MN RULE 79 CASE MANAGEMENT

9520.0900 SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4887 and 256B.0625, subdivision 20, and to adults with serious and persistent mental illness as authorized by Minnesota Statutes, sections 245.461 to 245.486. Parts 9520.0900 to 9520.0926 are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections 245.461 to 245.4887, and chapter 256G.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under Minnesota Statutes, section 245.4881, and within the limits in Minnesota Statutes, section 245.486, and parts 9520.0900 to 9520.0926, and to all adults with serious and persistent mental illness who are residents of the county and who request or consent to services under Minnesota Statutes, section 245.4711. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under Minnesota Statutes, section 256E.12, allocations from title XX of the Social Security Act, and all other available state and federal funding sources. In making case management services available to adults with serious and persistent mental illness, the local agency shall use grants to counties for services to adults with serious and persistent mental illness under Minnesota Statutes, section 256E.12, funds made available to counties for community social services under Minnesota Statutes, section 256E.12, allocations from title XX, and all other available state and federal funding sources.

Case management services to children with severe emotional disturbance must be billed as required under Minnesota Statutes, section 245.4881, subdivision 1, paragraph (b). Case management services to medical assistance eligible adults with serious and persistent mental illness must be billed as required under Minnesota Statutes, section 245.4711, subdivision 1, paragraph (b).

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HIST: 17 SR 1448; L 2003 1Sp14 art 11 s 11
Current as of 01/20/05

9520.0902 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9520.0900 to 9520.0926 have the meanings given them in this part.

Subp. 2. **Adult.** "Adult" means a person at least 18 years of age.

Subp. 3. **Case manager.** "Case manager" means an individual who is employed by the local agency or an entity that is under contract to the local agency to provide case management services under parts 9520.0900 to 9520.0926 and who, if providing case management services to a child with a severe emotional disturbance, meets the qualifications specified in Minnesota Statutes, section 245.4871, subdivision 4, or who, if providing case management services to an adult with serious and persistent mental illness, meets the qualifications specified in Minnesota Statutes, section 245.462, subdivision 4.

Subp. 4. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 5. **Case management services.** "Case management services," for a child with severe emotional disturbance, has the meaning given in Minnesota Statutes, section 245.4871, subdivision 3. For an adult with serious and persistent mental illness, case management services has the meaning given in Minnesota Statutes, section 245.462, subdivision 3. Case management services are services designed to achieve the outcomes specified in parts 9520.0904 for children, and 9520.0905 for adults.

Subp. 6. **Case management team.** "Case management team" means a group of persons that:

A. For a child, consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Other persons or service providers requested by the child's parent or legal representative and the child to participate in making decisions about the child's services or to advocate on behalf of the child may be members of the case management team.

B. For an adult, consists of the adult, the adult's case manager, and representatives of other agencies contracted by the county to provide case management services to the adult.

Subp. 7. **Child.** "Child" means a person under 18 years of age.

Subp. 8. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6.

Subp. 9. **Client.** "Client" means a child or an adult who has been determined eligible for case management services according to part 9520.0910, subpart 1.

Subp. 10. **Clinical supervision.** "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 7, for a child with a severe emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 4a, for an adult with serious and persistent mental illness.

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 12. **Community support services program.** "Community support services program" means the program of services specified in Minnesota Statutes, section 245.462, subdivision 6, and, in addition, day treatment services as specified in Minnesota Statutes, section 245.4712, subdivision 2.

Subp. 13. **County board.** "County board" means the county board of commissioners or a board established under Minnesota Statutes, sections 471.59, or 402.01 to 402.10.

Subp. 14. **County of financial responsibility.** "County of financial responsibility" has the meaning given in Minnesota Statutes, section 256G.02, subdivision 4.

Subp. 15. **Day treatment services or day treatment program.** "Day treatment services" or "day treatment program" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 10, for a child with severe emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 8, for an adult with serious and persistent mental illness.

Subp. 16. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 11, for a child and in Minnesota Statutes, section 245.462, subdivision 9, for an adult.

Subp. 17. **Emergency services.** "Emergency services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 14, for a child with severe emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 11, for an adult with serious and persistent mental illness.

Subp. 18. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15, as applied to a child.

Subp. 19. **Family.** "Family" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 16, or, for an Indian child, means a relationship recognized by the Minnesota Indian family preservation act, Minnesota Statutes, sections 260.751 to 260.835.

Subp. 20. **Family community support services.** "Family community support services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 17.

Subp. 21. **Functional assessment.** "Functional assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 18, for a child and in Minnesota Statutes, section 245.462, subdivision 11a, for an adult.

Subp. 22. **Individual community support plan.** "Individual community support plan" has the meaning given in Minnesota Statutes, section 245.462, subdivision 12.

Subp. 23. **Individual family community support plan.** "Individual family community support plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 19.

Subp. 24. **Individual treatment plan.** "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21, for a child with an emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 14, for an adult with mental illness.

Subp. 25. **Inpatient hospital.** "Inpatient hospital" means an acute care institution as defined in Minnesota Statutes, section 144.696, subdivision 3, and licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 26. **Legal representative.** "Legal representative" means a guardian appointed by the court to decide on services for a child as specified in Minnesota Statutes, section 525.619, a guardian as specified in Minnesota Statutes, section 260C.325, subdivision 4, a custodian as specified in Minnesota Statutes, section 260B.007, subdivision 13 or 260C.007, subdivision 10, or an Indian custodian as defined in Minnesota Statutes, section 260.755, subdivision 10.

Subp. 27. **Local agency.** "Local agency" means the county agency under the authority of the county board that is responsible for arranging and providing mental health services required under Minnesota Statutes, sections 245.461 to 245.4887, as a component of community social services.

Subp. 28. **Mental health practitioner.** "Mental health practitioner" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 26, for mental health services to a child and in Minnesota Statutes, section 245.462, subdivision 17, for mental health services to an adult.

Subp. 29. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 27, and also, except for clinical supervision purposes, a person qualified as specified in part 9505.0323, subpart 31, for mental health services to a child and in Minnesota Statutes, section 245.462, subdivision 18, for mental health services to an adult.

Subp. 30. **Mental health services.** "Mental health services" for a child means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in Minnesota Statutes, sections 245.487 to 245.4887 and for an adult with mental illness means the services provided to persons with mental illness as specified in Minnesota Statutes, section 245.466, subdivision 2.

Subp. 31. **Mental illness.** "Mental illness" has the meaning given in Minnesota Statutes, section 245.462, subdivision 20.

Subp. 32. **Minority race or minority ethnic heritage.** "Minority race" or "minority ethnic heritage" has the meaning given in part 9560.0020, subpart 9a.

Subp. 33. **Outpatient services.** "Outpatient services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 29, for a child with emotional disturbance and in Minnesota Statutes, section 246.462, subdivision 21, for an adult with mental illness.

Subp. 34. **Parent.** "Parent" means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 35. **Professional home-based family treatment.** "Professional home-based family treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 31.

Subp. 36. **Residential treatment.** "Residential treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 32, for residential treatment of a child with emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 23, for an adult with serious and persistent mental illness.

Subp. 37. **Screening.** "Screening" refers to the screening required under Minnesota Statutes, section 245.4885, subdivision 1.

Subp. 38. **Serious and persistent mental illness.** "Serious and persistent mental illness" has the meaning given in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), clauses (1) to (4).

Subp. 39. **Service provider.** "Service provider" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33, for a child with emotional disturbance and in Minnesota Statutes, section 245.462, subdivision 24, for mental health services for an adult with mental illness.

Subp. 40. **Special mental health consultant.** "Special mental health consultant" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33a.

Subp. 41. **Team coordinator.** "Team coordinator" means a person selected by the child's parent or legal representative or the child as provided in part 9520.0916, subpart 2.

Subp. 42. **Therapeutic support of foster care.** "Therapeutic support of foster care" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 34.

Subp. 43. **Updating.** "Updating" has the meaning given in Minnesota Statutes, section 245.4876, subdivision 2, for mental health services to a child and in Minnesota Statutes, section 245.467, subdivision 2, for mental health services to an adult.

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HIST: 17 SR 1448; L 1999 c 139 art 4 s 2; L 2001 c 178 art 1 s 44; L 2003 1Sp14 art 11 s 11
Current as of 01/20/05

9520.0903 COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Responsibilities for case management services.** A county board shall assure that:

A. case management services coordinate the delivery of the child's mental health services on behalf of the child and the child's family across the local system of care and coordinate the delivery of the adult's mental health services;

B. case management services are delivered in a manner that integrates and coordinates mental health case management services with the services of other agencies serving the child and the child's family or the adult;

C. special mental health consultants are used as necessary in assessing the needs of a child of minority race or minority ethnic heritage;

D. case management services are not denied to children with severe emotional disturbance or to adults with serious and persistent mental illness;

E. the caseload assigned to a case manager providing case management services to children with severe emotional disturbance or to adults with serious and persistent mental illness complies with the requirement of subpart 2; and

F. the meetings, actions, and procedures related to case management services to children with severe emotional disturbance and to adults with serious and persistent mental illness comply with the requirements of parts 9520.0900 to 9520.0926.

Subp. 2. **Limit on size of case manager's caseload.** A case manager's caseload must be of a size that enables the case manager to attend to the outcomes specified for case management services to a child as specified in part 9520.0904 or to the outcomes specified for case management services to an adult as specified in part 9520.0905. Except under the circumstances specified in this subpart, the average caseload of a case manager providing case management services shall not exceed the limits in item A or B.

A. From December 21, 1992 to December 31, 1993, the average caseload of a case manager providing case management services to children with severe emotional disturbance or providing case management services to adults with serious and persistent mental illness must not exceed the ratio of 40 clients to one full-time equivalent case manager.

B. Beginning January 1, 1994, the average caseload of a case manager providing case management services to children with severe emotional disturbance shall not exceed the ratio of 15 clients to one full-time equivalent case manager and the average caseload of a case manager providing case management services to adults with serious and persistent mental illness shall not exceed the ratio of 30 clients to one full-time equivalent case manager.

A county that has an average case manager caseload in excess of the limit in item A or B on December 21, 1992, may continue to exceed the ratio required under item A or B but only to the extent that the increased revenue is insufficient to hire additional case managers needed to meet the ratio required under item A or B.

Subp. 3. **Definitions.** For purposes of subpart 2:

A. "increased revenue" means revenue received from a source other than county funds by the county and its contracted providers for case management services provided under parts 9520.0900 to 9520.0926 during calendar year 1993 or the applicable calendar year thereafter which exceeds the revenue received from these sources for case management services provided under parts 9505.0476 to 9505.0490 during calendar year 1992;

B. "source other than county funds" means funds received through medical assistance, general assistance medical care for persons who would be eligible for medical assistance except that the person resides in an institution for mental diseases, state grants dedicated to case management services, and third-party payers;

C. "county funds" means funds available to a county through county levies, state block grants, federal block grants, and state shared revenue funds; and

D. "additional case managers" means an increase in the case management staff in comparison to the staff employed in December 1992. If a county demonstrates case management staff were hired with county funds before December 1992 in anticipation of increased revenue as defined in item A, the commissioner shall consider those case management staff as additional case managers.

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HIST: 17 SR 1448; L 2003 1Sp14 art 11 s 11
Current as of 01/20/05

9520.0904 OUTCOMES OF CASE MANAGEMENT SERVICES TO CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE.

The case manager assigned by the local agency to provide case management services to children with severe emotional disturbance shall work with the case management team using a process that is designed to assist the child with severe emotional disturbance in pursuing the outcome of improved or maintained mental health and functioning and to achieve the outcomes in items A to G:

A. child-centered, family-focused, community-based services. For purposes of this item:

(1) "child centered" means the child's services are based on and adapted to the individual strengths and needs of the child and the child's family;

(2) "family-focused" means the services are provided in a manner that maximizes the opportunity for the involvement of the child and the child's family in the planning and delivery of the child's case management and family community support services; and

(3) "community-based" means that, except in circumstances that require case management services in an institutional setting in accordance with Minnesota Statutes, sections 245.4882, subdivision 3, and 245.4883, subdivision 1, the case management services are to be provided in the least restrictive setting available or provided in the client's residence or school or educational program operated by a local education agency, a relative's home, a recreational or leisure setting, or other community setting appropriate to the child;

B. appropriate services that are culturally sensitive;

C. information provided to the child's parent or legal representative and the child as described in part 9520.0907 about eligibility for and frequency of case management services, the benefits of case management services and family community support services, potential cost of the services to the child and the child's parent, and the services available to achieve the overall outcome of case management and the other outcomes specified in the child's individual family community support plan;

D. assistance to the child and the child's family in obtaining the mental health and other services that are needed to achieve the outcomes specified in the child's individual family community support plan;

E. coordinated services to the child in a manner that simplifies access to the services, brings together similar services in a manner that eliminates duplicate services, and assures continuity of needed services;

F. compliance with and, as described in part 9520.0907, information to the child and the child's parent or legal representative about the Minnesota Government Data Practices Act under Minnesota Statutes, chapter 13, and information about the Patients and Residents of Health Care Facilities Bill of Rights, Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and the fair hearing procedure under Minnesota Statutes, section 256.045; and

G. an individual family community support plan for the child according to Minnesota Statutes, sections 245.4871, subdivision 19, and 245.4881, subdivision 4, that specifies outcomes to be achieved based on the child's diagnostic and functional assessments and how progress toward achieving the outcomes will be monitored.

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9520.0905 OUTCOMES OF CASE MANAGEMENT SERVICES TO ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.

The case manager assigned by the local agency to provide case management services to an adult with serious and persistent mental illness shall work together with the adult with serious and persistent mental illness using a process that is designed to assist the adult with serious and persistent mental illness in pursuing the outcome of improved or maintained mental health and functioning and to achieve the outcomes in items A to H:

A. client-centered, community-based services. For purposes of this item:

(1) "client-centered" means that the adult's services are based on and adapted to the individual's strengths, goals, and needs and that the plan of services is developed with the involvement of the client; and

(2) "community-based" means that, except in circumstances that require case management services in an institutional setting in accordance with Minnesota Statutes, sections 245.472, subdivision 3, and 245.474, subdivision 3, the case management services are to be provided in the least restrictive setting and promote integration of the adult into the adult's community;

B. the involvement of members of the adult's family or other persons significant to the adult as authorized by the adult;

C. appropriate services that are culturally sensitive;

D. information provided to the adult about eligibility for and frequency of case management services, the benefits of case management and community support services, potential cost of the services to the adult, and the full array of services available to achieve the overall outcome of case management and the other outcomes specified in the adult's individual community support plan;

E. assistance to the adult in obtaining the mental health and other services that are needed to achieve the outcomes specified in the adult's individual community support plan;

F. coordinated services to the adult in a manner that simplifies access to the services, brings together similar services in a manner that eliminates duplicate services, and assures continuity of needed services;

G. compliance with and information to the adult about the Minnesota Government Data Practices Act under Minnesota Statutes, chapter 13, and information about the Patients and Residents of Health Care Facilities Bill of Rights under Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and the fair hearing procedure under Minnesota Statutes, section 256.045;

H. an individual community support plan for the adult according to Minnesota Statutes, section 245.4711, subdivision 4, that specifies outcomes to be achieved based on the adult's diagnostic and functional assessments, the goals identified by the adult, the activities for accomplishing each goal, and how progress toward achieving the outcomes will be monitored.

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9520.0906 LOCAL AGENCY RESPONSIBILITIES; NOTICE AFTER REQUEST OR REFERRAL FOR SERVICES.

Subpart 1. **Notice following request or referral for services.** As required under Minnesota Statutes, section 245.4881, subdivision 2, in response to a request or a referral for case management services for a child or as required under Minnesota Statutes, section 245.4711, subdivision 1, in response to a request or a referral for case management services for an adult, the local agency must notify within five working days after receiving the request or referral, the child's parents or child's legal representative, and the child or the adult of the individual's potential eligibility for case management services. The notice must be written in plain language and explain the individual's potential eligibility for case management services and, in the case of a child, for family community support services or in the case of an adult, for community support services. The contents of the notice shall comply with Minnesota Statutes, section 245.4881, subdivision 2, paragraph (b), in the case of a child with emotional disturbance or with Minnesota Statutes, section 245.4711, subdivision 2, paragraph (a), in the case of an adult with mental illness. A notice responding to a request or referral for services to a child also must state that the person to whom the notice is addressed may request county assistance in contacting a special mental health consultant to assist in assessing and providing appropriate treatment to a child of a minority race or minority ethnic heritage.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the adult or the child and the child's parent or legal representative from the person referring the adult or the child for case management services, the local agency must attempt to locate the adult or the child and give the adult or the child's parent or legal representative or the child the notice specified in subpart 1.

Subp. 3. **Follow-up notice of availability of case management services.** If the person notified under subpart 1 or 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the person to explain the potential eligibility of the child or adult for case management services.

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9520.0907 PERSONS TO RECEIVE INFORMATION AND PLAN CHILD'S CASE MANAGEMENT SERVICES.

Subpart 1. **Person to receive information and plan child's services.** Except as specified in subparts 3 and 4, when case management services are requested for a child or the child is referred for case management services, the child's parent or legal representative, if any, has the right to receive the notices and information specified under parts 9520.0900 to 9520.0926 to make the decision whether to accept case management services for the child and to be included in planning the case management services available to the child under parts 9520.0900 to 9520.0926.

Subp. 2. **Child's receipt of information and inclusion in planning services.** A child who is at least 12 years of age has the right to and a child who is less than 12 years of age may receive the notices and information specified under parts 9520.0900 to 9520.0926 and be included in planning the case management services available to the child under parts 9520.0900 to 9520.0926 unless these actions are determined by a mental health professional to be clinically inappropriate to the child's mental health needs. If the mental health professional determines that it is clinically inappropriate to the child's mental health needs, the reasons for the determination must be documented in the child's case record.

Subp. 3. **Child only to receive information, plan, and decide on child's case management services.** If one of the circumstances in item A or B applies, the child only has the right to receive the required notices, make the decision whether to accept case management and other mental health services, and be included in planning case management services.

A. The parent or legal representative is hindering or impeding the child's access to mental health services and the child is at least 16 years of age.

B. The child:

(1) has been married or has borne a child as specified in Minnesota Statutes, section 144.342;

(2) is living separate and apart from the child's parents or legal guardian and is managing the child's own financial affairs as specified in Minnesota Statutes, section 144.341;

(3) is at least 16, but under 18 years old, and has consented to treatment as specified in Minnesota Statutes, section 253B.03, subdivision 6, paragraph (d); or

(4) is at least 16, but under 18 years old and has been authorized by a county board for independent living pursuant to a court order as specified in Minnesota Statutes, section 260C.201, subdivision 1, paragraph (a), clause (4).

Subp. 4. **Petition filed or court order issued.** If a petition has been filed under Minnesota Statutes, chapter 260, or a court order has been issued under Minnesota Statutes, section 260C.148 or 260C.151 and a guardian ad litem appointed and if consent for case management services has not been otherwise obtained from the child's parent or legal representative or the child, the local agency may request a court order under Minnesota Statutes, chapter 260, to authorize case management services for the child.

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9520.0908 CONTACT BETWEEN PERSON DESIGNATED BY THE COUNTY BOARD TO COORDINATE CASE MANAGEMENT SERVICES AND CHILD'S PARENT AND CHILD OR THE ADULT.

Before a determination of the case management service eligibility of a child or an adult for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to contact the child's parent or legal representative and the child or the adult no later than 15 working days after the local agency receives the referral or request under part 9520.0906. In the contact, the person designated by the county board to coordinate case management services must explain that access to case management services depends on a determination that the child has a severe emotional disturbance or the adult has serious and persistent mental illness and must assist the child's parent or legal representative and the child as described in part 9520.0907 or the adult to make an informed choice of whether to obtain the diagnostic assessment or the review and updating of a diagnostic assessment required under part 9520.0909 in order to make the determination of the child's eligibility. In helping the child's parent or legal representative and the child or the adult make an informed choice on whether to obtain a diagnostic assessment, the person designated by the county board to coordinate case management services must explain that the local agency will, if requested, assist in obtaining a diagnostic assessment.

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9520.0909 DETERMINATION OF SERIOUS AND PERSISTENT MENTAL ILLNESS OR SEVERE EMOTIONAL DISTURBANCE; ASSISTANCE IN ARRANGING DIAGNOSTIC ASSESSMENT.

Subpart 1. **General requirement.** Except as specified in subpart 2, a diagnostic assessment is required to determine whether a child or an adult is eligible for case management services under parts 9520.0900 to 9520.0926. If the child's or adult's diagnostic assessment was completed no earlier than 180 days before the referral or request for case management services for the child or adult, only updating is necessary unless the child's or adult's mental health status has changed markedly since the child's or adult's most recent diagnostic assessment. If the child or adult has not had a diagnostic assessment within 180 days before the request or referral for case management services for the child or adult or if the child's or adult's mental health status has changed markedly, the child or the adult must obtain a new diagnostic assessment.

Subp. 2. **Eligibility if child or adult does not have a current diagnostic assessment.** Notwithstanding the requirement of subpart 1, a child or an adult is eligible for case management services if all of the following criteria are met:

A. the person requests or is referred for and accepts case management services;

B. a diagnostic assessment is refused at the time of the person's referral or request for case management services by:

(1) the parent or legal representative of a child;

(2) a child who meets a criterion specified in part 9520.0907, item A, and whose refusal is for reasons related to the child's emotional disturbance; or

(3) an adult for reasons related to the adult's mental illness;

C. the case manager determines that:

(1) the person is a child with severe emotional disturbance according to Minnesota Statutes, section 245.4871, subdivision 6, clause (1), (2), or (4); or

(2) the person is an adult with serious and persistent mental illness according to Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), clause (1), (2), or (4); and

D. the person obtains a new or updated diagnostic assessment within four months of the day the person first receives case management services.

Subp. 3. **Assistance in obtaining diagnostic assessment.** If the child's parent or legal representative, the child as described in part 9520.0907, or the adult consents to the child's or adult's assessment for eligibility for case management services, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative or the adult in obtaining an appointment with a mental health professional chosen by the child's parent or legal representative or the child or the adult to conduct a diagnostic assessment. The local agency must request, in the case of a child, authorization as required under Minnesota Statutes, section 245.4876, subdivision 5, paragraph (6), or must request the authorization of the adult for the mental health professional conducting the diagnostic assessment to release the results of the diagnostic assessment to the local agency.

Subp. 4. **Diagnostic assessment of child of a minority race or minority ethnic heritage.** If a mental health professional conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage. If the mental health professional is not skilled and knowledgeable in conducting the diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural and ethnic needs.

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9520.0910 DETERMINATION OF ELIGIBILITY FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Local agency determination.** Upon receipt of the report of the mental health professional conducting or updating a diagnostic assessment required under part 9520.0908, the local agency must promptly determine whether the child meets a criterion in part 9520.0902, subpart 8, or whether the adult meets a criterion in part 9520.0902, subpart 38.

Subp. 2. **Notice of determination.** The local agency shall notify, in writing, the child's parent or legal representative and the child or the adult of the determination about the child's or the adult's eligibility for case management services unless case management services have already been initiated for the child or adult.

Subp. 3. **Eligible client referred to provider.** If the client is determined to be eligible for case management services and if consent for the services is obtained, the local agency shall refer the client to a case management provider for case management services.

Subp. 4. **Referral of adult with mental illness or child with emotional disturbance.** If the local agency determines the child to have an emotional disturbance but not to have a severe emotional disturbance or determines the adult to have a mental illness but not to have a serious and persistent mental illness, the local agency shall offer to refer the client to a mental health provider or other appropriate service provider and to assist the client to make an appointment with a provider chosen by the child's parent or legal representative or the child or by the adult.

Subp. 5. **Refusal.** The parent or legal representative of a child or the child or adult who is determined eligible for case management services may refuse the case management services. However, the refusal does not affect the client's eligibility to receive case management services or other mental health services for which the client is eligible.

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Current as of 01/20/05

9520.0912 CASE MANAGER QUALIFICATIONS AND REQUIRED SUPERVISION.

Subpart 1. **Qualification of case manager; services to a child.** Except as provided in subpart 3, a case manager providing case management services to a child with severe emotional disturbance must have a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, be skilled in setting and monitoring appropriate service outcomes, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Qualification of case manager; services to an adult.** Except as provided in subpart 3, a case manager providing case management services to an adult with serious and persistent mental illness must have a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of services to adults with mental illness, must be skilled in the process of identifying and assessing a wide range of client needs, must be skilled in setting and monitoring appropriate service outcomes, and must be knowledgeable about local community resources and how to use those resources for the benefit of the adult with serious and persistent mental illness.

Subp. 3. **Case manager; supervision.** Clinical supervision of a case manager shall be provided as specified in items A to C.

Additionally, if the mental health professional is providing clinical supervision of a case manager who provides case management services to children, the mental health professional must be qualified as specified in Minnesota Statutes, section 245.4871, subdivision 27, and must be skilled and knowledgeable about children with emotional disturbance. The mental health professional providing the clinical supervision must document the clinical supervision in the client's record.

A. Clinical supervision is not required for a case manager who is qualified as a mental health professional.

B. Case managers who are not qualified as mental health professionals under Minnesota Statutes, section 245.4871, subdivision 27, for services to children with emotional disturbance or under Minnesota Statutes, section 245.462, subdivision 18, for services to adults with mental illness, and who have at least 2,000 hours of supervised experience in the delivery of mental health services, as appropriate, to children or adults must meet in person with a mental health professional at least once each month to obtain clinical supervision.

C. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services as appropriate to children with emotional disturbance or adults with serious and persistent mental illness, must receive clinical supervision regarding individual service delivery from a mental health professional at least once each week until the requirement of 2,000 hours of experience is met.

Subp. 4. **Case manager; required training.** A case manager with a bachelor's degree, who does not have 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance or to adults with serious and persistent mental illness must complete 40 hours of training approved by the department in case management skills as specified in items A and B.

A. If the case manager is providing case management services to children with severe emotional disturbance, the training must address the characteristics and needs of children with severe emotional disturbance.

B. If the case manager is providing case management services to adults with serious and persistent mental illness, the training must address the characteristics and needs of adults with serious and persistent mental illness.

Subp. 5. **Continued training.** A case manager with 2,000 hours of supervised experience required under subpart 1 or 2 must complete at least 30 hours of training in a two-year period. The training must be approved by the case management provider and shall be related to the needs, characteristics, and services available to the clients in the caseload assigned to the case manager.

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HIST: 17 SR 1448
Current as of 01/20/05

9520.0914 CASE MANAGER'S RESPONSIBILITIES.

Subpart 1. **General responsibility.** It is the responsibility of the case manager to provide the case management services that assist a child with severe emotional disturbance and the child's family needed in achieving the outcomes specified in part 9520.0904 or that assist an adult with serious and persistent mental illness in achieving the outcomes specified in part 9520.0905.

Subp. 2. **Other responsibilities.** The case manager must also carry out the responsibilities specified in item A or B for the purpose of implementing the design to achieve the outcomes specified in part 9520.0904 or 9520.0905.

A. A child's case manager must:

(1) complete a written functional assessment and develop the child's individual family community support plan based on the child's diagnostic assessment and functional assessment within 30 days after the first meeting with the child who is eligible for case management services;

(2) review and update the child's individual family community support plan according to the child's needs at least every 90 days after the development of the first plan and at the same time review the child's functional assessment as specified in part 9520.0918, subpart 2;

(3) monitor the child's progress toward achieving the outcomes specified in the child's individual family community support plan, report progress toward these outcomes to the parent, child, and other members of the case management team every 90 days after the plan is developed, and revise the outcomes as appropriate based on the child's progress toward the outcomes;

(4) coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving;

(5) arrange for a standardized assessment by a physician chosen by the child's parent, legal representative, or the child as described in part 9520.0907 of the side effects related to the administration of the child's psychotropic medication;

(6) attempt to meet with the child at least once every 30 days;

(7) be available to meet with the child's parent or legal representative upon the request of the parent or representative;

(8) note in the child's record the services needed by the child and the child's family that are not available and the unmet needs of the child and the child's family;

(9) actively participate in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services if the child is in a residential treatment facility, regional treatment center, correctional facility or other residential placement, or inpatient hospital for mental health services;

(10) at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative in assessing the child's need for continued mental health and case management services as specified in part 9520.0920, subpart 2, item D; and

(11) advise the child's parent or legal representative or the child of the right to appeal as specified in Minnesota Statutes, section 245.4887, if the mental health services needed by the child are denied, suspended, reduced, terminated, not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.

B. The case manager of an adult with serious and persistent mental illness must:

(1) complete a written functional assessment and develop, together with the adult, an individual community support plan based on the client's diagnostic assessment and needs within 30 days after the first meeting with an adult who is eligible for case management services;

(2) review and update the adult's individual community support plan according to the adult's needs at least every 90 calendar days after the development of the first plan and at the same time review the adult's functional assessment as specified in part 9520.0919, subpart 2;

(3) monitor the adult's progress toward achieving the outcomes specified in the adult's individual community support plan and report progress toward these outcomes to the adult and other members, if any, of the case management team at the time of the review required under subitem (2);

(4) involve the adult with serious and persistent mental illness, the adult's family, physician, mental health providers, other service providers, and other interested persons in developing and implementing the adult's individual community support plan to the extent possible and with the adult's consent;

(5) arrange for a standardized assessment by a physician of the adult's choice of side effects related to the administration of the adult's psychotropic medication;

(6) attempt to meet with the adult at least once every 30 calendar days or at least once within a longer interval of between 30 and 90 calendar days as specified in the adult's community support plan;

(7) be available to meet with the adult at the request of the adult more frequently than specified in subitem (6);

(8) actively participate in discharge planning for the adult and, to the extent possible, coordinate services necessary to assist the adult's smooth transition to the community if the adult is in a residential treatment facility, regional treatment center, correctional facility or any other residential placement, or an inpatient acute psychiatric case unit; and

(9) inform the adult of the right to appeal as specified in Minnesota Statutes, section 245.477, if the mental health services needed by the adult are denied, suspended, reduced, terminated, or not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.

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HIST: 17 SR 1448
Current as of 01/20/05

9520.0916 CASE MANAGEMENT TEAM FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE.

Subpart 1. **Team convened.** The case manager of a child's case management services may convene the case management team on the manager's own initiative or upon the request of the child's parent or legal representative or the child, or at the request of any other member of the team. The case manager, the child's parent or legal representative unless clinically inappropriate, and the other members of the case management team, if any, shall meet face-to-face with the child at least once quarterly or more frequently if needed to monitor the child's progress in achieving the outcomes specified in the child's individual family community support plan.

Subp. 2. **Team coordinator.** When the case management team is convened, the child's parent or legal representative or the child may request that a representative of an agency other than the local agency serve as the team coordinator. If the agency represented on the team by the person chosen as team coordinator agrees, the team coordinator shall convene the case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the team coordinator and must coordinate the child's mental health services with the team coordinator.

Subp. 3. **Duties of case management team.** When a case management team is convened under this part, the team must clarify and address the roles and responsibilities of the individual team members. The team shall assist the child's case manager to carry out the responsibilities of the case manager specified in part 9520.0914, subparts 1 and 2, item A. Recommendations of the case management team about mental health services for the child shall be noted in the child's record according to Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448
Current as of 01/20/05

9520.0917 CASE MANAGEMENT TEAM FOR ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS.

The case management functions of a case manager for an adult with serious and persistent mental illness may be provided by a team that includes the adult, the adult's case manager, and other persons who meet at least the qualifications established in part 9520.0912, subpart 2. At the request of the adult with serious and persistent mental illness, the case management team shall involve other persons as specified in Minnesota Statutes, section 245.4711, subdivision 4, in all phases of development and implementation of the adult's individual community support plan. Members of the team other than the adult and the adult's case manager may be from any agency providing services to the adult with serious and persistent mental illness and, in addition, shall be employed by or under contract to the local agency to provide case management services. One member of the team shall be designated as the team leader subject to approval by the local agency. If a county board has authorized the use of case management teams, an adult with serious and persistent mental illness may request a single case manager or a case management team. If the adult chooses to receive case management services from a case management team, the team shall be responsible for carrying out the responsibilities of the case manager under parts 9520.0900 to 9520.0926, except that the team leader shall be responsible for coordinating the team's activities.

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HIST: 17 SR 1448
Current as of 01/20/05

9520.0918 DEVELOPMENT OF CHILD'S INDIVIDUAL FAMILY COMMUNITY SUPPORT PLAN.

Subpart 1. **Required plan.** The development of the child's individual family community support plan must comply with Minnesota Statutes, section 245.4881, subdivision 4. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan. The plan must incorporate the child's individual treatment plans, if any. The individual family community support plan must focus on the desired changes in the level of functioning of the child. The plan must specify the desired outcomes of services and how the services will be assessed and monitored on an ongoing basis.

Subp. 2. **Review and revision.** The case manager with the assistance of the case management team, if any, shall review and, if necessary, revise a child's functional assessment, the child's individual family community support plan specified under subpart 1, and the child's and family's service needs based on evidence of the child's progress toward desired service outcomes. The review and, if necessary, the revision shall occur at least once every 90 calendar days after the development of the child's first individual family community support plan. Whenever possible, the outcome of the review and revision of the child's services must simplify access to the child's services and bring together similar services in a manner that eliminates the duplication or omission of services identified in the child's individual family community support plan.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448
Current as of 01/20/05

9520.0919 DEVELOPMENT OF ADULT'S INDIVIDUAL COMMUNITY SUPPORT PLAN.

Subpart 1. **Required plan.** The development of the adult's individual community support plan must comply with Minnesota Statutes, section 245.4711, subdivision 4. Any other service plan developed by an agency providing services to the adult may substitute for the adult's individual community support plan if the other service plan meets the requirements for an individual community support plan. The plan must incorporate the adult's individual treatment plans, if any. The individual community support plan must focus on the desired changes in the level of the adult's functioning. The plan must specify the desired outcomes of the services and how the services will be assessed and monitored on an ongoing basis.

Subp. 2. **Review and revision.** With the assistance of the case management team, if any, the case manager shall review and, if necessary, revise the adult's functional assessment, the adult's individual community support plan specified in subpart 1, and the adult's service needs based on evidence of the adult's progress toward the desired service outcomes. The review and, if necessary, the revision shall occur at least once every 90 calendar days after the development of the adult's first individual community support plan. Whenever possible, the outcome of the review and revision of the adult's services must identify, and assure the coordination of, services needed to obtain the desired service outcomes.

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HIST: 17 SR 1448
Current as of 01/20/05

9520.0920 CASE MANAGER'S RECORDS RELATED TO SERVICES AND OUTCOME MITORING.

Subpart 1. **Required records; children.** A case manager providing case management services to children with severe emotional disturbance must keep the records required in Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

Subp. 2. **Monitoring and recording outcomes.** The case manager shall monitor and record the attainment of service outcomes to determine whether:

A. the client's level of functioning is being maintained or has changed;

B. the services are being coordinated in a manner designed to assure continuity of services needed by the child and to support the outcomes identified in the child's individual family community support plan; or

C. in the case of an adult, services are being coordinated in a manner to assure continuity of services needed by the adult and to support the outcomes identified in the adult's individual community support plan;

D. the child who is age 17 and who may be eligible for case management services to persons with serious and persistent mental illness receives information necessary to make the transition to case management services for persons with serious and persistent mental illness; and

E. the child and the child's parent or legal representative or the adult receive information about applicable provisions of the Patients and Residents of Health Care Facilities Bill of Rights, appeals of denials, terminations, reductions or suspension of services, the release of information under the Government Data Practices Act about services, and authorization of services.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448
Current as of 01/20/05

9520.0922 CASE MANAGER'S PROVISION OF OTHER MENTAL HEALTH SERVICES.

As requested by the child's parent or legal representative or by the child as described in part 9520.0907 or by an adult, a case manager may provide other mental health services if the case manager meets at least the minimum qualifications required to provide the mental health services specified in Minnesota Statutes, sections 245.462 to 245.4887, and if the case manager is under contract to or employed by the county to provide other mental health services. In the event a case manager provides other mental health services under this part, the other mental health services provided by the case manager shall not be considered as among the functions of the case manager and the case manager's time spent on case management functions shall be prorated in calculating the number of full-time equivalent positions needed to comply with part 9520.0903, subparts 2 and 3.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448; L 2003 1Sp14 art 11 s 11
Current as of 01/20/05

9520.0923 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

If a person is eligible for and receiving case management services from more than one case management system, the case managers of these systems must coordinate, and not duplicate, case management services.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448
Current as of 01/20/05

9520.0924 TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services to a child with severe emotional disturbance or an adult with serious and persistent mental illness shall terminate when one of the events listed in items A to E occurs.

A. A mental health professional who has provided mental health services to the client furnishes a written opinion that the client no longer meets the eligibility criteria in Minnesota Statutes, section 245.4871, subdivision 6, for a child or 245.462, subdivision 20, for an adult. Upon receipt of the mental health professional's written opinion that the client no longer needs case management services, the client's case manager must inform the client of the client's ability to appeal the decision according to part 9520.0926.

B. The adult and the case manager mutually decide that the adult, or in the case of a child, the case manager and the child's parent or legal representative or the child as described in part 9520.0907 and the case manager mutually decide that the client no longer needs case management services.

C. The adult or, in the case of a child, the child's parent or legal representative or the child as described in part 9520.0907 refuses further case management services.

D. Except for a child in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of a severe emotional disturbance in a county outside the county of financial responsibility, no face-to-face contact has occurred between the case manager and the child for 90 consecutive days because the child has failed to keep an appointment or refused to meet with the case manager.

E. Except for an adult in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of a serious and persistent mental illness in a county outside the county of financial responsibility, no face-to-face contact has occurred between the case manager and the adult for 180 consecutive days because the adult has failed to keep an appointment or refused to meet with the case manager.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448
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9520.0926 APPEALS.

Subpart 1. **Right to appeal.** A client who applies for or receives case management services has the right to a fair hearing under Minnesota Statutes, section 256.045, if the county terminates, denies, or suspends case management services, or does not act within five days upon a request or referral for case management services. Fiscal limitations described in Minnesota Statutes, section 245.486, shall constitute a basis for the county of financial responsibility to refuse to provide or fund the services at issue in the appeal.

Subp. 2. **Notice of adverse action.** The local agency shall mail a written notice to the adult or to the child's parent or legal representative and the child at least ten calendar days before denying, reducing, suspending, or terminating the client's case management services. The written notice shall clearly state:

A. what action the local agency proposes to take;

B. the reasons for the action;

C. the legal authority for the proposed action;

D. that the adult or in the case of a child, the child and the child's parent or legal representative have the right to appeal the action within 30 days after the receipt of the notice or within 90 days if the person has good cause for delaying. At the request of the adult or in the case of a child, the child and the child's parent or legal representative, the child or adult shall continue to receive case management services pending the resolution of the appeal; and

E. where and how to file an appeal.

Subp. 3. **General information about appeal rights.** At the time of the request for case management services and at the annual review of the adult's individual community support plan or the child's individual family community support plan, the case manager shall give the adult or, in the case of a child, the child's parent or legal representative and the child a written notice of the right to appeal under this part.

Subp. 4. **Commissioner's record of appeals.** The commissioner shall monitor the nature and frequency of appeals under this part.

STAT AUTH: MS s 245.484; 256B.04; 256B.0625
HIST: 17 SR 1448; L 2003 1Sp14 art 11 s 11
Current as of 01/20/05