

Bulletin

August 1, 2008

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- County Attorneys
- Court Appointed Attorneys
- Pre-Petition Screening
- DD Waiver and ICF/MR Providers

ACTION/DUE DATE

Admission and discharge activities related to Minnesota Extended Treatment Options (METO)

Expiration Date

August 1, 2010

CRITERIA FOR ADMISSION TO METO

TOPIC

Minnesota Extended Treatment Options, (METO) is a specialized service model designed to serve persons with mental retardation or related conditions who present a risk to public safety, are in need of active treatment, and do not have an alternative community placement option.

PURPOSE

Provides an update regarding METO admission and discharge activities replacing bulletin #99-76-1.

CONTACT

METO Admissions Review Committee
Att. Admissions Officer
1425 East Rum River Drive South
Cambridge, MN 55008
763-689-7227

Assistant Commissioner

Assistant Commissioner

Wes Kooistra

Loren Colman

METO PROGRAM DESCRIPTION

The Minnesota Extended Treatment Option (METO) program is a specialized short-term service designed to meet the needs of individuals whose primary diagnosis is mental retardation or a related condition but may also have other co-occurring conditions whose behavior or actions present a risk to public safety. METO has the capacity to provide specialized residential services for up to 48 individuals. These specialized residential services include vocational, recreational, health and outreach support. METO delivers statewide outreach services through regionally based Community Support Services (CSS). Since outreach and support services are available, admissions to the specialized residential services are limited to those few individuals whose behavior or actions require intense short term treatment or intervention until the behaviors can be managed safely in the community. The METO program will work closely with the responsible county to achieve this outcome.

CRISIS MANAGEMENT SERVICES

It is expected that all clients who are being considered for admission to METO be referred to, and be reviewed for alternative care and/or placement by, a crisis management service in an effort to avoid the need for initiating commitment proceedings.

CRITERIA FOR ADMISSION TO METO

In order to for an individual to be admitted to the METO specialized residential services, an individual must meet all the following admission criteria:

- a. be at least 18 years of age;
- b. have mental retardation or a related condition in accordance with Minnesota Rules, part 9525.0016, subpart. 2 as the primary disability (persons with other co-occurring conditions will be considered for admission, however, high level security risk individuals may not be suitable for services at METO)
- c. be under an appropriate legal status identified in Minnesota Statutes, Chapter 253B (Minnesota Commitment and Treatment Act) or Minnesota Rules of Criminal Procedure 20.01 or 20.02;
- d. exhibit behavior or actions that present a risk to public safety and cannot be safely managed with currently available community supports; and
- e. does not require hospital level care for psychiatric illness.

CASE MANAGER PRE-PLACEMENT RESPONSIBILITIES

In order for the METO Admissions Committee to process a referral for admission to the METO specialized residential beds at Cambridge, the county case manager must do the following:

- a) determine the person has mental retardation or a related condition in accordance

Minnesota Rules, part 9525.0016;
- b) ensure an assessment has been completed of the individual's functional skills and needs in accordance with Minnesota Rules, part 9525.0024;
- c) determine the person's need of Intermediate Care Facility for persons with mental retardation (ICF/MR) Level of Care (see Attachment A) by identifying the individual's need for active treatment. Persons needing ICF/MR Level of Care will be admitted to a Minnesota State Operated Community Services home, until such time as an appropriate community placement can be secured.
- d) complete a Full Team Screening that is reflective of current needs prior to the individual's actual admission to METO (DD Screening Document, form DHS 3067);
- e) contact the METO Admissions Officer at (612) 689-7227 when it appears community alternatives may not be adequate to maintain the person in a community setting, to 1) inform the program of the intent to seek an admission to the METO specialized residential beds (this action constitutes a formal referral to the METO specialized residential beds and should occur at least by the time civil commitment/pre-petition screening is initiated); and 2) submit to the METO Admission Officer the following:
 - completed functional skills and needs assessment;
 - completed ICF/MR Level of Care Assessment;
 - completed METO Admission Information Form;
 - copy of the current Individual Service Plan (ISP);
 - copy of the current Individual Education Plan (IEP) (if applicable);
 - comprehensive social history;
 - most recent psychological evaluation;
 - most recent psychiatric evaluation;
 - most recent Risk Management Plan and copies of reports if available from community-based crisis services support staff regarding the persons treatment needs;
 - most recent Pre-Petition Screening Reports when available; and
 - any Rule 20 (Minnesota Rules, parts 9525.0900 9525.1020) Evaluations.

If a referral does not come through the county case manager, the METO Admission Officer will request that the referral source contact the appropriate county social service agency for assignment of a case manager.

METO ADMISSIONS REVIEW COMMITTEE

The METO Admission Review Committee (hereinafter “the committee”) is composed of the METO Admissions Officer, the METO Director, the METO Clinical Director, a representative of the Disability Services Division (DSD) of DHS, and the Forensic Medical Director or designee. The committee will review admission requests on a weekly basis to ensure appropriateness of admission. Factors to be considered for admission will include, but not be limited to:

- (a) ability of METO to safely meet the person’s needs as identified in the ISP;
- (b) safety issues such as vulnerability of family, roommates, and/or staff;
- (c) previous community based treatment, court ordered services, education plans;
- (d) recommendations/findings made by consultants, clinicians and medical experts ;
- (e) security issues; and
- (f) need for ICF/MR level of care.

When an individual is civilly committed to METO and the committee determines the individual either does not meet all the METO admission criteria or the program cannot safely serve the individual, then the METO Clinical Director and the Forensic Medical Director will jointly review the case and determine the best available option for the committed individual within State Operated Services.

CASE MANAGER PLACEMENT RESPONSIBILITIES

The county case manager will ensure that previous community providers (residence and vocational program), guardian/conservators, and community support service providers as applicable are encouraged to attend team meetings at METO to help facilitate discharge planning. The case manager must ensure the following activities occur during placement at METO:

- a. within 30 days of admission, identify for the interdisciplinary team those conditions or supports which were not available for the person in the community and consequently necessitated admission to the METO specialized residential beds;
- b. no later than 90 days from the date of admission, create a Discharge Plan that identifies the service needs, community-based supports necessary to address barriers which led to admission and the anticipated discharge date sent to the METO Admissions Officer;
- c. meet as requested as an active team member at meetings designed to facilitate discharge planning; and

- d. ensure discharges are made in accordance with the requirements of Minnesota Statutes, section 253B.092, subd.10. (Note: discharge procedures vary depending upon an individual's legal status)
- e. if discharge does not occur by the planned discharge date, the county case manager shall notify the METO Admissions Officer of the reasons for the delay, planned activities designed to meet the new proposed date of discharge.
- f. if an individual is not discharged within one year from the date of admission, the case manager shall meet with the METO Psychological and Behavioral Services Director and the Disability Regional Services Resource Specialist (see Attachment A) to identify and address barriers preventing community-based placement.

CASE MANAGER POST-PLACEMENT RESPONSIBILITIES

The county case manager shall monitor the post-METO placement activities of all individuals as specified in the Discharge Plan. In addition, the county case manager is expected to provide six month reports to the METO Admissions Officer regarding the post-placement status of individuals for one year following discharge. This information will be used by METO to conduct program evaluation and report outcome data to DHS and state advisory groups.

QUESTIONS

Questions regarding admission to METO should be directed to the METO Admissions Officer at (612) 689-7227.