant to section 145A.12, Subd. 3. These provisions are reasonable in that: they require only updates to the information contained in the previous plan; information which has not changed need only be referenced to the original plan; the provisions represent a lesser standard than was used in Minn. Rules 4700.0800 (proposed for repeal); and the provisions were developed jointly by a subcommittee of the State Community Health Advisory Committee and the commissioner.

4736.0040, Subpart 4. A. (1) is based upon 4636.0030, Subpart 4. A. (1) through (5) in that this provision refers to changes in the priority problems established in the original community health plan. The same justification for need and reasonableness also applies here.

4736.0040, Subpart 4. A. (2) is based upon 4736.0030, Subpart 4. A. (2) through (5) in that this provision refers to changes in the goals established in the original community health plan. The same justification for need and reasonableness also applies here.

4736.0040, Subpart 4. A. (3) is based upon 4736.0030, Subparts 4. A. (3) through (5) in that this provision refers to changes in objectives established in the original community health plan. The same justification for need and reasonableness also applies here.

4736.0040, Subpart 4. A. (4) is identical to 4736.0030, Subpart 4. (6) except that it refers to changes in the requests for administrative and program support established in the original plan. The same justification for need and reasonableness also applies here.

4736.0040, Subpart 4. B asks for a summary of changes in problems statements, goals, or objectives which have come about because of the board's experience in implementing prior plans. This provision is needed so that boards can build on their experience in implementing public health programs and modify those programs to more effectively target their resources. It is reasonable because the commissioner must know on what basis changes to the plans are being made. Moreover, the provision only asks for a summary of the changes.

4736.0040, Subpart 4. C contains provisions for specific standards which the community health plan update must meet. These standards are identical to those used in developing the full plan (Part 4736.0030, subpart 4.C). It is important to maintain these standards in the plan update because the update builds on the full plan. These standards assure that: community input was considered in changing, adding, or deleting community health problems contained in the full plan; that the selected intervention methods are consistent with the board's budget, staff, and other resource allocations; that targeted efforts to address specific problems or population are documented; that the evaluation methods are consistent with the goals, objectives, and intervention methods contained in the plan; that the administrator for the community health board meets the personnel requirement established in these rules; that the intervention methods are consistent with applicable rules and guidelines and with any delegation agreements the

community health board has with the commissioner; and that other community resources, programs, and services have been identified and coordinated with when appropriate. Because these provisions are distinct requirements, they will be addressed separately below.

4736.0040, Subpart 4. C. (1) requires community health boards to document that they considered the results of the community assessment in updating the community health problems being addressed. This provision allows the commissioner to verify that the community assessment was considered in reviewing and optionally changing the health problems being addressed. It is reasonable in that community health boards need only document how the community assessment results were considered. The specific methods used to assess the community and the specific problems and/or methods updated are all at the discretion of the community health boards and not subject to approval by the commissioner. The Department also provides regular technical assistance on community assessment techniques to community health board staff.

4736.0040, Subpart 4. C. (2) The commissioner has the statutory obligation to review community health plan updates pursuant to Minn. Stat. 145A.12, Subd. 4. This subpart states that the intervention methods listed in the plan update must be consistent with the resources the community health board can commit to carrying them out. This requirement is necessary for the commissioner to assure that the plan update is a reasonable and realistic effort to guide the activities of the board in addressing community health problems, and not simply a document that fulfills a statutory requirement. It is reasonable in that any organization must have the staff, budgetary, and other resources to carry out its planned activities.

4736.0040, Subpart 4. C. (3) states that a plan update must show that the objectives and intervention methods contained in the plan update are targeted to specific community health problems and/or specific populations within the community. This provision is needed because community health boards have a statutory obligation under 145A.10, Subd. 5 to develop a plan which "meets the priority needs of the community health services area" provides "a description of and rationale for the method the community health board plans to use to address each identified community health goal and objective." It is reasonable in that it is a fundamental requirement for any organization that resolving selected problems requires that the goals, objectives and intervention methods actually address those problems in a meaningful way. The provision requires what a community health board should do anyway-namely, assure itself that the efforts documented in the plan update will, to the extent known, actually act to ameliorate community health problems and improve the health status of the populations for whom it is responsible.

4736.0040, Subpart 4. C. (4) contains a provision that the evaluation methods contained in the plan update are consistent with the goals, objectives, and intervention methods to which they relate. This is needed and reasonable in that evaluation methods are used to measure progress towards achieving goals and resolving community health problems. If the evaluation methods do not match the objectives and intervention methods—both of which are stated in measurable terms—then progress cannot be measured and the community health board will lack information it needs to effectively target its resources.

4736.0040, Subpart 4. C. (5) requires the plan update to document that all community health services administrators hired after these rules are promulgated have met the minimum standards for training, experience, and skill specified in Part 4736.0110.

This provision is needed to assure competence in administration and planning in community health services. It is reasonable because Minn. Stat. 145A.12, Subd. 2 authorizes the commissioner to "adopt rules to set standards for administrative and program personnel..." These minimum standards were developed jointly by a subcommittee of the SCHSAC (which represents each community health board in the state) and Department of Health staff. It is also reasonable in that minimum standards are set for only community health services administrators and not for any other administrative or program staff of community health boards.

4736.0040, Subpart 4. C. (6) requires that the provision and coordination of services designed to support the six program categories of community health services defined in 4736.0010, Subpart 10 are consistent with: current scientific knowledge of the efficacy of selected activities; the program category definitions contained in 4736.0010, Subp. 10; guidelines approved by the commissioner for use by community health boards in developing programs; and any delegation agreement which a community health board has voluntarily signed with the commissioner. This is needed because Minn. Stat. 145A.10, Subpart 5 (5) states that the community health plan must provide "a description of...how each program category defined in section 145A.02 and any agreements entered into under section 145A.07 will be implemented to achieve..." the goals and objectives contained in the plan update. The "current scientific knowledge" standard is needed because public health interventions must be grounded in research which demonstrates the efficacy of those interventions. To carry out interventions without knowledge of their ability to actually reduce the community health problem being addressed is not a sound or defensible means of allocating public resources.

This provision is reasonable in that it represents a statutory requirement of community health boards, does not bind community health boards to any rules, guidelines, and delegation agreements which they have not already voluntarily obligated themselves to, and represents sound public health practice.

4736.0040, Subpart 4. C. (7) is identical to 4736.0030, Subpart 4. C. (7) except that it pertains to the plan update. The same justification for need and reasonableness also apply here.

4736.0040, Subpart 5 requires community health boards to make a summary of the approved community health plan update available upon request to interested individuals, and to make a copy of the complete plan update available for public review at a designated location. This provision is necessary to assure that community health boards and the plan updates remain sensitive to community needs. The provision is reasonable in that it only requires a board to have copies available to persons interested in reviewing the plan update, and does not require that copies be sent to specified persons regardless of their interest.

4736.0050 (REVIEW OF COMMUNITY HEALTH PLAN OR PLAN UPDATE)

This Part governs the plan and plan update review process conducted by the commissioner to determine eligibility to receive the CHS subsidy. This Part states that the commissioner shall review a community health board's plan or plan update for the purpose of determining the board's eligibility to receive the subsidy. This provision is necessary to clarify the specific purpose of, and the criteria used in, the commissioner's review of the plan. Without this provision, there would be no method for assuring that the subsidy is being administered legally. The specific requirements with which the

board must comply are contained in the discussion of Part 4630.0030 and Part 4736.0040 of this document. It is also reasonable because the commissioner has the statutory obligation to review community health plans pursuant to Minn. Statute, Section 145A.10, Subd. 4.

4736.0060 (NOTIFICATION OF DECISION)

4736.0060, Subpart 1 requires that the commissioner, after reviewing a community health board's plan or plan update, either approve the plan if it meets all criteria as stated in Part 4736.0050, Subpart 2, or refer the plan back to the community health board. This provision assures that the commissioner will conduct a formal review of the plan or plan update and formally respond to the board in writing. Without this provision, the board would not know of the disposition of the plan for subsidy funding.

4736.0060, Subpart 2 gives the commissioner specific authority to respond to a plan or plan update that is found to be not eligible for subsidy funding. It also assures that the board will be notified in writing as to the specific concerns of the commissioner so that the board may take corrective action. This is a reasonable provision in that it provides for remedial action; not simple denial. Minn. Statutes 145A.12, Subd. 4 requires the commissioner to complete this review within sixty days.

4736.0060, Subpart 2, A provides timelines for resubmission of a plan or plan update, and for review by the commissioner, after a community health board has received comments and instructions as stated in Part 4736.0060, Subpart 2. It also describes the ramifications of noncompliance, consistent with Part 4736.0120. The deadlines are necessary for continuity in processing community health board plans and for establishing a reasonable end date to the negotiations. The deadlines are reasonable in that they provide the community health board more time than they provide the commissioner. This is in recognition of the fact that a board convenes on a periodic basis and the commissioner is a full-time employee of the state. The end dates are reasonable because further negotiations would likely extend into the period for which the funding is intended. The review procedure cannot be endless. At some point the process must be completed and the board must have a decision. Agreement was reached on the timelines through discussions with the subcommittee that assisted in the development of the rule and in the presentation of the draft rule to the SCHSAC.

4736.0060, Subpart 2, B provides that if the actions required of a community health board would otherwise constitute a revision to the plan, then the board must comply with the part of the rule which relates to plan revision (4736.0080) and withholding and termination of subsidy (4736.0120).

4736.0070 (REVIEW OF COMMUNITY HEALTH PLAN FOR ADMINISTRATIVE AND PROGRAM SUPPORT)

This Part states that the commissioner also review the plan and plan update for the purpose of determining how the commissioner can support and coordinate the planned activities of community health boards. This provision is necessary to clarify how the commissioner fulfills Minn. Stat. 145A.12, Subd. 1. It is reasonable because it is consistent with the historical practices of the commissioner and places no additional responsibility on community health boards.

4736.0080 (REVISIONS)

This Part provides instructions for when and how a community health plan, a plan update, or annual budget is revised. The scope of this rule, as described below, is entirely consistent with the rule-making authority granted in Minnesota Statutes, Section 145.10, Subdivision 6, and Section 145A.12, Subdivisions 3 and 4, and was developed in consultation with the SCHSAC. All references to "plans" in this Part include plan updates as described in 4736.0040.

4736.0080, Subpart 1 contains the general instruction that revisions to plans or budgets must follow the procedures established in this part. This subpart is consistent with the rule-making authority granted to the commissioner.

4736.0080, Subpart 2 specifies under what conditions a plan must be revised. It requires a revision when there has been a "substantial change" to the plan or budget, and then defines such a change and its possible causes. This subpart is needed so that community health boards know under what specific conditions their plans must be revised and the revision approved by the commissioner. Subpart 2. A - D provides specific and concrete standards when a plan or budget revision is required. The standards are clear, not subject to divergent interpretation, and were developed through a subcommittee of the State CHS Advisory Committee based on their experience of working with a similar provision in the current rules. The standards are conditions which represent major changes to how approved expenditures and activities are being allocated and carried out, usually because a problem or objective is no longer being addressed as originally approved by the community health board and the commissioner. Exceptions to these requirements also exist and are specified in Part 4736.0080, Subpart 3 below.

4736.0080, Subpart 3 contains conditions under which a community health board would not be required to revise a community health plan. Subpart 3. A - E include specific circumstances which would lead to a change in planned activities and budgets—three which result from initiatives on the part of the commissioner and two because of new grants or gifts from sources other than the commissioner.

The exceptions contained in this subpart are needed so that community health boards are not required to complete a plan and budget revision process for every change in their plans, regardless of the reason. The exceptions allow boards to adopt new initiatives and funding sources, or to refocus their activities and expenditures, without reducing their commitment to addressing community health problems and to carrying out the community health plan. Because the universe of problems potentially faced by a community health board cannot be anticipated, both the Department and the State CHS Advisory Committee agreed that some flexibility was needed. Item F allows for "modifications" which are not considered by the commissioner to be substantial because they are consistent with the approved plan. For example, during the development of this provision, it was agreed that a specially trained staff person may take months to replace even with aggressive recruitment efforts. When such an occurrence is unanticipated, and the board is making every reasonable attempt to fill the position, the commissioner may consider the situation as not constituting substantial change and would not have to require revision.

This subpart is reasonable in that the exceptions are specific, do not force community health boards into revisions because of actions by the commissioner unrelated to the subsidy, and acknowledge how new and diverse funding sources can

affect plans and budgets.

4736.0080, Subparts 4. (A) and (B) contains specific instructions for revising a plan. Subpart 4. A addresses when community health boards initiate the revision process, and Subpart 4. B when the commissioner initiates the process. Both A and B are needed because there may be instances when a community health board does not acknowledge substantial changes in the implementation of its plan and/or budget, and in which the commissioner may then be compelled to notify the board that a revision is required.

4736.0080, Subpart 4. (A) specifies how a community health board initiates the plan revision process. The process used is based on the requirements for the plan and budget update (4736.0040, Subparts 2 through 5), which represents reduced documentation requirements compared to developing a full plan and budget. This subpart is needed because community health boards need to know what process to use in revising a plan and budget. The provision is reasonable in that the board has 120 days after determining that substantial change has occurred to complete the revision in order to meet its public notice and hearing requirements. The process is also consistent with procedures used for the plan and budget updates performed every four years, so the revision process does not impose new procedural requirements but simply mirrors the planning procedures.

4736.0080, Subpart 4. (B) allows the commissioner to notify a board that a substantial change has occurred in its plan or budget. The provisions specify the timelines between the commissioner's notification, the board's compliance with the revision process, and the commissioner's response to the revision. The provisions are needed: (1) so that the commissioner has recourse if a community health board fails to implement its approved community health plan; (2) so both the commissioner and the community health board know what action is required of them; and (3) so both the commissioner and the community health board have specific timelines for meeting their obligations. These requirements are reasonable in that the commissioner has the responsibility to assure that subsidy funds are being allocated based on activities approved in the community health plan. A significant departure from that approved course of action which is not acknowledged by the community health board requires action on the part of the commissioner to assure accountability of the subsidy and other funds. The time allowed for remedial action is adequate, with a provision for referring the unapproved revision back to the board for corrective action. There is also a provision for automatic approval if the commissioner fails to act within 35 days after the board responds by submitting its revisions. Lastly, this subpart was developed and approved as a reasonable process by the SCHSAC.

4736.0090 (REPORTING STANDARDS)

This Part describes the reporting requirements for community health boards as part of their eligibility to receive the community health services subsidy. The requirements cover reports on the activities and expenditures of community health boards, and also report son data and activities which are part of special or evaluation projects which may be requested by the commissioner. The scope of the rule, as described below, is consistent with the rule-making authority granted in statute (Minn. Stat. 145A.10, Subd. 8, and 145A.12.12, Subd. 5).

4736.0090, Subpart 1 establishes the general requirements for community health boards

to submit annual activity and expenditure reports to the commissioner. The provision requires that community health boards submit the data on forms provided by the commissioner, and that the data be submitted separately for each county in a multi-county community health board and for each city that is receiving the community health services subsidy. This subpart is necessary because community health boards need to know the general requirements for fulfilling their statutory obligation to report activities and expenditures. The provisions are reasonable in that they are entirely consistent with statute, recognize that in many multi-county community health boards the activities and expenditures are under the control of individual counties, and allow the commissioner to assess how subsidy, local match, and other dollars are being spent to deliver community health services.

4736.0090, Subpart 2 contains requirements for submitting activity reports. The provisions specify the due date, and define which activities are considered to be reportable. This subpart is necessary because community health boards need to know the specific requirements for fulfilling their statutory obligation to report activities which are contained in a community health plan or community health plan revision. The provisions are reasonable in that the data is due 3½ months after the end of the community health board's fiscal year, allowing sufficient time for the counties and cities to compile and submit the data, and obtain an authorizing signature from the community health board. The reports are also only due on an annual basis, rather than a more demanding requirement for quarterly or semi-annual reports. The activities defined as reportable are those funded by the community health board and which are included in its approved community health plan or any revision of that plan, including all activities supported by subsidy funds and any local funds eligible to be considered as local matching funds.

4736.0090, Subpart 3 contains provisions for how and when community health boards report expenditure data to the commissioner. Part 4736.0090, Subpart 3. A. specifies requirements for half-year and annual reports for total expenditures by program category, while Subpart 3. B. contains requirements for annual expenditures of local sources of funds used in meeting the local match for the subsidy. This subpart is necessary because community health boards need to know the requirements for fulfilling their statutory obligation to report expenditures. The provisions are reasonable in that they are entirely consistent with statute, and allow the commissioner to verify that subsidy and local match dollars are allocated appropriately.

4736.0090, Subpart 3. (A) specifies the due dates and other requirements for half-year and annual reports of total expenditures by CHS program category. The requirements specify that a board report total expenditures for each of the six CHS program categories by source of funds. Without this provision, community health boards would not know the specific categories for reporting expenditures to the commissioner, which is a statutory requirement. These required reporting categories also mean that every community health board reports in an identical format and the commissioner can summarize the data for the entire state. The requirements are reasonable in that they are clearly defined and discrete funding categories which are easily tracked using currently accepted accounting practices. This also makes it possible for the commissioner to report to "the legislature on the status of community health services" (Minn. Stat. 145A.12 Subd. 6) citing summary data on community health activities and expenditures across the state.

4736.0090, Subpart 3. (B) contains provisions for how community health boards document funds used as local match for the community health services subsidy. The Local Public Health Act requires that for every dollar of subsidy, community health boards must allocate at least one dollar of local match (Minn. Statutes, Section 145A.13, Subd. 2). This local match is one of the reporting categories required by 4736.0090, subpart 3 (A) and is defined in this subpart as local tax levy and a variety of locally generated fees, reimbursements, contracts, grants, and gifts. Boards must report all expenditures by source of funds and CHS program category, not just those funds minimally required to meet the local match requirement. These provisions are needed so that the commissioner can verify that community health boards are meeting the local match required by statute as part of eligibility for the CHS subsidy, and so she can report all local community health expenditures to the Legislature. They are reasonable in that they specify a wide range of possible sources of local, state, and federal revenues which may count as the local match. Each of those sources are clearly defined and discrete funding sources which are easily tracked using currently accepted accounting practices.

4736.0090, Subpart 4 specifies that community health boards may be asked by the commissioner to contribute to special or evaluation reports by submitting data and activity reports. These special or evaluation reports would be part of the commissioner's responsibility to evaluate the "efficiency and effectiveness of community health services" (145A.12, Subd. 5) and could, for example, focus on assessing progress toward achieving a state-wide goal, on the effectiveness of a particular service delivery method, or on general administrative issues. The subpart is needed and reasonable because the commissioner could not properly evaluate community health services without the involvement of community health boards, including the submission of activity and other data reports related to these special evaluation projects. Over the years, community health boards have participated in numerous evaluations of community health services. These evaluations have ranged widely in complexity but have always enjoyed the full cooperation of the boards involved.

Part 4736.0100 (INDIAN HEALTH GRANTS)

This Part establishes the general requirement that a community health board that applies for an Indian health grant under Minn. Stat. 145A.14, Subd. 2, must follow the procedures specified in the rule. This part also includes a definition of "American Indians who reside off reservations" (Minn. Stat. 145A.14 Subd. 2 (a)), and specifies the requirements pertinent to this special project grant.

The Indian Health Grants were included in M.S. 145A because the legislature recognized that even though a community health board has the responsibility to conduct comprehensive health planning for the entire population within its jurisdiction, American Indians living off the reservation represented a special population with unique health needs. This special project grant enables funding to target the health needs of this population without requiring the community health board to conduct separate health planning to meet those needs.

To qualify for a grant under this subdivision, the community health plan submitted by the community health board must contain a proposal for the delivery of the services and documentation that representatives of the Indian community affected by the plan were involved in its development (Minn. Statutes, Section 145A.14, Subd. 2 (b)). It

is therefore necessary and reasonable to require that a board applying for the Indian health grant follow the same procedural requirements to encourage full community participation as are required for the community health plan and plan update. It is also necessary and reasonable that the board follow the same process as that established for the community health plan and plan update in its efforts to assess the needs of the community, establish priorities, and plan for the delivery of services.

The statute defines the Indian health grant as a "special project grant." It is therefore necessary and reasonable to require that the activities and expenditures related to these grants be treated by community health boards as special project grants for reporting purposes (4736.0090 to 4736.0100). Any reporting requirements specific to Indian health grants will be made part of the contract requirements of the grant. It is reasonable that the board report on this contract activity in a manner similar to the way it reports any other contract activity. SCHSAC, in advising the Department during the development of the rule, requested these grants be administered in this fashion.

4736.0110 (PERSONNEL STANDARDS)

This Part establishes minimum standards for training, experience, and skill for the community health services administrator under Minnesota Statutes, Sections 145A.09 to 145A.13. It also specifies under what conditions a person would not be required to meet the training and experience standards for community health services administrator.

This part of the rule was discussed on several occasions by the subcommittee of the full SCHSAC that developed the draft rule, it was specifically discussed by the SCHSAC on two separate occasions, and the Department received written comment on this portion of the rule.

The Department's discussions with the State CHS Advisory Committee and its Subcommittee reflected three basic issues: (1) concern over the requirements of the CHS Administrator; (2) concern over whether or not personnel standards should be included for "program directors" or persons with supervisory responsibility for the board's program activities as defined by the statute; and (3) debate on whether the rule should include, in particular, a personnel standard for public health nursing director.

With respect to the CHS administrator position, there was general agreement that it would be necessary and reasonable for the rule to include minimum qualification standards for one key staff position—the CHS administrator. The Department received one written comment that suggested that the proposed rule would be controversial unless the "old" rule's provisions for minimum training and experience standards were used (Part 4700.1600, subp. 3). The SCHSAC and its Subcommittee disagreed with this comment. It argued that the increasing complexity of local public health programs justified an increased emphasis on public health experience and academic preparation. In fact, one of the original reasons for developing the proposed rule was the widely held belief that the current rule was insufficient as a personnel standard. The Committee also argued that this rule is particularly supportable given the inclusion of Part 4736.0110, Subp. 2. This subpart reflects the reasonable position that if an individual is currently (that is, prior to the promulgation of these rules) functioning adequately as the community health administrator, no additional changes or requirements would be necessary for that individual after the rules go into effect. Finally, the Subcommittee argued that the rule included three levels of experience and training options for compliance. Recognizing the diverse ways that people learn and acquire skills, and the diversity of programs and services coordinated by community health boards, these

options are both needed and reasonable.

There was also discussion on the question whether the rule should include personnel standards for those persons with supervisory responsibility for the board's program activities. It was determined that specific requirements for each program category would not be necessary in the proposed rule for the following reasons: (1) other statutes and rules define standards for many of the personnel employed by community health boards for the purposes of carrying out the board's program activities; (2) many of the program activities are under the direct supervision of a (county) board of health within the (multi-county) community health board's jurisdiction, rather than under the community health board's direct control; and (3) the commissioner specifies staff skill and training requirements when the commissioner is delegating certain duties to a community health board by agreement. It was further determined that establishing a uniform personnel standard for each program category would be unreasonable, given the tremendous diversity of programs and services delivered by community health boards of various size and geography. Family Health, for example, draws program administrators from at least the following disciplines: physicians, nursing, social work, health education, psychologists and a variety of counselling professions. Ultimately, it was agreed that staff training and experience would be addressed in the specific program guidelines developed by the commissioner. Such guidelines would not levy a requirement on local government, but would provide advice on the kinds of skills and abilities seen as most desirable for the specific kinds of tasks that each program activity might involve. The SCHSAC finished its draft of these guidelines in December, 1991, the commissioner approved the guidelines in the same month, and they were published and distributed in March, 1992.

Lastly, there was considerable debate on whether the rule should include a personnel standard for public health nursing director. Due to the many comments received on this point, several efforts were made to develop a reasonable and enforceable standard for this personnel category. The difficulties encountered included: (1) the inclusion of this category was not contemplated in statute and while "public health nurse" is defined in statute, there is no public health nursing program category in statute; (2) an appropriate reference to another statute or rule was not available; and (3) other definitions were either seen as too general and unenforceable, or as too specific and not related to the unique features of public health nursing in community health. Additionally, the inclusion of such a standard was determined to be unnecessary and unreasonable for the reasons identified in the previous paragraph. The number of difficulties with developing this standard compelled the Department to propose the rule without a training and experience requirement for "public health nursing director."

4736.0120 (WITHHOLDING AND TERMINATING SUBSIDY PAYMENTS)

This Part contains seven subparts which specify under what conditions the commissioner may withhold, terminate, or require reimbursement of CHS subsidy dollars allocated to community health boards.

The issue whether the commissioner has the statutory authority to withhold or terminate subsidy payments is addressed on pages 1 and 2 of this Statement of Need and Reasonableness, under the heading of "Authority to Affect the CHS Subsidy."

4736.0120, Subpart 1 states that the commissioner may withhold, terminate, or require reimbursement of subsidy funds if a community health board fails to substantially

comply with the terms of its approved community health plan, its budget, the requirements specified in 4736.0010 to 4736.0130 (which govern the planning and reporting standards for community health boards), or other applicable rules and statutes. The subpart is needed so that community health boards know under what conditions subsidy payments may be jeopardized. It is also needed so that the commissioner has a sanction that can be employed in cases of non-compliance with statute and rule. The subpart is reasonable in that the commissioner may use this sanction in cases of substantial non-compliance as contained in Subparts 2 through 6 of this part, and also because it is a continuation and update of rules already in effect (Minn. Rules, Part 4700.1500). These provisions are also reasonable in that they were developed by a Subcommittee of the State CHS Advisory Committee and approved by the full Committee as being reasonable provisions.

4736.0120, Subpart 2 (Reimbursement required) describes the two conditions under which the commissioner must require a community health board to reimburse subsidy dollars: (1) the funds are allocated for activities which are not part of one of the six CHS program categories eligible for subsidy funding (see 4736.0010, Subpart 10); or (2) a fiscal audit identifies subsidy expenditures which were not authorized by the commissioner. This subpart is needed so that both community health boards and the commissioner know under what specific conditions reimbursements of subsidy dollars are required of boards, and also so the commissioner has a sanction for violations of rule. Reimbursement as a sanction is reasonable in that it results in the return of unauthorized subsidy expenditures—assuring that subsidy allocations are expended in accordance with statute and rule—but does not pose any additional monetary penalty.

4736.0120, Subpart 3 (Automatic withholding) states that the commissioner must begin to withhold subsidy payments if a community health board does not have an approved community health plan by the start of the fiscal year. Parts 4736.0030 and 4736.0040 specify that plans and plan updates must be approved by the board and submitted to the commissioner by October 31. If the commissioner requires revisions to the plan before approval can be given, a referral and revision process is instituted (Parts 4736.0060, Subpart 2). If this referral and revision process extends past the beginning of the fiscal year (January 1), the commissioner must begin to withhold subsidy payments beginning that date until the plan is approved, or until two referrals have not led to a plan which can be approved (at which time the subsidy payment is terminated [Part 4736.0120, Subpart 4 below]).

This subpart is needed because the commissioner cannot release state subsidy funds under the statute until the community health plan is approved (Minn. Statutes, Section 145A.13, Subd. 3). Both community health boards and the commissioner need a clear understanding of what conditions require automatic withholding of the subsidy. The rule is reasonable in that this sanction pertains only to unapproved plans and plan updates, which are fundamental eligibility requirements for community health boards to receive the subsidy.

4736.0120, Subpart 4 (Failure to comply with referral instructions) pertains to actions (items A and B below) the commissioner must take if a community health board fails to revise its plan or plan update according to the commissioner's instructions, as governed by Part 4736.0060, Subpart 2.

4736.0120, Subpart 4 (A) states that the commissioner must continue to withhold

subsidy funds until the commissioner's instructions for plan revision have been carried out by the community health board. This withholding is authorized in 4736.0120, Subpart 3 above. This item authorizes the continuation of that withholding over the period in which the plan or plan update is not approved. The provision is needed so that subsidy funds are not awarded to boards who are not yet eligible to receive them. It is reasonable in that this sanction pertains only to unapproved plans and plan updates, which are fundamental eligibility requirements for community health boards to receive the subsidy.

4736.0120, Subpart 4 (B) states that if after 60 days, or two referrals back to the board, the plan or plan update is still not approvable, the commissioner shall terminate payment of subsidy funds on a prorated basis. This provision is needed so that subsidy funds are not awarded to boards who are not eligible to receive them. It is reasonable in that adequate time is provided for the board to make the revisions, and also because this sanction pertains only to unapproved plans and plan updates, which are fundamental eligibility requirements for community health boards to receive the subsidy. It is also reasonable in that a community health board may contest the termination (see 4736.0120, Subpart 7 below).

4736.0120, Subpart 5 (Failure to revise a plan or budget) contains provisions that allow the commissioner to withhold or terminate subsidy payments to community health boards who do not formally revise their plans or budgets when there have been substantial changes to those plans or budgets, as governed by Part 4736.0080, Subpart 4, Item B. Four steps of increasing severity are authorized in items A through D below. Each is based on the specific timelines outlined in Part 4736.0080, Subpart 4, Item B, and each step presupposes the community health board can resolve its problems and comply with the commissioner's directives before the next, more severe step is triggered. This procedure was reviewed and approved by the State CHS Advisory Committee.

4736.0120, Subpart 5 (A) states that if a community health board has not provided assurances to the commissioner that the revisions will take place, and has not submitted a timetable for completing the revisions, then the commissioner shall withhold subsidy payments until the board has complied with those two conditions. This provision is needed so that the commissioner has sanctions which can be applied in cases of non-compliance with rule. It is reasonable in that the provision provides for withholding only, not termination of funds (in withholding, the funds are re-instated at a later date). It is also reasonable in that this sanction pertains only to plans and budgets, which are fundamental eligibility requirements for community health boards to receive the subsidy.

4736.0120, Subpart 5 (B) states that if the board has not notified the commissioner within 70 days that revisions to the plan or budget will be carried out, then the commissioner shall terminate subsidy payments, including those withheld under Item A above. The provision is needed so that the commissioner has an adequate sanction to use with boards that are continuing to fail to comply with basic eligibility requirements for the subsidy. It is reasonable in that adequate time is provided for the board to make the assurances and establish a timetable for the revisions. The timeline was developed and approved by the SCHSAC, and represents a balance between avoiding an indeterminate revision process and allowing adequate time for multi-county community health boards to have individual county boards also take any required approval action. It is also reasonable in that a community health board may contest the termination (see 4736.0120, Subpart 7 below).

4736.0120, Subpart 5 (C) states that if the actual revisions to the plan or budget

that were requested by the commissioner are not submitted within 125 days, subsidy payments are withheld until those revisions are submitted by the community health board and approved by the commissioner. This provision is needed so that the commissioner has sanctions which can be applied in cases of non-compliance with rule. It is reasonable in that the provision provides for withholding only, not termination of funds. The provision is also reasonable in that adequate time is allowed to submit the revisions including the time necessary for each county board to act in areas governed by joint powers boards, and because this sanction pertains only to plans and budgets, which are fundamental eligibility requirements for community health boards to receive the subsidy.

4736.0120, Subpart 5 (D) states that if the actual revisions to the plan or budget that were requested by the commissioner are not submitted within 160 days, subsidy payments—including those withheld under Item C above—are terminated. The provision is needed so that the commissioner has an adequate sanction to use with boards that are continuing to fail to comply with basic eligibility requirements for the subsidy. It is reasonable in that the sanction date is from the "date of discovery" of the need for revision, and adequate time is provided for the board to make the revisions and submit them for approval. It is also reasonable in that a community health board may contest the termination (see 4736.0120, Subpart 7 below).

4736.0120, Subpart 6 states that if a community health board fails to submit complete and accurate activity and expenditure reports according to the provisions contained in Part 4736.0090, the commissioner must withhold subsidy funds. The reports contain information on how subsidy and other dollars were spent in terms of allocations and activities. These reports are a basic means for the commissioner to account for public dollars, and inaccurate reporting would undermine the commissioner's ability to carry out that responsibility, especially if the inaccurate data was misleading as to how subsidy and other dollars were actually spent. This subpart is needed so that the commissioner has a sanction which can be applied to boards who fail to comply with this statutory obligation (Minn. Stat. 145A.10, Subdivision 8). It is reasonable in that subsidy funds are only withheld, not terminated and waivers are allowed under Part 4736.0130.

4736.0120, Subpart 7 (Appeal procedure for termination of subsidy funds) specifies how a community health board can appeal a commissioner's decision terminating subsidy funds. The appeal process is governed by the Administrative Procedure Act, Minnesota Statutes, Section 14. This subpart is needed so that boards have an opportunity to contest the termination decision and have the appeal heard by a neutral third party. It is reasonable in that adequate time is allowed for the community health board to request a contested case hearing, and because the hearing is governed by established, statutorily-defined procedures. While the board has the burden of proving that it has satisfied the commissioner's instructions, this is reasonable because the board will generally have the information and documentation relating to its programs under the subsidy, and because substantial standards and procedural safeguards already exist in these proposed rules.

4736.0130 (WAIVER)

This Part establishes the commissioner's authority to waive compliance with the provisions of the rule pertaining to planning, reporting, and personnel standards applicable to community health boards. The part specifies the board's requirements in

applying for or renewing a waiver, and in reporting material changes in the circumstances that justified the waiver. The part also details the commissioner's ability to act on an application, timelines of the decision, the commissioner's authority to revoke a waiver, and the limitation that a waiver shall not be granted for a period longer than two years.

Establishing the commissioner's authority to waive compliance with select portions of the rule is necessary and reasonable in that circumstances beyond the scope of this rule may exist that would render full application of the rule unreasonable. In applying for the waiver, it is necessary and reasonable for the board to communicate to the commissioner the reasons for the request, any evidence that the rule it is asking be waived imposes undue burden on the board, and assurances that if the waiver were granted the public health would not be adversely affected.

The commissioner must make a decision on the application within 60 days after receiving it. It is necessary to specify a maximum period for review so that it is possible to objectively determine whether the commissioner has acted in a timely manner or has failed to act on the application. Sixty days is the length of time specified and is reasonable given that the commissioner may take this long to review and decide on a community health plan or plan update. It is further reasonable to establish the provision that if the commissioner fails to act on the application in 60 days, the application constitutes approval (also similar to a community health plan or update). The commissioner's decision, and reasons for the decision, must be in writing. This is to assure that the board is properly notified of the decision and supporting rationale. It may also be necessary and reasonable, in certain circumstances, to renew a waiver. The provision provides the commissioner with this authority and follows the same procedure as the initial application.

The commissioner shall also revoke a waiver if she determines a material change has occurred in the circumstances that justified granting the waiver. This is necessary given the possibility that such circumstances may change so as to mitigate the need for a waiver. It is a reasonable provision in that continued operation under a waiver when a waiver is not justified is in conflict with the general provisions of the rule and would be unreasonable.

It is necessary to require that a community health board advise the commissioner of any material changes in the circumstances that justified the waiver because the commissioner may not otherwise know of such changes. It is reasonable to require boards to report such changes because they are under obligation to responsibly administer the subsidy.

The rule provides that a waiver shall not be granted for a period longer than two years. It is necessary to establish an outer limit and the limit specified is reasonable for two reasons: (1) the rule include a provision for a re-application of the waiver; and (2) that if the board wishes to continue to receive the subsidy, it must prepare a plan or plan update every two years at which time it can make further provisions to meet the rule as part of the normal plan and plan update process. The commissioner will then determine whether the board is or is not in compliance with the provision of this rule as a part of the normal plan or plan update review process.

V. Appendices:

Appendix A	Minutes from the SCHSAC Review and Approval of the Draft Rules
Appendix B	Public comments received

Appendix B

Public Comments Received

CPHS **Countryside Public Health Service**

Box 313
Benson, MN 56215
843-4548

To: Wayne Carlson

From: Kathy Cavanaugh, Adm.

Re: Rules Committee

Date: May 11, 1988

I have alot of concerns about the section on "Minimum standards for key administrative personnel" in the rules that we are working on, and have been trying to discuss this with any individuals that I have the chance to. I will be with meeting with the Exc. Commitee of the PHN Directors Association on the 20th, and hopefully after that date, will have something more specific to share.

Until then, what I am hearing from those I visit with is concern over the lack of specific requirements in the standards. There is mutually agreement that the word "experience in a related field" does nothing to promote the profession of public health, and will do nothing to assure that we have good leaders in administrative positions in the future.

I'll attempt to throw out some language based on my discussions with others. These are my own attempts to put some language down for discussion, and do not represent my agencys' position. I'll bet for sure it will generate some discussion, which is my main purpose at this time!!!

Community Health Services Administrator: A master's degree in the field of public health with at least one year of experience is preferred. A baccalaureate degree in public health/public health nursing with two/four years of supervised experience may be acceptable if a master's prepared person is not available. Documented experience/background in the areas of Family Health; Home Health; Health Promotion and Disease Prevention & Control, with knowledge in the areas of Environmental Health and Emergency Medical Services as appropriate to the agency's needs.

Disease Prevention & Control Director: Baccalaureate degree in public health/public health nursing with one year of experience in disease prevention & control activities; Certification as PHN preferred. Or, two years of documented experience in disease prevention and control services, or special epidemiological training/experience, including but not limited to the following areas: Communicable disease epidemiology; Immunization services: Tuberculosis; Sexually Transmitted Diseases; Refugee Health, and other non-reportable diseases.

Emergency Medical Care Director: Two years of documented experience in a administrative or supervisory capacity with emergency medical service programs, with at least basic training as an emergency medical technician. Must have experience in the field of emergency medical services, preferably two/four years in the emergency medical care program operated by the the community health board. Services to be considered as experience include, but are not limited to: public safety and government emergency services, training of personnel, transportation, communications, public involvement, facilities access, system management.

Environmental Health Director: A master's degree in the environmental health sciences or as much as two years of post secondary environment health course work which may be substituted for up to two years experience provided that, in any case, the environmental health director shall have at least one year of experience. Or, a baccalaureate degree in physical or biological sciences or two/four years of experience relevant to the environmental health program operated by the community health board. Experience includes, but is not limited to, the following: food and beverage protection, water supply sanitation, solid waste regulation, hazardous substances and product safety, spetic tank and sewage disposal, general nuisance control, air pollution control, noise pollution, radiation control, vector/animal control, land use planning, recreational sanitation, and regulation of public accomodations.

Family Health Director: A baccalaureate degree in public health, public health nursing, and documented experience in family health activities; or two/four years of experience in an administrative or supervisory capacity in the family health services operated by a community health board. Experience includes, but is not limited to, the following services: Improving pregnancy outcomes; family planning; work with handicapped children and high risk infants/mothers; SIDS; Parenting and Family Dysfunction; Child Growth and Development; WIC; School health; EPS and well child activities.

Health Promotion Director: A baccalaureate degree in public health, public health nursing, or health education and documented experience in health promotion activities; or two/four years of experience in an administrative or supervisory capacity in the health program operated by the community health board. Experiences include, but are not limited to: nutrition, non smoking activities, chronic disease prevention and control (i.e. risk reduction) dental health, and general health education.

Home Health Director: A baccalaureate degree in nursing and two years of experience in nursing, preferably public health, with administrative/supervisory responsibilities. Or, two/four years of experience relavant to the home health services operated by the community health board. Current licensure as an RN in the state, with certification as a PHN preferred. Experiences in the following areas is required: skilled home nursing; discharge planning, case management, and para-professional services.

Look forward to a discussion on June 3.

Office of
ANOKA COUNTY ATTORNEY
ROBERT M.A. JOHNSON

Courthouse · Anoka, Minnesota 55303 612-421-4760

September 15, 1988

Wayne Carlson
Community Development Section Director
Minnesota Department of Health
717 Delaware Street S.E.
P.O. Box 9441
Minneapolis, Minnesota 55440

Re: Draft Rules Relating to the Local Public Health Act

Dear Mr. Carlson:

Recently, I was provided a copy of Local Public Health Act Rules Draft dated June 23, 1988. Throughout the draft, clauses such as "in accordance with the forms and instructions provided by the commissioner" or "as directed by the forms and instructions issued by the commissioner" are used in varying contexts. The use of this type of language in a rule gives the Commissioner what should be considered inappropriate and unbridled discretion to impose requirements not spelled out in the rule or statute by including such requirements in the instructions given to a community health board.

The draft rule also includes provisions to withhold or terminate payment of subsidy funds when a community health board fails to comply with such instructions of the commissioner. Providing for the termination or withholding of payment of subsidy funds under such circumstances by rule exceeds the statutory authority given to the commissioner to adopt rules. As your attached letter indicated, the Commissioner has the authority to adopt rules governing planning and reporting standards. Minn. Stat. Chapter 145A does not contain language authorizing the Commissioner to adopt rules in accordance with Chapter 14 to provide for withholding or terminating Community Health Services Subsidy which is to be paid in accordance with Minn. Stat. §145.921 (to be renumbered as §145A.13). If the Commissioner had been given such authority, the rules as drafted set standards which are impermissibly vague to be used as the basis for such an onerous result.

Your consideration of these concerns in continuing to work with this draft proposed rule would be appreciated.

Sincerely,

Pamela A. McCabe
Assistant County Attorney

PAM:kh
cc: Nancy Dagg

Minnesota Nurses Association
1295 BANDANA BLVD NO., SUITE 140
ST PAUL, MINNESOTA 55108-5115
612-646-4807

July 28, 1988

Wayne Carlson
Director, Community Development Section
Community Health Services Division
Minnesota Department of Health
717 Delaware Street, S. E.
P. O. Box 9441
Minneapolis, Minnesota 55440

Dear Mr. Carlson:

Thank you for sharing with the Minnesota Nurses' Association a copy of the Draft rules relating to the Local Public Health Act. The MNA supports the proposed draft and would like to emphasize the need for two specific sections.

We are pleased to see "public health nurse" defined. Because of the integral role public health nurses play in providing and coordinating community health services, it is important that the term be defined as in ____.0100, subpart 14.

Secondly, MNA supports the provision (____.1100, subpart 5) which requires nursing services to be supervised by a public health nurse. Such a standard assures that nursing services will be delivered under the direction of a professional knowledgeable about public health and community resources as well as nursing practice. This knowledge base is critical to assuring quality health services. Thank you for the opportunity to comment on this draft.

Could you please send me a copy of the Draft Guide for Community Emergency Medical Care? Thank you.

Sincerely,

Gretchen Musicant, RN, MPH
Staff Specialist, Governmental Affairs

GM:hc

BLUE EARTH COUNTY

Offices in Mankato, Minnesota 56001

July 26, 1988

Wayne Carlson, Director
Community Development Section
Community Health Services Division
Minnesota Department of Health
P.O. Box 9441
Minneapolis, MN 55440

RE: Draft Rules Relating to the Local Public Health Act

Dear Mr. Carlson:

Thank you for the opportunity to review and provide input into the proposed rules. The July 14 meeting was most useful in helping to clarify several points of concern in the draft rules. The issue of personnel qualification, however, remains an issue.

Blue Earth County strongly advocates for changes in the qualifications section in Subparts 1 and 3 of the personnel standards section. The suggested modification in Subpart 1 would include the "grandfathering" of incumbent community health service administrators without imposition of future educational or experience standards. This common sense approach reflects a belief that if an individual is currently functioning adequately as the community health administrator no additional changes or requirements would be beneficial or required.

The imposition of specific educational and experience standards in Subpart 3 does not appear to achieve MDH goals. The academic preparation suggested in the draft rules cannot arguably assure an understanding of the principals of community health service delivery; effective and efficient management or an ability to supervise, coordinate, or evaluate. The academic preparations suggested in Subpart 3 must be substantially altered.

COURTHOUSE
204 South Fifth Street
P.O. Box 5608
Ph. (507) 625-3031
TTY (Hearing Impaired) 388-1214

Administrative Services
Assessor
Auditor
Board of Commissioners
County Administrator
County & District Courts
Court Administrator
Recorder
Treasurer

COUNTY GOVERNMENT CENTER
410 South Fifth Street
P.O. Box 5608
Ph. (507) 625-3031
TTY (Hearing Impaired) 388-1214

Extension Office
License Bureau
Veterans Service
Vital Statistics
Human Services:
Employment and Training
Income Maintenance
Mental Health
Public Health
Social Services

HIGHWAY BUILDING
35 Map Drive
P.O. Box 3083
Ph. (507) 625-3281

Highway & Public Works

ECLIPSE
415 South Broad Street
Ph. (507) 388-9321

LAW ENFORCEMENT CENTER
710 South Front Street
P.O. Box 228
Ph. (507) 387-8700

EMERGENCY 911
Sheriff (507) 387-8710
Emergency Management (507) 387-6407
(Civil Defense)
Community Corrections (507) 387-8784
Probation & Parole

Continued use of these narrow definitions will certainly generate a controversial rule. I suggest a review of the existing requirement and substitution of the existing language for the proposed language.

Once again, thank you for the opportunity to provide input into the process.

Sincerely,

Dennis McCoy

Dennis McCoy
Director
Blue Earth County Human Services

DM/csh

let.1&2

COMMUNITY HEALTH SERVICES
PUBLIC HEALTH DEPARTMENT
Georgianne L. Lowney
Director

COUNTY OF CARVER

609 WEST FIRST STREET
WACONIA, MN 55387
442-4493, 448-3435
or 446-1722 Extension 224

July 21, 1988

88

Wayne Carlson, Director
Community Development Section
Community Health Services Division
Minnesota Department of Health
717 Delaware Street SE
PO Box 9441
Minneapolis, MN 55440

Dear Wayne:

RE: Public Forum on Draft Rules for the Public Health Act

I have a few comments for your consideration regarding the draft Administrative Rules, the Local Public Health Act.

The draft rules appear comprehensive. An area of concern is that the four year plan is written in the rules as if it were a two year plan with an extensive "update process" which is similiar to the planning process, to be done two years after the plan is written. The update does not appear to be minimal and even requests referencing page numbers from the previous plan for problems, goals and objectives that have not changed. Why mention items that have not changed? Is this really a rewrite of the Plan?

Due to the financial constraints for local and state funding, I'd suggest that the entire section on Plan Update be rewritten to request information that is required of MDH and to simply include major changes, should there be any changes. The process for informing the public of the changes also needs to be reduced, especially since the public is generally not that interested in the planning or plan modifications.

MDH has an excellent system already in place for monitoring local agencies and staying informed of changes. Why not utilize the MDH consultants to inform MDH program staff of local activities? It seems that building upon that existing system would be less costly and time consuming than writing everything up every two years.

In summary, I am suggesting that the four year plan is written only once in four years and that a two year minimal subsidy application is written to include a brief update, if changes are expected.

Sincerely,

Georgianne Lowney

Georgianne Lowney
Director

GL/vo

Olmsted County Health Department
1650 Fourth Street S.E. Rochester, MN 55904
(507) 285-8370

July 19, 1988

Wayne Carlson
Community Health Services Division
Minnesota Department of Health
717 Delaware Street S.E.
P.O. Box 9441
Minneapolis, MN 55440

Dear Wayne:

I have two other meetings scheduled for the same time as the public forum, so I am offering my comments about the Draft Rules Relating to the Local Public Health Act in writing. I've followed the activities of the subcommittee and you're all to be commended for your thoroughness and tenacity. I'm sure this has not been an easy task.

I found the rules confusing - not so much the content but the [redacted]. I realize the rules probably have to be read in tandem with [redacted] (which I also find confusing), but I am concerned about how well the people who need to apply the rules will be able (or interested) in doing so.

The major source of confusion for me was all th[redacted] "annually", "every other year", "semi-annually", "every four years", "two successive calendar years", etc. Unless one can check all the cross-references or make a map, this is really confusing. Wish I could offer a method for making it less confusing. Had you considered an outline or a flow chart?

The other comment I have to offer is in relation to plan changes either via update or revision. [redacted] clear statement that any change in the plan may [redacted] community need.

Good luck in your on-going efforts.

Sincerely,

Mary

Mary J. Rippke
Director of Public Health Nursing

MJR:srh

cc: Arvid J. Houglum, M.D.
Director of Public Health

QUIN COUNTY BOARD OF HEALTH

COMMUNITY HEALTH SERVICES

Serving Counties of:
Kittson
Marshall
Pennington
Red Lake
Roseau

Newfolden, Minnesota 56738
Phone (218) 874-7845

Viola L. Rud, PHN, Administrator

Fiscal Management Officer:
Elden Johnson
Courthouse
Hallock, Minnesota 56728

7-7-1988

Mr. Wayne Carlson, Director
Section of Community Development
Minnesota Department of Health
717 S.E. Delaware St.
P.O. Box 9441
Minneapolis, MN. 55440

Dear Mr. Carlson:

I expect to be at the public forum on the draft Proposed Rules Relating to the Public Health Act. However there is one section I would appreciate if you would consider before that time.

On page 26, Subpart 3 it indicates the CHS administrator must have a baccalaureate or Masters degree. I am not sure how it was worded but the old rules allowed for a Certified Public Health Nurse. I am wondering if this is a change or an oversight? There are a few "old timers" who became certified public health nurses based on a diploma program plus one year in the School of Public Health at the University of Minnesota. At the present a baccalaureate degree is the basis for certification.

Thanks.

Yours truly,

Viola L. Rud, Adm.

7/6/93

Minnesota Department of Health
717 Delaware Street Southeast
P.O. Box 9441
Minneapolis, MN 55440-9441
(612) 623-5000

July 2, 1993

Ms. Maryanne V. Hruby, Executive Director
Legislative Commission to Review
Administrative Rules
State Office Building, Room 55
100 Constitution Avenue
St. Paul, Minnesota 55155

Dear Ms. Hruby:

Enclosed for your review are the following items related to the proposed permanent rules for the Local Public Health Act:

- the Notice of Intent;
- the proposed rules
- the Statement of Need and Reasonableness; and
- the Local Public Health Act.

The rules pertain only to Community Health Boards and the Commissioner of Health, and specify various requirements of the Community Health Services Subsidy program.

The rule making notice will be published in the July 5, 1993 issue of the *State Register*. The comment period ends August 9, and a hearing, if required, is scheduled for August 23, 1993. We do not expect a hearing to be necessary, as the rules were developed with the active involvement of Community Health Boards and approved by the State Community Health Services Advisory Committee.

If you have any questions, please feel free to contact me at 623-5595.

Sincerely,

Wayne R. Carlson

Wayne R. Carlson, Assistant Director
Division of Community Health Services

Enclosures

cc: Jon Lunde, Administrative Law Judge