



STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55101

January 31, 1969

TO: Chairman, County Welfare Board
Attention: Welfare Director

Director
Voluntary Agency

Director
Voluntary Institution

Director
Mental Health Center

Director
State Institution

SUBJECT: Public Hearing on March 6, 1969

In accordance with Minnesota Statutes, Section 15.0412, Subdivision 4, a public hearing on proposed rules and regulations for our Department will be held at 10 a.m. on Thursday, March 6, 1969, in the Auditorium of the State Office Building in St. Paul.

The major items for consideration at this hearing are the proposed Child Welfare Rule No. 7, governing institutions serving individuals who are retarded (Part I), and revisions of, additions to, and deletions from class specifications for social service classes under the County Welfare Merit System and related rule changes (Part II).

Part I

The primary purpose of proposed Child Welfare Rule No. 7, "Standards for Institutions Serving Individuals Who Are Retarded", will be to serve as the instrument upon which institutions serving retarded individuals are granted, or denied, licensure by this Department. It is further anticipated that a secondary utilization of this rule will be to serve as an informational, educational tool to those individuals and groups interested in providing such care. Because of recent advancements in knowledge of retardates, the growing specialization in caring for individuals who are retarded, and the increasing number of groups and individuals expressing interest in serving retardates, and in view of the date (1957) of the last standards promulgated, these standards are being offered for your consideration. Earlier, you did receive copies of a working draft of the proposed standards, and we wish to express appreciation for your suggestions, for the advisory committee deliberations, and for your considerate attention to this proposed rule.

Part II **MATERIAL NOT INCLUDED**

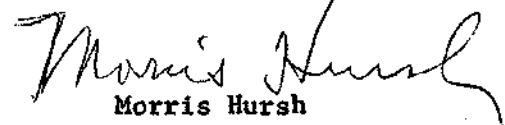
Consideration will be given to the adoption of class specifications and salary rates for the proposed new classes of Community Service Aide, Coordinator of the Aging, Social Worker III, and Marriage Counselor; the retitling and revision of the present class specifications for Case Worker Trainee, Case Worker I and III, Case Aide II, and Director of Case Work Services; and the revision of the present class specifications for Case Aide I; Social Welfare Supervisor I, II, and III; Welfare Director I, II, III, IV, and V; and Supervisor of Collection Services. Copies of the proposed specifications are attached. The proposal to abolish the present class specification for Case Worker II is also on the agenda. The twelve incumbents in this class would be reassigned to the proposed new class of Social Worker II.

In addition, consideration will be given to a two-step salary adjustment for the class of Home Maker. This class is presently one salary step below the proposed salary for the Community Service Aide, but the minimum qualifications and the responsibilities of the Home Maker position are above those of Community Service Aide. The proposal is to set the Home Maker salary one step above the Community Service Aide.

Another matter to be considered at the hearing will be the proposed rule addition in IV-1311. This addition is needed to implement the use of the Community Service Aide class as required by Title IV of the Social Security Act. The proposed new rule is attached.

If other matters are to be considered at this hearing, you will be given as much notice as possible of the changes proposed.

Very truly yours,


Morris Hursh
Commissioner

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

Child Welfare Rule No. 7

STANDARDS FOR INSTITUTIONS SERVING INDIVIDUALS WHO ARE RETARDED

Introduction - A Statement of Philosophy

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

If we accept this obligation--and this responsibility--then most children and adults, who are retarded, should and will receive the nurturing, education, training, and opportunity for meaningful life and work in his family, home, and community.

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

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

The responsibility of the community to provide educational, vocational, medical, and counseling programs also becomes paramount in order to honor the right of the retarded to the pursuit of happiness.

I. Definition

- A. This rule governs the operation of institutions engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necessary for such institutions to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment, and other aspects of care needed for retarded individuals on a 24-hour basis.
- B. This rule does not apply to foster care facilities subject to licensure as foster boarding homes, group homes, or settings provided for under other types of licensure; nor does it apply to nursing homes, board and care homes, and board and lodging places licensed by the State Department of Health.
- C. Minnesota Statutes (256.01 and 257.175) charge the Commissioner of Public Welfare with the overall responsibility in programming for mentally retarded individuals.
- D. Minnesota Statutes (257.081 to 257.123) charge the Commissioner of Public Welfare with the responsibility for annual study and licensing of institutions.
- E. Minnesota Statutes 257.081, Subdivision 6, defines children as "one or more persons under the age of 16 years or persons over 16 years of age if for reasons of mental retardation they still require the protection needed by persons under 16 years of age".

II. Procedures for Licensing

- A. Application shall be made to the Commissioner of Public Welfare who shall determine the competence of persons or organizations seeking to be licensed or relicensed for the purpose of giving care to retarded individuals. In making this determination, the Commissioner shall be guided by the rules in this and subsequent sections.
- B. All licenses shall expire one year from date of issuance, unless sooner revoked.
- C. A new person or organization planning to enter into residential care for the retarded shall submit, prior to building or acquiring a building, or hiring of staff, in addition to the application, materials and information the Commissioner may require to make a proper determination of the adequacy of services to be provided. Such required materials may include a statement of survey of need for the facility, articles of incorporation, plan for administration and organization, plan for staffing, training of staff, plans for program, and architectural and physical building plans.

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

III. Organization and Administration

- A. The philosophy, purposes, and functions of the institution shall be clearly defined and a declaration of same entered as a matter of record with the Commissioner.
- B. The institution shall similarly state and file with the Commissioner a statement of the geographical area to be served, ages, and types of retarded to be accepted for care, and the extent, limitation of service, and scope of services for which it seeks licensed approval.
- C. The institution shall also coordinate its services and program with other persons, agencies, or organizations serving the retarded in the community. This shall include schools, vocational rehabilitation agents and agencies, mental health centers, day activity centers, parent organizations, and churches.
- D. The institution shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined purposes. A new institution shall have funds assured, or a sound plan for securing financing, sufficient to assure a complete program through the first six-months operation, even though population does not reach licensed capacity.
- E. The institution shall establish written policies pertaining to:
1. Admission, care, and discharge of residents.
 2. Establishment of individualized program plans for residents.
 3. Internal operations.
 - a) Personnel policies and practices.
 - b) Operating rules, including administrative or policy-making duties for the conduct of its officers, members, and staff.
 - c) Clear lines of communication and responsibility among its staff members and between the governing body and the administrator.
- F. There shall be a system of business management and staffing to assure maintenance of complete and accurate accounts, books, and records.

- G. The governing body, or board, or a person officially representing the institution, shall notify the Department of any changes pending or occurring in the corporate structure, administration, resident program, or function of the institution directly affecting the care of the residents.
- H. All licensed individuals or organizations shall operate on a nondiscriminatory basis, according equal treatment and access to their services to all persons.

IV. Program

- A. Each facility shall have a clear statement of philosophy, goals, responsibilities, and limitations for the facility and for each resident.
- B. Each facility shall have a system of planning and carrying out specific program plans for each individual. Wherever possible, it is suggested that the methods, steps, and ways of carrying out the institutional or individual goal (or goals) be conveyed as clearly and with the greatest degree of specificity as possible.
- C. There must be a system to coordinate program activities and to assure a continuum of services to advance the individual person's ability to function. That continuum shall include, but not be limited to, medical, social, and educational services when needed, continuous evaluation of progress, availability of vocational training and work experience, social experiences, and community living opportunities.
- D. A program plan shall be prescribed at the initial staffing of the prospective resident of the institution, in conjunction with the resident-to-be, the parents, and the referring agency. This plan shall show all services of community service agencies. Individual program will be based upon the needs of residents and availability of program resources within the facility and in the community.
- E. Each resident shall be given individual attention and counsel in order to carry out his program plan on a day-to-day basis.
- F. Residential personnel shall be trained to carry out the institution program which must include training in self-help skills, speech, health and grooming habits, and other aspects of help and training provided people living in a concerned community.
- G. Each resident must be involved in planning his own program with encouragement from program staff.

*Organization of resident councils is recommended in order to develop individual and group participation and responsibility in the rule and policy-making of the institution.**

- H. Speech, vision, and hearing services should be made available to all residents in need.
- I. A current physical examination on each resident must be on file with the institution.
- J. The health and individual needs of each resident, including, but not limited to, medications, nutrition, and personalized care, must be determined and attended to, or referred for attention by institution staff.
- K. Arrangements for emergency and routine medical care shall be made by institution staff.
- L. The institution shall have a plan for the dental care of each resident.
- M. Each resident shall have sufficient sleep. The institution shall see to it that appropriate, comfortable, and normal clothing is provided for each resident's exclusive use.
- N. Each resident shall be encouraged and helped in attaining the highest degree of self-help possible, including training in personal hygiene and grooming.
- O. Group Living Experience - Each resident shall have a clearly delineated and identifiable program established as it relates to his residential living and socialization activities. He should be a member of a small group with an identity of its own.
- P. Community Living Experience - Each resident shall be afforded opportunity for a wholesome community living experience.
- Q. Social Services - Social services here shall be defined as those services which help the person, group, or community toward better social functioning and maximal realization of potential. They should be provided by persons qualified by training and/or experience as a social worker.
 - 1. Social services shall be provided either by the institution or by contractual arrangement with a social service agency.
 - 2. Social services shall be a clearly defined and identifiable phase of the total care, treatment, and training program.
 - 3. Social services should be extended to all residents and their families.
 - 4. Each facility should have a clearly defined set of goals and objectives related to the social service program.

*The social service program should include the following:**

- a) Assistance in program planning for each person.*

- b) *Participation in family counseling.*
- c) *Intensive casework with the family.*
- d) *Assist in the placement or follow-up of residents, both within the facility and with respect to the participation in open community programs.*
- e) *Refer individuals to a community agency.*

R. Recreational Programming

1. Recreation, extended to all, shall be a clearly delineated and identifiable phase of the total care, training, and treatment program.
2. Each facility shall have a clearly defined set of goals and objectives related to the recreational program.

*Basic recreation programs should include:**

- a) *Some form of recreation for all residents.*
- b) *Opportunities for social interchange of residents in a recreational atmosphere, e.g., dancing, game room.*
- c) *Instructions in a variety of hobbies, arts and crafts, etc.*
- d) *An intramural sports activity program, if possible.*
- e) *Planned group activities, e.g., holiday celebrations, movies, dancing, etc.*
- f) *Provision for work/play tables, toys, games, etc. for each individual resident.*

S. Educational Programming

1. Education and training shall be extended to all residents capable, or potentially capable, of participating.
2. Each facility shall have a clearly definable set of educational and training objectives. This shall include reference to the various phases, settings, and levels of education.
3. Each facility shall administratively assign or refer residents to an educational program, whenever possible. Federal, state, and local programs and aids should be utilized, whenever possible.

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

- a) Academic class work.*
- b) Creative and practical arts.*
- c) Music.*
- d) Physical education.*
- e) Vocational instruction.*
- f) Home economics.*
- g) Speech and hearing therapy.*
- h) Self-help skills.*
- i) Communication skills.*
- j) Occupational and home training.*

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

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

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

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

V. Vocational Programs

1. The institution shall provide, where applicable, a vocational program which is clearly delineated and an identifiable phase of the total care, treatment, and training program.
2. Vocational training opportunities should be extended to all retarded individuals within the limits of the individual's capabilities to participate.

*Vocational services should include the following:**

- a) Vocational evaluation with full consideration of physical, psychological, social, and vocational problems, educational status, and interests.*

- b) *Personal and social adjustment training, and counseling.*
- c) *Pre-vocational and vocational work experience, i.e., simulated job experience.*
- d) *Participation in production.*
- e) *Placement and follow-up in an open community employment.*
- f) *Enrollment in a sheltered workshop program, or sheltered employment.*

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

W. Psychological Services

1. Psychological services, diagnostic and treatment, should be extended to all residents, as the need for such services becomes apparent.
2. Each facility shall have a clearly defined set of goals and objectives related to the program of psychological services.

*A psychological program should include:**

- a) *Individual assessment of intelligence, present level of functioning, and general adaptive behavior.*
- b) *Consultation and reporting of findings through related staff members.*
- c) *Students and parent counseling and therapy.*
- d) *Assistance in inservice training programs.*

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

V. Staff

- A. All employees shall be persons of good character, good health and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.
- B. There shall be sufficient staff to carry out the institution program and to assure the programming provisions of this rule.

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

D. Quality of Staff

1. Executive:

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

2. Program Director:

There shall be responsibilities assigned to one (1) staff person, separate and apart from administrative duties, for program direction and coordination. In facilities having more than forty (40) residents, the position of program director, or assistant director in charge of program, shall be established. The person responsible for program direction shall be equipped by training and/or experience.

3. Clerical Staff:

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

4. Resident Care Staff:

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

5. Service Personnel:

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

6. Relief Staff:

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

7. Volunteer Staff:

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

8. Social Work Services:

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

9. Recreational Staff:

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

10. Occupational Training Staff:

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

11. Related Professional Staff:

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

12. Nursing Staff:

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

E. Personnel Policies:

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

1. Description of the specific duties the employee is expected to perform, when they are to be performed, and other persons involved in their performance.
2. Salary pay plan, mileage and expenses, and fringe benefits provided, including insurance coverages and sick leave.
3. Provision for meals for those who live off, as well as on the premises, and the specific living quarters provided for those who live in.
4. Work schedules which provide for daily and weekly periods of relief, and annual vacation periods sufficient in length to enable the staff to continue performing their duties efficiently.
5. Information about routines and house rules of the institution.
6. Opportunities for inservice training, attendance at institutes, workshops, and classes, promotion or advancement.
7. Provision for probation periods and conditions for terminating employment.

VI. Plant, Grounds, and Equipment

A. Grounds:

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

B. Buildings:

1. Dining rooms. No more than eight (8) shall be seated at one table.
2. There shall be a day room, living room, or recreation area of thirty-five (35) square feet per individual.
3. No more than four (4) persons shall be allowed in one sleeping room, except in the case of severely and profoundly retarded, where up to eight (8) children may be allowed, if the children cannot be away from their beds for long periods of time and better supervision and control of the situation is the result.
4. Each resident shall have a set of bureau drawers in which to place personal articles and clothing.

5. There must be individual storage facilities for each child's day-to-day clothing, and other storage space for clothing not currently used.
6. Staff quarters shall be separate from those of residents, but near enough to assure proper supervision.
7. Equipment which houses confidential records must be fire-resistant and so located that the records can be kept confidential.

C. Fire:

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

D. Health:

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

VII. Records

- A. There shall be a record for each resident, including:
 1. Admissions information.
 2. Statement of individual objectives.
 3. Reports on progress of the accomplishment of these objectives.
- B. The institution shall maintain adequate financial records.
- C. Board minutes, articles of incorporation, and personnel policies and transactions should be a matter of record.
- D. Information of record pertaining to an individual or his family shall be held confidential, and released only to authorized persons or agencies.

VIII. Refusal of License

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

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

Dated at St. Paul, Minnesota, this _____th day of _____, 19____.

MORRIS HURSH
Commissioner of Public Welfare