

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

Emergency 10 Working Days

MSC
12-9-91

RULE REVIEW CHECKLIST

File No. 1875
DATE RECEIVED 12-5-91
REVIEW DATE
DUE DATE 12-19-91
(DIS)APPROVED 12-19-91
WITHDRAWN

Docket No. 05 0007 0866
ADOPTED W/O HEARING
EMERGENCY RULE
TO REVISOR ON 12-9-91
REVISOR (DIS)APPROVED 12-12-91
FILED W/SEC. OF STATE 12-20-91
RETURNED TO AGENCY 12/23/91

✓ Rule as adopted (4 copies)

___ Notice to Solicit Outside Information/Opinion (if applicable)
___ Date published in State Register
___ Comments

___ Petition for Adopton of a Rule

___ Board's Authorizing Resolution
___ Date adopted

✓ Proposed Rule
✓ Revisor's Certificate

✓ Notice of Intent to Adopt Rule
MN Laws 1991, Chapt 338 Statutory Authority article 6, Sec 5
no Statement Small Business Statement
no Statement Expenditure of public money statement
Oct 3, 1991 Signature

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

✓ Affidavit of Mailing Notice of Intent to Adopt Rule
Oct 9, 1991 Dated 30/25 days before adoption
✓ Notice attached indicates it is attached
___ Copy of rule or summary attached

✓ Publication in State Register
Oct 14, 1991 Date 30/25 days before adoption

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

___ Resolution Adopting
___ Date adopted

✓ Findings of Fact, Conclusions & Order Adopting
Dec 4, 1991 Date

✓ Written Requests, Submissions or Comments

✓ Declaration of Attorney
Deborah Huskins Name of SAAG representing agency

___ Notice of Submission to Attorney General (if applicable)

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

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

OFFICE MEMORANDUM

DATE: December 23, 1991

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

FROM: MARTHA J. CASSERLY
Special Assistant
Attorney General mjc

PHONE: 296-6839

SUBJECT: In the Matter of the Adopted Rule Relating to Case Management for Persons with Serious and Persistent Mental Illness or Severe Emotional Disturbance

The above-referenced rule has been approved as to its legality by the Attorney General on December 19, 1991.

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

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

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

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

MJC:jj

cc: Deborah Huskins
William Brown, Chief Judge
MaryAnn Hruby

Department of Human Services

Adopted Emergency Amendments to Permanent Rules Relating to Case Management for Persons with Serious and Persistent Mental Illness or Severe Emotional Disturbance

Rules as Adopted

9505.0476 SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9505.0476 to 9505.0491 establish standards and procedures for providing case management services to persons with serious and persistent mental illness as authorized by Minnesota Statutes, sections 245.461 to 245.486, and to persons with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4888, and 256B.0625, subdivision 20. Parts 9505.0476 to 9505.0491 are intended to be in compliance with and, therefore, must be read in conjunction with title XIX of the Social Security Act; Code of Federal Regulations, title 42, sections 430 to 456 as amended through October 1, 1987; Minnesota Statutes, sections 245.461 to 245.486, 245.487 to 245.4888, 256E.09, and Minnesota Statutes, chapters 256B and 256G; and parts 9505.2160 to 9505.2245.

Subp. 2. **Availability.** Case management services are available to all medical assistance recipients with serious and persistent mental illness or severe emotional disturbance and to other persons with serious and persistent mental illness or severe emotional disturbance within the limits of legislative appropriations as specified in Minnesota Statutes, section 245.486, and the requirements of Minnesota Statutes, section 256E.081, except as provided under parts 9505.0479 and 9520.0900 to 9520.0926. Additionally, case management services to recipients who have serious and persistent mental illness are to be provided according to Minnesota Statutes, section 245.464 and to recipients who have severe emotional disturbance are to be provided according to Minnesota Statutes, section 245.4873, subdivision 6. In making case management services available to

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persons with serious and persistent mental illness and persons with severe emotional disturbance who are not recipients of medical assistance, a local agency shall use all possible available funding sources. Examples of possible funding sources are grants to counties for services to clients under Minnesota Statutes, section 256E.12, funds made available to counties for community social services under Minnesota Statutes, sections 256E.06 and 256E.07, money distributed to counties for permanency planning for children under Minnesota Statutes, sections 256F.01 to 256F.07, and title XX allocations under Minnesota Statutes, section 256E.07.

9505.0477 DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who, in the case of providing case management to persons with serious and persistent mental illness, meets the qualifications specified in Minnesota Statutes, section 245.462, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491, or who, in the case of providing case management services to persons with severe emotional disorder, meets the qualifications in Minnesota Statutes, section 245.4871, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491.

[For text of subp 3, see M.R.]

Subp. 4. **Case management services.** "Case management services" means services specified in Minnesota Statutes, section 245.462, subdivision 3, and part 9505.0485 that help persons with serious and persistent mental illness or persons with severe emotional disturbance gain access to needed medical, social, educational, financial, and other services necessary to meet their mental health needs and that coordinate and monitor the delivery of these services.

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[For text of subp 5, see M.R.]

Subp. 6. **Client.** "Client" means a person with serious and persistent mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), or a person with severe emotional disturbance as defined in Minnesota Statutes, section 245.4871, subdivision 6, who is receiving case management services under parts 9505.0476 to 9505.0491.

[For text of subps 7 to 9, see M.R.]

Subp. 10. **Diagnostic assessment.** "Diagnostic assessment" means a written evaluation by a mental health professional of a person's:

A. current life situation and sources of stress, including reasons for referral;

B. history of the person's current mental health problem, including important developmental incidents, strengths, and vulnerabilities;

C. current functioning and symptoms;

D. diagnosis including whether or not a person is seriously and persistently mentally ill or has a severe emotional disturbance; and

E. needed mental health services.

[For text of subp 11, see M.R.]

Subp. 11a. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 11b. **Excluded time facility.** "Excluded time facility" means a facility specified in Minnesota Statutes, section 256G.02, subdivision 6.

[For text of subp 12, see M.R.]

Subp. 13. **Individual community support plan or individual family community support plan.** "Individual community support plan" or "individual family community support plan" means a written plan developed by a case manager together with the client and, if the client is a child, the client's parent or legal representative unless clinically inappropriate that is based on a diagnostic assessment and the client's needs and that

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is coordinated with the client's individual treatment plan or plans as defined in subpart 14. The plan identifies the specific services to be provided that are appropriate to the age of the person with serious and persistent mental illness or with a severe emotional disturbance and that the person needs to develop independence or improved functioning in daily living, health and medication management, social functioning, interpersonal relationships including family relationships, financial management, housing, transportation, employment, and education. A child's individual family community support plan also identifies activities related to involving the child's family or primary caregiver in the specific services to be provided including, as appropriate, services specified in Minnesota Statutes, sections 256F.07, subdivision 3, and 257.071, subdivision 1.

Subp. 14. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention, treatment, and services for a person with mental illness or emotional disturbance that is developed by the client and, if the client is a child, in conjunction with the client's parent or legal representative unless clinically inappropriate and a mental health professional which is based on a diagnostic assessment and the client's needs. The plan identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the individual or individuals responsible for providing treatment to the person with serious and persistent mental illness or a severe emotional disturbance. A child's individual treatment plan also identifies activities related to involving the child's family or primary caregiver in the treatment of the child and, if the child is placed or being considered for placement outside the home, includes the individual placement plan as required under Minnesota Statutes, section 257.071, subdivision 1.

[For text of subp 15, see M.R.]

Subp. 16. **Legal representative.** "Legal representative" means a court-authorized guardian of a child with serious and

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persistent mental illness or severe emotional disturbance, or a guardian or conservator authorized by the court to make decisions about services for a person with serious and persistent mental illness or severe emotional disturbance.

Subp. 17. **Mental health professional.** "Mental health professional" means a person who provides clinical services in the treatment of mental illness and who, at a minimum, is qualified in at least one of the ways specified in Minnesota Statutes, section 245.462, subdivision 18, clauses (1) to (5), or who provides clinical services in the treatment of emotional disturbance and who, at a minimum, is qualified in at least one of the ways specified in Minnesota Statutes, section 245.4871, subdivision 27.

After August 1, 1989, persons in allied fields as specified in Minnesota Statutes, section 245.462, subdivision 18, clause (5), or Minnesota Statutes, section 245.4871, subdivision 27, clause (5), shall be required to file their credentials as required by Minnesota Statutes, section 148B.42, subdivision 1.

[For text of subp 18, see M.R.]

Subp. 19. **Mental health services.** "Mental health services" means the services provided to persons with mental illness that are described in Minnesota Statutes, section 245.466, subdivision 2, or to persons with emotional disturbance that are described in Minnesota Statutes, section 245.4875, subdivision 2.

[For text of subps 20 to 26, see M.R.]

Subp. 27. **Serious and persistent mental illness.** "Serious and persistent mental illness" means the condition of a person who has a mental illness and meets at least one of the following criteria:

[For text of items A to D, see M.R.]

[For text of subp 28, see M.R.]

Subp. 28a. **Severe emotional disturbance.** "Severe emotional disturbance" refers to the criteria specified in Minnesota Statutes, section 245.4871, subdivision 6.

[For text of subps 29 and 30, see M.R.]

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9505.0478 REFERRAL FOR CASE MANAGEMENT SERVICES.

Consistent with the Minnesota Governmental Data Practices Act, and Minnesota Statutes, sections 245.467, subdivisions 4 and 6, and 245.4876, subdivisions 4 and 7, a physician, a mental health provider, a family member, a social worker, a legal representative, or other interested person may give the name and address of a person believed to have serious and persistent mental illness or severe emotional disturbance to the local agency and request case management services for the person. A person who may have serious and persistent mental illness or severe emotional disturbance may directly request case management services from the local agency.

9505.0479 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

Subpart 1. **Persons receiving services through the Veterans Administration.** Persons with serious and persistent mental illness or severe emotional disturbance who are receiving case management services through the Veterans Administration are not eligible for case management services while they are receiving case management through the Veterans Administration.

[For text of subp 2, see M.R.]

Subp. 3. **Persons with dual diagnoses.** Except as provided in subpart 2, if a person has the diagnosis of mental retardation or a related condition and the diagnosis of serious and persistent mental illness or severe emotional disturbance, the county shall assign the person a case manager for services to persons with mental retardation according to parts 9525.0015 to 9525.0165 and shall notify the person of the availability of case management services for persons with serious and persistent mental illness or severe emotional disturbance according to parts 9505.0476 to 9505.0491. If the person or the person's representative chooses case management services for persons with serious and persistent mental illness or severe emotional disturbance, the case manager assigned under parts 9525.0015 to 9525.0165 and the case manager chosen under parts 9505.0476 to

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9505.0491 shall work together as a team to ensure that the person receives the services required under parts 9525.0015 to 9525.0165 and 9505.0476 to 9505.0491. The case manager responsible for the person's individual community support plan under parts 9505.0476 to 9505.0491 shall:

[For text of items A to E, see M.R.]

Subp. 4. **Person enrolled in medical assistance demonstration project.** For purposes of parts 9505.0476 to 9505.0491, a person with serious and persistent mental illness or severe emotional disturbance who is enrolled by a demonstration provider under the medical assistance demonstration project established under Minnesota Statutes, section 256B.69, is eligible for case management services as specified in parts 9505.0476 to 9505.0491 on a fee-for-service basis from a provider other than the demonstration provider.

Subp. 5. **Person assessed as chemically dependent under part 9530.6620.** A person who has been assessed as chemically dependent under part 9530.6620 and who is also determined to have serious and persistent mental illness or severe emotional disturbance is eligible to receive case management services under parts 9505.0476 to 9505.0491.

The case manager assigned under parts 9505.0476 to 9505.0491 must coordinate the person's case management services with any similar services the person is receiving from other sources.

9505.0480 LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Local agency responsibility; general requirement.** The local agency must make case management services available under parts 9505.0476 to 9505.0491 either directly or under a contract with a case management provider. The services must be provided to recipients who request them and, within the limitations of Minnesota Statutes, sections 245.486 and 256E.081, to persons other than recipients. The recipients and persons other than recipients must have been determined by a mental health professional to have serious and

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persistent mental illness or severe emotional disturbance or must have been determined by the local agency to meet the requirements in part 9505.0477, subpart 27, item A, B, or D. As required by Minnesota Statutes, sections 245.464, subdivision 2, 245.4873, and 245.4875, the local agency must develop mental health services for all persons with serious and persistent mental illness or severe emotional disturbance to the extent of the county's available resources. The first source of payment for case management services to a person with serious and persistent mental illness or severe emotional disturbance shall be Medicare or a third-party payer wherever possible.

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

Subp. 4. **Follow-up notice of availability of case management services.** If the person notified under subparts 2 and 3 does not respond within ten working days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the person, or if the person is a child, the child's parents, primary caregiver, or legal representative. Contact must be either face-to-face or by telephone. If the local agency is able to contact the person, the local agency must ask whether the person who may have serious and persistent mental illness or severe emotional disturbance wants to be assessed for eligibility for case management services. The local agency must document the attempted and completed contacts, describing the type and content of contact made, and the result of the contact.

[For text of subp 5, see M.R.]

Subp. 6. **Refusal.** A person may refuse case management services. A person's refusal of case management services does not affect the person's eligibility to receive case management services as long as the person is seriously and persistently mentally ill or has a severe emotional disturbance.

Subp. 7. **Determination of eligibility for case management services.** When a person requests or is referred for case management services, consents to be assessed for eligibility for the services, and authorizes a release of information, the local

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agency must determine whether the person meets a requirement of part 9505.0477, subpart 27, item A, B, or D, or must offer to help the person arrange a diagnostic assessment by a mental health professional, unless one has already been completed within 180 days before the request or referral.

[For text of subp 8, see M.R.]

Subp. 9. **Access to case management services.** Within five days after a person who has been determined to have serious and persistent mental illness or severe emotional disturbance accepts case management services, the local agency must offer to help the person make an appointment with a case management provider. The appointment must be scheduled for no later than two weeks from the date it is made unless the person requests otherwise. The local agency must also inform the person of the availability of emergency services at the time the offer to schedule the appointment is made.

[For text of subp 10, see M.R.]

Subp. 11. **Local agency responsibility; referral to mental health and other service providers.** If a person with serious and persistent mental illness or severe emotional disturbance who is referred to a local agency for case management services refuses case management services or if a person referred to a local agency is determined to have a mental illness or emotional disturbance but not to have serious and persistent mental illness or severe emotional disturbance, the local agency shall offer to refer the person to a mental health provider or other service provider appropriate to the person's needs and, at the person's request, shall assist the person in making an appointment with the provider of the person's choice.

[For text of subp 12, see M.R.]

Subp. 13. **Local agency responsibility; child's preplacement screening.** In the case of a child with severe emotional disturbance who receives case management services under parts 9505.0476 to 9505.0491, the local agency shall assure coordination of the child's case management services with the child's permanency planning, placement prevention, and

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family reunification services required under Minnesota Statutes, chapter 256F.

Subp. 14. **Eligibility if client does not have a current diagnostic assessment.** Medical assistance payment is available for case management services provided to a medical assistance eligible person who does not have a current diagnostic assessment 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) an adult for reasons related to the adult's mental illness;

(2) by a child who meets a criterion specified in part 9505.0480, subpart 5, item A, and whose refusal is for reasons related to the child's mental illness or emotional disturbance; or

(3) the parent of a child;

C. the case manager determines that the person is eligible for case management services; and

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

9505.0481 OFFERING CASE MANAGEMENT SERVICES TO PERSONS ALREADY RECEIVING MENTAL HEALTH SERVICES.

If a person is in a regional treatment center, inpatient hospital, or residential treatment facility, or is receiving or requesting outpatient mental health services or other services through the community support service program and has been determined by a mental health professional to have serious and persistent mental illness or severe emotional disturbance, the mental health provider shall ensure that its representative informs the person of the availability of case management services under parts 9505.0476 to 9505.0491 and explains the purpose and potential benefit of case management services. The

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information must be given to a person within five days after admission to treatment in a regional treatment center, inpatient hospital, or residential treatment facility and within 15 days after admission to mental health services or treatment through the community support services program. If the person authorizes a release of information as specified in part 9505.0482, the representative of the mental health provider shall notify the local agency that the person wants case management services, and assure that the person has assistance in making an appointment with the case management provider of the person's choice. If the person is a child, the child and, except as provided in part 9505.0480, subpart 5, the child's parents, primary caregiver, or legal representative must be informed of the availability and purposes of case management services. The local agency must comply with the notice and follow-up requirements in part 9505.0480, subparts 2, 3, 4, and 5.

9505.0482 AUTHORIZATION TO RELEASE INFORMATION AND CONTACT PERSON'S FAMILY.

Subpart 1. **Authorization to release information.** When a local agency, a case manager, or mental health professional asks a person requesting case management services to sign forms needed to gain access to information necessary to provide case management services or to share information with providers involved in providing services to the client, according to Minnesota Statutes, sections 245.468, subdivisions 4 to 6, and 245.4876, subdivision 5, the information described in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each authorization of access to a record related to the person's mental health status. The period of authorization must not exceed one year.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information authorized

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to be released;

D. the name of the person or persons authorized to give information;

E. the name of the person or persons to whom the information is to be given;

F. a description of the information's use during the case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the consent at any time.

Subp. 2. **Authorization to contact person's family.** When parts 9505.0476 to 9505.0491 require a local agency, case manager, or mental health professional to contact the family of a person who has or may have a serious or persistent mental illness or severe emotional disturbance to obtain information related to the provision of the person's case management services, the local agency, case manager, or mental health professional, according to Minnesota Statutes, section 245.4876, subdivision 5, shall ask the person to sign forms authorizing contact with the person's family. The information in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each family member to whom access is authorized. The period of authorization must not exceed one year for each family member. If the person does not sign the form authorizing contact with a family member, the local agency, case manager, or mental health professional may not contact the family member and shall note the person's refusal to sign in the person's case record.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information being sought in the contact;

D. the name of the family member with whom contact is being authorized;

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E. the name of the person or persons who are authorized to contact the family member;

F. a description of the information's use during case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the authorization at any time.

9505.0483 DIAGNOSTIC ASSESSMENT.

Subpart 1. **Acceptance of diagnostic assessment.** A diagnostic assessment that can be used for determining a person's eligibility for case management services under parts 9505.0476 to 9505.0491 or in developing a client's individual community support plan or individual family community support plan must meet the requirements in items A to C and must contain the contents required in subpart 4.

A. A diagnostic assessment that was completed within 180 days before the person requested or was referred for case management services must be reviewed and brought up to date by a mental health professional if the person agrees to receive case management services.

B. If the person has not had a diagnostic assessment within 180 days before requesting or being referred for case management services, a new diagnostic assessment must be obtained.

C. The diagnostic assessment must result in a determination of whether the person has serious and persistent mental illness or severe emotional disturbance.

[For text of subp 2, see M.R.]

Subp. 3. **Eligibility to provide a diagnostic assessment.** A diagnostic assessment required for parts 9505.0476 to 9505.0491 shall be conducted by a mental health professional as defined in Minnesota Statutes, section 245.462, subdivision 18 except that, in the case of a child, the diagnostic assessment may be conducted by a mental health practitioner as specified in

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part 9505.0323, subpart 31. In the case of a recipient, the mental health professional conducting the recipient's diagnostic assessment or providing the clinical supervision of a mental health practitioner conducting a diagnostic assessment of a recipient who is a child must be a provider.

[For text of subp 4, see M.R.]

9505.0484 CASE MANAGER QUALIFICATIONS AND TRAINING.

Subpart 1. **Qualifications of case manager.** Except as provided in subpart 2, a case manager 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 persons with mental illness or to provide services to children, experience in the delivery of services to persons with emotional disturbance, be skilled in the process of identifying and appraising a wide range of client needs, and be knowledgeable about local community resources and how to use the resources for the client's benefit.

Subp. 2. **Supervision of case manager.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to persons with mental illness or emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of persons with serious and persistent mental illness or if the case manager will serve children, training in the characteristics and needs of children with severe emotional disturbance. Training in case management skills includes training in the delivery of services to persons with mental illness or if the case manager will serve children, training in the delivery of services to children with emotional disturbance, the process of identifying and assessing a wide range of client needs, and the use of local community resources for a client's benefit. They must also receive clinical supervision regarding the provision of case management services from a mental health professional at least once a week including

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a face-to-face meeting of the case manager and the manager's clinical supervisor at least once a month until the requirement of 2,000 hours of supervised experience is met. Case managers who have at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness or if the case manager will serve children, in the delivery of services to children with severe emotional disturbance shall meet in person with a mental health professional at least once a month to obtain clinical supervision of the case manager's activities. The dates and subjects discussed during the clinical supervision meetings must be documented in the client's record.

Subp. 3. **Training requirement.** A case manager must complete 30 hours of training every two years. The training must consist of in-service training or courses in areas related to mental health services such as mental health treatment, rehabilitation, prevention of mental illness or emotional disturbance, case management, licensing standards applicable to mental health services for persons with serious and persistent mental illness or severe emotional disturbance, child development, family relationships, and special needs of specific client populations or children. Training or courses must be approved by the case management provider.

9505.0485 CASE MANAGER RESPONSIBILITIES.

Subpart 1. **Development of client's individual community support plan.** Within 30 days after the first meeting with a client, the case manager together with the client and, in the case of a child, except as provided in part 9505.0480, subpart 5, items A and B, the child's parent, legal representative, or primary caregiver, shall complete a written functional assessment and develop a written individual community support plan or individual family community support plan with the client based on the client's diagnostic assessment and needs. A review of the plan and the client's needs shall be completed at least every 90 days after the development of the first plan. A review of the functional assessment is to be completed at each review

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of the individual community support plan. To the extent possible and with the client's consent, the client, the client's family, physician, mental health providers, service providers, and other interested persons shall be involved in the development and implementation of the individual community support plan.

[For text of subp 2, see M.R.]

Subp. 3. **Referral, coordination, and monitoring.** The case manager shall refer the client to appropriate mental health or other service providers and offer to help the client gain access to needed services. In referring the client to appropriate mental health providers, the case manager shall also consider the client's need for referral for a neurological examination, psychological testing, and a chemical dependency assessment as specified in part 9530.6615. If necessary, the case manager shall arrange for a standardized assessment by a physician of the client's choice of the side effects related to the administration of the client's psychotropic medication. The case manager shall coordinate the provision of services to the client and monitor the client's progress to determine whether the goals of the individual community support plan are being met or progress toward the goals is taking place. If the client is enrolled in a medical assistance prepaid health plan, the case manager shall coordinate the client's referral for mental health services with the prepaid health plan. If the case manager determines the goals, or progress toward the goals is not being met, the case manager together with the client and, in the case of a child, the client's parent or legal representative unless clinically inappropriate shall modify the client's individual community support plan. The determination shall be made through regularly scheduled meetings and discussions with the client, the client's service providers, mental health providers, and the client's parents or legal representative if the client is a child. The coordination must include regularly scheduled meetings or contact with the client, the client's providers, and the case manager. If the client has coverage through a

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third-party payer, the case manager shall help the client obtain payment for covered services. The case manager shall meet face-to-face with the client at least once every calendar month, unless the client receives case management services under subpart 6, refuses further case management services, or case management services are terminated as provided in part 9505.0489. In meeting with the client to carry out the purposes of this subpart, the case manager shall meet with the client at places other than the case manager's office building as necessary or appropriate to the client's need.

Subp. 4. **Emergency services.** If a case manager has reason to believe that a client may need or use emergency services under Minnesota Statutes, section 245.469 or 245.4879, the case manager shall provide the client the information necessary for the client to access the emergency services. If the client has authorized a release of information as specified in part 9505.0482, the case manager shall inform providers of the emergency services and other mental health services of the client's possible need for and use of emergency services. Additionally, the case manager shall ask the emergency service to inform the case manager if the client or, in the case of a child, the client's parent or legal representative requests emergency services and also to inform the case manager of the nature of and action taken in response to the client's request. The case manager is responsible for assuring that all persons needing to know about the client's use of emergency services are informed and for taking the lead in coordinating the use of emergency services and other mental health services. The case manager also is responsible for revising the client's individual community support plan as necessary to minimize the client's need for emergency services. If a client receives emergency mental health services, the mental health provider shall, with the client's consent, notify the case manager; however, the client's consent is not necessary if the emergency situation falls within the provisions of Minnesota Statutes, section 148.976, subdivision 1.

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[For text of subp 5, see M.R.]

Subp. 6. **Case management services for clients outside the county of financial responsibility.** When a client is residing in or admitted to a residential treatment facility, regional treatment center, or inpatient hospital, or other excluded time facility, in a county other than the county of financial responsibility, case management services shall be provided either through telephone calls from the client's case manager to the client and to a representative of the facility, center, or hospital, or through face-to-face contact between the client and the case manager at least once every calendar month. Regardless of the frequency of telephone contact between the case manager and the client, the case manager shall meet with the client face-to-face at least once quarterly. The case manager shall actively participate in the discharge planning process for the client and, in the case of a child and if feasible, the client's parent or legal representative. Before or on the date of a planned discharge, the case manager shall meet face-to-face with the client. The case manager shall ask that a representative of the facility, center, or hospital notify the case manager of a planned discharge or if the client leaves against medical advice. Upon receiving notice that the client has left the facility, center, or hospital against medical advice, the case manager shall immediately attempt to locate the client. If the client returns to the county of financial responsibility, the case manager must have face-to-face contact with the client at least once every calendar month, with the client's consent.

[For text of subp 7, see M.R.]

Subp. 8. **Client's refusal to continue receiving case management services.** If a client other than a client specified in subpart 6 refuses to continue receiving case management services or fails to contact the case manager face-to-face for more than 45 days, the client's case manager shall make a reasonable effort to contact the client no later than five days after the 45th day to determine if the client wants to continue receiving case management services. If the client can not be

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reached or wants to terminate case management services, the case manager shall notify the client and the local agency that case management services shall be terminated unless the client contacts the case manager before the 60th day after the previous contact. The notice shall state the date of the previous contact and the date of the proposed termination. If the client does not respond by the 60th day, the case management services shall be terminated. A written notice sent to the client's last known address or another more effective means, known to and documented by the case manager, of contacting the client constitutes notice of termination of case management services.

If a former client wants to receive case management services again after a refusal or termination of services, the client may contact the case management provider directly and case management services must resume if the person is still eligible. The case management provider must notify the local agency when this occurs.

Subp. 9. **Case manager's caseload.** The local agency must establish the caseload of case managers on the basis of the requirements of parts 9505.0476 to 9505.0491. However, by December 1, 1992, the caseload of a case manager must not exceed the ratio of 40 clients to one full-time equivalent case manager. A county that has an average case manager caseload in excess of 40 clients to one full-time equivalent case manager on the effective date of the emergency amendment to this subpart may continue to exceed the required ratio of 40 clients to one full-time equivalent case manager but only to the extent that the increased revenue is insufficient to hire the additional case managers needed to meet the required ratio of 40 clients to one full-time equivalent case manager. For purposes of this subpart:

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 9505.0476 to 9505.0490 during calendar year 1992 or the applicable calendar year thereafter which exceeds the revenue

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received from these sources for case management services provided under parts 9505.0476 to 9505.0490 during calendar year 1990.

B. "Source other than county funds" means funds received through medical assistance, general assistance medical care, state grants dedicated to case management services, and third party payers.

C. "County funds" means funds available to a county through county levies, block grants under Minnesota Statutes, section 256E.06, federal block grants under Minnesota Statutes, section 256E.07, and state shared revenue funds.

The local agency must require case management providers to document the amount of time each case manager spends on each client.

Subp. 10. **Case manager's provision of other mental health services.** A case manager shall not provide mental health services or other health services such as psychotherapy, day treatment services, residential treatment, medication management as specified in part 9505.0345, subpart 5, or independent living skills training to any client for whom the case manager is providing case management services. Nevertheless, in the event of unforeseen or unplanned circumstances, a case manager may provide independent living skills services on an emergency basis to a client for whom the case manager is providing case management services. However, independent living skills provided on an emergency basis by a case manager to a client are not eligible for medical assistance payment.

A case manager may attempt to contact a potential case management client. However, these attempts do not qualify as case management services eligible for medical assistance payment under parts 9505.0476 to 9505.0491.

9505.0487 SERVICES NOT ELIGIBLE FOR MEDICAL ASSISTANCE AS CASE MANAGEMENT SERVICES.

The following services are not eligible for medical assistance payment as case management services:

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A. diagnostic assessment;

B. administration and management of a client's medications;

C. legal services, including legal advocacy, for the client;

D. information and referral services that are part of a county's community social service plan as required under Minnesota Statutes, section 256E.09, subdivision 3;

E. outreach services to identify persons who are in need of mental health services;

F. services that are not documented as required under part 9505.0491, subpart 4, through records required in part 9505.0491, subpart 5;

G. health services that are otherwise eligible for payment under Medicare, a third-party payer, or parts 9505.0170 to 9505.0475, or other rules of the department. Examples are psychotherapy, psychological services, residential treatment, and medication management; and

H. case management services that do not meet the requirements of parts 9505.0476 to 9505.0491.

9505.0489 TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a client terminate when one of the events listed in items A to D occurs. If one of the events listed in items A to D occurs, the case management provider shall notify the local agency. The local agency shall make a reasonable attempt to notify the client, before case management services are terminated under this part, and shall offer to refer the client to a mental health or other service provider appropriate to the client's needs. If the case manager is unable to locate the client, the case management provider shall notify the local agency and shall document the efforts to contact the client in the client's case record.

A. The client and the case manager mutually decide that the client no longer needs case management services.

B. The client refuses to continue receiving case

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management services in the manner specified in part 9505.0485, subpart 8.

C. No face-to-face contact has occurred between the client and the client's case manager for 60 consecutive days because the client has failed to keep an appointment or refused to meet with the case manager.

D. If the client is in a residential treatment facility, regional treatment center, an excluded time facility, or inpatient hospital in a county outside the county of financial responsibility and no face-to-face contact has occurred between the client and the client's case manager for a period of 90 consecutive days because the client has failed to keep an appointment or refused to meet with the case manager.

9505.0490 APPEALS.

Subpart 1. **Right to appeal.** A person who applies for or receives case management services has the right to a fair hearing under Minnesota Statutes, section 256.045, as specified in subpart 3 in regard to termination, denial, suspension of payment for case management services, or a request or referral for case management services that is not acted upon within five days. A county of financial responsibility has an absolute defense to an appeal under this part if it proves by a preponderance of the evidence that it has no more resources available with which to avoid a denial, reduction, suspension, or termination of case management services to the person who applies for or receives case management services and that it has complied with Minnesota Statutes, section 256E.081. The appeal rights of a person who applies for or receives case management services under parts 9505.0476 to 9505.0491, regardless of funding sources, are limited to those specified in this subpart.

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

9505.0491 MEDICAL ASSISTANCE PAYMENT FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Definition; face-to-face.** "Face-to-face" means the client is physically present with the case manager.

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Subp. 2. **Case management services eligible for medical assistance payment.** Case management services provided to a recipient that are eligible for medical assistance payment are:

A. face-to-face contact between the case manager and the client;

B. telephone contact between the case manager and the client, the client's mental health provider or other service providers, a client's family members, primary caregiver, legal representative, or other interested person or persons;

C. face-to-face contacts between the case manager and the client's family, legal representative, primary caregiver, mental health providers or other service providers, or other interested persons;

D. contacts between the case manager and the case manager's clinical supervisor concerning the client;

E. development, review, and revision of the client's individual community support plan~~,~~ or individual family community support plan including the case manager's functional assessment of the client;

F. time spent by the case manager traveling to meet face-to-face with a client who ~~is a resident of an excluded time facility that is located~~ resides outside the county of financial responsibility; and

G. time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

For purposes of items F and G, if a case manager arrives on time for a scheduled appointment to meet face-to-face with a client, the client's family, legal representative, or primary caregiver and the person fails to keep the appointment, the time spent by the case manager in traveling to and from the site of the scheduled appointment is eligible for medical assistance payment.

Subp. 3. **Limitation on payments for services.** Payment for case management services shall be limited according to items A

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to E.

A. Payment for case management services is limited to no more than six hours per client per month, exclusive of out-of-county travel, except under the conditions specified in item B. The payment may be for any combination of the services specified in subpart 2, except that payment for telephone contact between a case manager, the client, the client's legal representative, the client's family or primary caregiver, mental health providers, and other service providers, or other interested persons is limited to no more than two hours per client per month.

B. If the client is at risk of hospitalization, losing a job or place to live, or in danger of harming self or others because of the client's mental illness or emotional disturbance, the payment limitation on case management services to the client shall be ten hours per month, exclusive of out-of-county travel and the payment limitation on telephone contact in item A shall be increased to three hours per client per month. In this instance, the case manager must document the factor or factors placing the client at risk.

C. A client's functional assessment by a case manager is eligible for medical assistance payment if the assessment does not duplicate a similar assessment of the client by the Division of Rehabilitation Services of the Minnesota Department of Jobs and Training.

D. When traveling with a client, a case manager may not bill for both a face-to-face session with the client and travel time concurrently.

E. ~~Except as provided in part 9505.0324 {Emergency}, proposed in Volume ..., Number ..., pages .... 19 .. {... S.R. .....}~~ Payment for case management services to a client is limited to the services of one case manager per minute per client.

[For text of subp 4, see M.R.]

Subp. 5. **Charting and record keeping.** Time spent by the case manager in charting and record keeping is not eligible for

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separate medical assistance payment as a case management service.

Subp. 6. **Billing.** A case management provider shall bill for medical assistance payment for eligible case management services provided to a recipient according to the number of minutes of service provided and documented as required in subpart 4.

[For text of subps 7 to 10, see M.R.]

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by Revisor _____

APPROVED AS TO FORM AND LEGALITY

December 19 1991

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY MJ Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

DEC 20 1991

Joan Anderson Growe
Secretary of State

4:00 PM PB

veloped, existing services be modi-
leveloped for presentation to the leg-
the governor.)

ALTH FUNDING.

ORCE. The commissioner of human
the feasibility of establishing an inte-
task force shall consist of mental
personnel, service providers, advo-
perienced episodes of emotional dis-
epresentatives of the children's men-
isory council and local coordinating
tutes, sections 245.487 to 245.4887.
ners of education, health, and human
vo members of the house of represen-
possible county, state, and federal
lth with a view to designing an inte-
proving methods of coordinating and
asing federal funding. Programs to be
to, the following: medical assistance,
XX social service programs, chemical
ial education programs, and, for chil-
he developmentally disabled. The task
ld, as necessary. The task force shall
dations on local coordination of fund-
ate the development of local protocols
task force shall submit a final report to
s findings and recommendations.

OCAL PROTOCOLS AND PROCE-
cal children's mental health coordinat-
Statutes, section 245.4875, subdivision
ecommended protocols and procedures
anagement, and delivery of services for
ce are coordinated and make the most
e funding. The task force must include,
hool districts and county medical assis-
ocols and procedures must be designed

re driven by the children's needs, rather
ding for services;

es, case management, service delivery,
lination of all affected agencies, provid-

making full use of all available funding,

(b) By October 1, 1992, each council shall make recommendations to the statewide task force established under subdivision 1 regarding the feasibility and desirability of methods of consolidating or pooling funding sources to ensure that services are tailored to the specific needs of each child and to allow greater flexibility in paying for services.

(c) By October 1, 1992, each local coordinating council shall report to the commissioner of human services the council's findings and the recommended protocols and procedures. The council shall also recommend legislative changes or rule changes that will improve local coordination and further maximize available funding.

Subd. 3. **FINAL REPORT.** By February 15, 1993, the commissioner of human services shall provide a report to the legislature that describes the reports and recommendations of the statewide task force under subdivision 1 and of the local coordinating councils under subdivision 2, and provides the commissioner's recommendations for legislation or other needed changes.

Sec. 58. **INSTRUCTION TO REVISOR.**

Subdivision 1. **RENUMBERING.** The revisor of statutes shall renumber Minnesota Statutes, section 245.4886 as section 245.4887 and Minnesota Statutes, section 245.4887 as section 245.4888, and shall correct all relevant cross-references in Minnesota Statutes and Minnesota Rules.

Subd. 2. **INDIVIDUAL HABILITATION PLAN.** The revisor of statutes shall delete references to "individual habilitation plan" wherever appearing in Minnesota Statutes, chapters 252 and 252A, and sections 120.17 and 256.045.

Subd. 3. **INSTRUCTION TO REVISOR.** In the next edition of Minnesota Statutes, the revisor of statutes is directed to change the words "Ah-Gwah-Ching Nursing Home" wherever they appear to "Ah-Gwah-Ching Center".

Sec. 59. **REPEALER.**

Subdivision 1. Minnesota Statutes 1990, section 245.476, subdivisions 1, 2, and 3, are repealed.

Subd. 2. Minnesota Statutes 1990, section 252.275, subdivision 2, is repealed effective January 1, 1992.

Sec. 61. **EFFECTIVE DATE.**

Subdivision 1. Sections 5 and 10 are effective the day following final enactment.

Subd. 2. Section 20 is effective July 1, 1993.

Subd. 3. Section 32 is effective January 1, 1992.

Subd. 4. Section 48 is effective September 30, 1991.

ARTICLE 7

ALTERNATIVE CARE/SAIL

Section 1. Minnesota Statutes 1990, section 144A.31, is amended to read:

144A.31 INTERAGENCY ~~BOARD FOR QUALITY ASSURANCE~~ LONG-TERM CARE PLANNING COMMITTEE.

Subdivision 1. INTERAGENCY ~~BOARD~~ LONG-TERM CARE PLANNING COMMITTEE. The commissioners of health and human services shall establish, by July 1, 1983, an interagency ~~board~~ committee of managerial employees of their respective departments who are knowledgeable and employed in the areas of long-term care, geriatric care, community services for the elderly, long-term care facility inspection, or quality of care assurance. The number of interagency ~~board~~ committee members shall not exceed ~~eight~~ twelve; ~~three~~ four members each to represent the commissioners of health and human services and one member each to represent the commissioners of state planning ~~and~~, housing finance, finance, and the chair of the Minnesota board on aging. ~~The board shall identify long-term care issues requiring coordinated interagency policies and shall conduct analyses, coordinate policy development, and make recommendations to the commissioners for effective implementation of these policies.~~ The commissioner of human services and the commissioner of health or their designees shall annually alternate chairing and convening the ~~board~~ committee. The ~~board~~ committee may utilize the expertise and time of other individuals employed by ~~either~~ each department as needed. The ~~board~~ committee may recommend that the commissioners contract for services as needed. The ~~board~~ committee shall meet as often as necessary to accomplish its duties, but at least quarterly. The ~~board~~ committee shall establish procedures, including public hearings, for allowing regular opportunities for input from ~~residents, nursing homes~~ consumers of long-term care services, advocates, trade associations, facility administrators, county agency administrators, and other interested persons.

~~Subd. 2. INSPECTIONS. No later than January 1, 1988, the board shall develop and recommend implementation and enforcement of an effective system to ensure quality of care in each nursing home in the state. Quality of care includes evaluating, using the resident's care plan, whether the resident's ability to function is optimized and should not be measured solely by the number or amount of services provided.~~

~~The board shall assist the commissioner of health in developing methods to ensure that inspections and reinspections of nursing homes are conducted with a frequency and in a manner calculated to most effectively and appropriately fulfill its quality assurance responsibilities and achieve the greatest benefit to nursing home residents. The board shall identify and recommend criteria and methods for identifying those nursing homes that present the most serious concerns with respect to resident health, treatment, comfort, safety, and well-being. The~~

~~commissioner of health sha~~
~~tions with respect to those r~~
~~with respect to resident heal~~
~~concerns include but are no~~
~~situations where previous i~~
~~tion orders related to care,~~
~~administration in excess of~~
~~involved in ownership or a~~
~~victed of engaging in crimi~~
~~these concerns or any other~~
~~and established by the comm~~
~~rights shall be inspected one~~
~~ments as determined by the~~

~~The board shall develop~~
~~beyond the inspection proces~~
~~ing but not limited to coordi~~
~~and the nursing home embue~~

~~Subd. 3. METHODS FO~~
~~The board shall develop and~~
~~levels of care and methods fo~~
~~tion on July 1, 1985, in order~~
~~mix of resident needs in a nu~~
~~care needs shall include asses~~
~~ing and assessments of medic~~

Subd. 2a. DUTIES. The i
issues requiring coordinated
coordinate policy developmen
ers for effective implementati
state long-term goals, establish
ods or measures to evaluate
The committee shall review th
tives.

The committee shall also:

(1) facilitate the developm
dinate regional and local servic

(2) recommend a single reg
information on long-term care

(3) recommend changes in
necessary to maximize the use
mote the use of the least costl
and

ous and persistent mental illness to function and remain
mmunity support services program includes:

itoring,

dependent living skills,

employability and work-related opportunities,

habilitation,

g for government benefits, and

nt, ~~identification, and monitoring of living arrangements~~
es.

upport services program must be coordinated with the
ices specified in section 245.4711.

ta Statutes 1990, section 245.462, subdivision 18, is

TAL HEALTH PROFESSIONAL. "Mental health profes-
n providing clinical services in the treatment of mental ill-
in at least one of the following ways:

nursing: a registered nurse who is licensed under sections
nd who is certified as a clinical specialist in adult psychiat-
nursing by the American nurses association or who has a
ursing or one of the behavioral sciences or related fields
ollege or university or its equivalent, with at least 4,000
s supervised experience in the delivery of clinical services
ental illness;

ocial work: a person licensed as an independent clinical
section 148B.21, subdivision 6, or a person with a master's
k from an accredited college or university, with at least
naster's supervised experience in the delivery of clinical ser-
it of mental illness;

y: a psychologist licensed under sections 148.88 to 148.98
ne board of psychology competencies in the diagnosis and
illness;

: a physician licensed under chapter 147 and certified by the
sychiatry and neurology or eligible for board certification in

(5) in allied fields: a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

Sec. 5. Minnesota Statutes 1990, section 245.4711, is amended by adding a subdivision to read:

Subd. 9. **REVISION OF RULES.** (a) The commissioner, by July 1, 1992, shall revise existing rules governing case management services, in order to:

(1) make improvements in rule flexibility;

(2) establish a comprehensive coordination of services;

(3) require case managers to arrange for standardized assessments of side effects related to the administration of psychotropic medication;

(4) establish a reasonable caseload limit for case managers;

(5) provide reimbursement for transportation costs for case managers; and

(6) review the eligibility criteria for case management services covered by medical assistance.

(b) Until rule amendments are adopted under paragraph (a), in-county travel by case managers is reimbursable under the medical assistance program subject to the six-hour limit on case management services.

Sec. 6. Minnesota Statutes 1990, section 245.472, subdivision 2, is amended to read:

Subd. 2. **SPECIFIC REQUIREMENTS.** Providers of residential services must be licensed under applicable rules adopted by the commissioner and must be clinically supervised by a mental health professional. Persons employed in facilities licensed under Minnesota Rules, parts 9520.0500 to 9520.0690, in the capacity of program director as of July 1, 1987, in accordance with Minnesota Rules, parts 9520.0500 to 9520.0690, may be allowed to continue providing clinical supervision within a facility ~~until July 1, 1991~~, provided they continue to be employed as a program director in a facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0690.

Sec. 7. Minnesota Statutes 1990, section 245.472, is amended by adding a subdivision to read:

Subd. 4. **ADMISSION, CONTINUED STAY, AND DISCHARGE CRITERIA.** No later than January 1, 1992, the county board shall ensure that placement decisions for residential services are based on the clinical needs of the adult. The county board shall ensure that each entity under contract with the county to provide residential treatment services has admission, continued stay,

Department of Health

Notice of Solicitation of Outside Information or Opinions in the Matter of the Proposed Adoption of the Rules of the Minnesota Department of Health Governing Clean Indoor Air, Parts 4620.0100 to 4620.1500

NOTICE IS HEREBY GIVEN that the Minnesota Department of Health is seeking information or opinions from sources outside the Department in preparing to propose the adoption of rules governing clean indoor air, parts 4620.0100 to 4620.1500. The adoption of the rule is authorized by *Minnesota Statutes*, section 144.12, subdivision 1, and *Laws of Minnesota 1984*, chapter 654, article 2, sections 18 and 113, which permits the Department to control by rule, atmospheric pollution which may be injurious or detrimental to public health; smoking in public places; and smoking in factories, warehouses and similar places of work.

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

Mary Zetterlund
Minnesota Department of Health
Division of Environmental Health
925 Southeast Delaware Street
Minneapolis, Minnesota 55459

Oral statements will be received during regular business hours over the telephone at (612) 627-5015 by Ms. Zetterlund and in person at the above address.

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

Dated: 15 July 1991

Jane A. Nelson
Rules Coordinator

Department of Human Services

Health Care Division

Additions to Notice of Health Services Requiring Second Surgical Opinion for Medical Assistance and General Assistance Medical Care

The following are additions to the list of procedure codes for laparoscopic cholecystectomy. Cholecystectomy procedures using any method of surgery require review by the second surgical opinion program before the surgery is performed. The effective date is the date of publication of the codes in the 1991 *Physician's Current Procedural Terminology*, Fourth Edition.

The added procedure codes are:

49310 Laparoscopy, surgical; cholecystectomy (any method)
49311 Laparoscopy, surgical; cholecystectomy with cholangiography

Department of Human Services

Health Care Management Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Amendments of the Rules Governing Case Management Services to Persons with Serious and Persistent Mental Illness, *Minnesota Rules*, parts 9505.0476 to 9505.0491

NOTICE IS HEREBY GIVEN that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose amendments to rules governing the provision of case management services to persons with

serious and persistent mental illness, *Minnesota Rules*, parts 9505.0476 to 9505.0491. The amendments will implement the requirements of *Minnesota Statutes 1991*, section 245.4771, subdivision 9. The adoption of the rule amendments is authorized by *Minnesota Statutes 1991*, sections 245.4771, subdivision 9 and 245.484.

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

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

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

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

Dated: 15 July 1991

Eleanor Weber, Assistant Director
Rules and Bulletins Division

Department of Human Services

Health Care Management Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Professional Home-Based Family Treatment Services for Medical Assistance Eligible Children

NOTICE IS HEREBY GIVEN that the State Department of Human Services is seeking information or opinions from sources outside the agency in preparing to propose the adoption of rules governing the implementation of professional home-based family treatment services for medical assistance eligible children as specified in *Minnesota Statutes 1991*, section 245.4884, subdivision 3. The adoption of the rules is authorized by *Minnesota Statutes 1991*, section 245.484.

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

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

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

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

Dated: 15 July 1991

Eleanor Weber, Assistant Director

B. The child's parent or legal representative or, as appropriate, the child and the case manager agree that the child no longer needs case management services.

C. The child's parent or legal representative or, as appropriate, the child refuses further case management services as specified in part 9520.0918 [Emergency], subpart 17.

D. No face-to-face contact has occurred between the child and the child's case manager for 60 consecutive days, unless the child is in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of severe emotional disturbance in a county outside the county of financial responsibility.

E. The child's parents or legal representative or, as appropriate, the child, in consultation with the mental health professionals who provide the child's mental health services, choose to have the child's case management services provided according to parts 9505.0476 to 9505.0491.

F. The child becomes 18 years of age.

9520.0926 [Emergency] APPEALS.

Subpart 1. **Right to appeal.** A child 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. A county of financial responsibility has an absolute defense to an appeal under this part if it proves by a preponderance of the evidence that it has no more resources available with which to avoid a denial, reduction, suspension, or termination of case management services and that it has met the requirements of *Minnesota Statutes*, section 256E.081.

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

A. what action the local agency proposes to take;

B. the reason for the action;

C. the legal authority for the proposed action;

D. that 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; 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 child's individual family community support plan, the case manager shall give the child's parent or legal representative or, as appropriate, 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.

Department of Human Services

Proposed Emergency Amendments to Permanent Rules Relating to Case Management for Persons with Serious and Persistent Mental Illness or Severe Emotional Disturbance

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the State Department of Human Services intends to adopt the above-entitled emergency rule. The statutory authority to adopt the emergency rule is contained in *Minnesota Statutes*, section 245.4711, subdivision 9 (*Laws of Minnesota 1991*, chapter 292, article 6, section 5). The agency, in adopting the rule, is following the procedures set forth in the Administrative Procedure Act for adopting emergency rules in *Minnesota Statutes*, sections 14.29 to 14.36.

All persons have 25 days or until 4:30 p.m. on November 8, 1991 after publication to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to: Eleanor Weber, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 297-4301.

Minnesota Rules, parts 9505.0476 to 9505.0491 set the standards for case management services to persons with serious and persistent mental illness. The proposed emergency rule amendments coordinate with proposed emergency rules related to case management services for children with severe emotional disturbance. The amendments: clarify availability of case management services to persons with severe emotional disturbance; set a maximum caseload of 40 cases to one full-time equivalent case manager as of December 1, 1992; require counties to use increased revenue from sources other than county funds to hire additional staff needed to

progress toward the maximum caseload; require case managers to arrange for standardized assessments of psychotropic medication side effects; permit case management services for up to four months to a person who does not have a current diagnostic assessment; clarify that, according to *Minnesota Rules*, part 9505.0323, subpart 31, certain mental health practitioners may conduct a child's diagnostic assessment under clinical supervision; clarify that a case manager may provide a client certain additional mental health services on an emergency basis; and provide reimbursement for transportation costs of case managers.

A free copy of the proposed emergency rule is available by contacting Nancy Bishop, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 296-7454.

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

Upon adoption of the emergency rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Eleanor Weber at the address above.

The emergency rule will take effect five working days after approval by the Attorney General and be effective for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation in accordance with *Minnesota Statutes*, section 14.35.

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

Natalie Haas Steffen
Commissioner

Rules as Proposed

9505.0476 SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9505.0476 to 9505.0491 establish standards and procedures for providing case management services to persons with serious and persistent mental illness~~,~~ as authorized by *Minnesota Statutes*, sections 245.461 to 245.486, and to persons with severe emotional disturbance as authorized by *Minnesota Statutes*, sections 245.487 to 245.4888, and ~~256B.02, subdivision 8~~ 256B.0625, subdivision 20. Parts 9505.0476 to 9505.0491 are intended to be in compliance with and, therefore, must be read in conjunction with title XIX of the Social Security Act; Code of Federal Regulations, title 42, sections 430 to 456 as amended through October 1, 1987; *Minnesota Statutes*, sections 245.461 to 245.486, ~~245.64~~ 245.487 to 245.4888, 256E.09, and *Minnesota Statutes*, chapters 256B and 256G; and parts ~~9505.1750 to 9505.2150~~ 9505.2160 to 9505.2245.

Subp. 2. **Availability.** Case management services are available to all medical assistance recipients with serious and persistent mental illness or severe emotional disturbance and to other persons with serious and persistent mental illness or severe emotional disturbance within the limits of legislative appropriations as specified in *Minnesota Statutes*, section 245.486, and the requirements of *Minnesota Statutes*, section 256E.081, except as provided under ~~part~~ parts 9505.0479 and 9520.0900 to 9520.0926. Additionally, case management services to recipients who have serious and persistent mental illness are to be provided according to *Minnesota Statutes*, section 245.464 and to recipients who have severe emotional disturbance are to be provided according to *Minnesota Statutes*, section 245.4873, subdivision 6. In making case management services available to persons with serious and persistent mental illness and persons with severe emotional disturbance who are not recipients of medical assistance, a local agency shall use all possible available funding sources. Examples of possible funding sources are grants to counties for services to ~~persons with serious and persistent mental illness~~ clients under *Minnesota Statutes*, section 256E.12, funds made available to counties for community social services under *Minnesota Statutes*, sections 256E.06 and 256E.07, money distributed to counties for permanency planning for children under *Minnesota Statutes*, sections 256F.01 to 256F.07, and title XX allocations under *Minnesota Statutes*, section 256E.07.

9505.0477 DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who, in the case of providing case management to persons with serious and persistent mental illness, meets the qualifications specified in *Minnesota Statutes*, section 245.462, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491, or who, in the case of providing case management services to persons with severe emotional disorder, meets the qualifications in *Minnesota Statutes*, section 245.4871, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491.

[For text of subp 3, see M.R.]

Subp. 4. **Case management services.** "Case management services" means services specified in *Minnesota Statutes*, section

245.462, subdivision 3, and part 9505.0485 that help persons with serious and persistent mental illness or persons with severe emotional disturbance gain access to needed medical, social, educational, financial, and other services necessary to meet their mental health needs and that coordinate and monitor the delivery of these services.

[For text of subp 5, see M.R.]

Subp. 6. **Client.** "Client" means a person with serious and persistent mental illness as defined in *Minnesota Statutes*, section 245.462, subdivision 20, paragraph (c), or a person with severe emotional disturbance as defined in *Minnesota Statutes*, section 245.4871, subdivision 6, who is receiving case management services under parts 9505.0476 to 9505.0491.

[For text of subps 7 to 9, see M.R.]

Subp. 10. **Diagnostic assessment.** "Diagnostic assessment" means a written evaluation by a mental health professional of a person's:

A. current life situation and sources of stress, including reasons for referral;

B. history of the person's current mental health problem, including important developmental incidents, strengths, and vulnerabilities;

C. current functioning and symptoms;.

D. diagnosis including whether or not a person is seriously and persistently mentally ill or has a severe emotional disturbance; and

E. needed mental health services.

[For text of subp 11, see M.R.]

Subp. 11a. **Emotional disturbance.** "Emotional disturbance" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 15.

Subp. 11b. **Excluded time facility.** "Excluded time facility" means a facility specified in *Minnesota Statutes*, section 256G.02, subdivision 6.

[For text of subp 12, see M.R.]

Subp. 13. **Individual community support plan or individual family community support plan.** "Individual community support plan" or "individual family community support plan" means a written plan developed by a case manager together with the client that is based on a diagnostic assessment and the client's needs and that is coordinated with the client's individual treatment plan or plans as defined in subpart 14. The plan identifies the specific services to be provided that are appropriate to the age of the person with serious and persistent mental illness or with a severe emotional disturbance and that the person needs to develop independence or improved functioning in daily living, health and medication management, social functioning, interpersonal relationships including family relationships, financial management, housing, transportation, employment, and education. A child's individual family community support plan also identifies activities related to involving the child's family or primary caregiver in the specific services to be provided including, as appropriate, services specified in *Minnesota Statutes*, sections 256F.07, subdivision 3, and 257.071, subdivision 1.

Subp. 14. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention, treatment, and services for a person with mental illness or emotional disturbance that is developed by the client and a mental health professional which is based on a diagnostic assessment and the client's needs. The plan identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the individual or individuals responsible for providing treatment to the person with serious and persistent mental illness or a severe emotional disturbance. A child's individual treatment plan also identifies activities related to involving the child's family or primary caregiver in the treatment of the child and, if the child is placed or being considered for placement outside the home, includes the individual placement plan as required under *Minnesota Statutes*, section 257.071, subdivision 1.

[For text of subp 15, see M.R.]

Subp. 16. **Legal representative.** "Legal representative" means a court-authorized guardian of a child with serious and persistent mental illness or severe emotional disturbance, or a guardian or conservator authorized by the court to make decisions about services for a person with serious and persistent mental illness or severe emotional disturbance.

Subp. 17. **Mental health professional.** "Mental health professional" means a person who provides clinical services in the treatment of mental illness and who, at a minimum, is qualified in at least one of the ways specified in *Minnesota Statutes*, section 245.462, subdivision 18, clauses (1) to (5), or who provides clinical services in the treatment of emotional disturbance and who, at a minimum, is qualified in at least one of the ways specified in *Minnesota Statutes*, section 245.4871, subdivision 27.

After August 1, 1989, persons in allied fields as specified in *Minnesota Statutes*, section 245.462, subdivision 18, clause (5), or *Minnesota Statutes*, section 245.4871, subdivision 27, clause (5), shall be required to file their credentials as required by *Minnesota Statutes*, section 148B.42, subdivision 1.

[For text of subp 18, see M.R.]

Subp. 19. **Mental health services.** "Mental health services" means the services provided to persons with mental illness that are described in *Minnesota Statutes*, section 245.466, subdivision 2, or to persons with emotional disturbance that are described in *Minnesota Statutes*, section 245.4875, subdivision 2.

[For text of subps 20 to 26, see M.R.]

Subp. 27. **Serious and persistent mental illness.** "Serious and persistent mental illness" means the condition of ~~an adult or child~~ a person who has a mental illness and meets at least one of the following criteria:

[For text of items A to D, see M.R.]

[For text of subp 28, see M.R.]

Subp. 28a. **Severe emotional disturbance.** "Severe emotional disturbance" refers to the criteria specified in *Minnesota Statutes*, section 245.4871, subdivision 6.

[For text of subps 29 and 30, see M.R.]

9505.0478 REFERRAL FOR CASE MANAGEMENT SERVICES.

Consistent with the Minnesota Governmental Data Practices Act, and *Minnesota Statutes*, ~~section~~ sections 245.467, subdivisions 4 and 6, and 245.4876, subdivisions 4 and 7, a physician, a mental health provider, a family member, a social worker, a legal representative, or other interested person may give the name and address of a person believed to have serious and persistent mental illness or severe emotional disturbance to the local agency and request case management services for the person. A person who may have serious and persistent mental illness or severe emotional disturbance may directly request case management services from the local agency.

9505.0479 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

Subpart 1. **Persons receiving services through the Veterans Administration.** Persons with serious and persistent mental illness or severe emotional disturbance who are receiving case management services through the Veterans Administration are not eligible for case management services while they are receiving case management through the Veterans Administration.

[For text of subp 2, see M.R.]

Subp. 3. **Persons with dual diagnoses.** Except as provided in subpart 2, if a person has the diagnosis of mental retardation or a related condition and the diagnosis of serious and persistent mental illness or severe emotional disturbance, the county shall assign the person a case manager for services to persons with mental retardation according to parts 9525.0015 to 9525.0165 and shall notify the person of the ~~right to receive~~ availability of case management services for persons with serious and persistent mental illness or severe emotional disturbance according to parts 9505.0476 to 9505.0491. If the person or the person's representative chooses case management services for persons with serious and persistent mental illness or severe emotional disturbance, the case manager assigned under parts 9525.0015 to 9525.0165 and the case manager chosen under parts 9505.0476 to 9505.0491 shall work together as a team to ensure that the person receives the services required under parts 9525.0015 to 9525.0165 and 9505.0476 to 9505.0491. The case manager responsible for the person's individual community support plan under parts 9505.0476 to 9505.0491 shall:

[For text of items A to E, see M.R.]

Subp. 4. **Person enrolled in medical assistance demonstration project.** For purposes of parts 9505.0476 to 9505.0491, a person with serious and persistent mental illness or severe emotional disturbance who is enrolled by a demonstration provider under the medical assistance demonstration project established under *Minnesota Statutes*, section 256B.69, is eligible for case management services as specified in parts 9505.0476 to 9505.0491 on a fee-for-service basis from a provider other than the demonstration provider.

Subp. 5. **Person assessed as chemically dependent under part 9530.6620.** A person who has been assessed as chemically dependent under part 9530.6620 and who is also determined to have serious and persistent mental illness or severe emotional disturbance is eligible to receive case management services under parts 9505.0476 to 9505.0491.

The case manager assigned under parts 9505.0476 to 9505.0491 must coordinate the person's case management services with any similar services the person is receiving from other sources.

9505.0480 LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Local agency responsibility; general requirement.** The local agency must make case management services available under parts 9505.0476 to 9505.0491 either directly or under a contract with a case management provider. The services must be provided to recipients who request them and, within the limitations of *Minnesota Statutes*, ~~section~~ sections 245.486 and 256E.081, to persons other than recipients. The recipients and persons other than recipients must have been determined by a mental health professional to have serious and persistent mental illness or severe emotional disturbance or must have been determined by the local agency to meet the requirements in part 9505.0477, subpart 27, item A, B, or D. As required by *Minnesota Statutes*, ~~section~~ sections

245.464, subdivision 2, 245.4873, and 245.4875, the local agency must develop mental health services for all persons with serious and persistent mental illness or severe emotional disturbance to the extent of the county's available resources. The first source of payment for case management services to a person with serious and persistent mental illness or severe emotional disturbance shall be Medicare or a third-party payer wherever possible.

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

Subp. 4. **Follow-up notice of availability of case management services.** If the person notified under subparts 2 and 3 does not respond within ten working days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the person, or if the person is a child, the child's parents, primary caregiver, or legal representative. Contact must be either face-to-face or by telephone. If the local agency is able to contact the person, the local agency must ask whether the person who may have serious and persistent mental illness or severe emotional disturbance wants to be assessed for eligibility for case management services. The local agency must document the attempted and completed contacts, describing the type and content of contact made, and the result of the contact.

[For text of subp 5, see M.R.]

Subp. 6. **Refusal.** A person may refuse case management services. A person's refusal of case management services does not affect the person's eligibility to receive case management services as long as the person is seriously and persistently mentally ill or has a severe emotional disturbance.

Subp. 7. **Determination of eligibility for case management services.** When a person requests or is referred for case management services, consents to be assessed for eligibility for the services, and authorizes a release of information, the local agency must determine whether the person meets a requirement of part 9505.0477, subpart 27, item A, B, or D, or must offer to help the person arrange a diagnostic assessment by a mental health professional, unless one has already been completed within ~~90~~ 180 days before the request or referral.

[For text of subp 8, see M.R.]

Subp. 9. **Access to case management services.** Within five days after a person who has been determined to have serious and persistent mental illness or severe emotional disturbance accepts case management services, the local agency must offer to help the person make an appointment with a case management provider. The appointment must be scheduled for no later than two weeks from the date it is made unless the person requests otherwise. The local agency must also inform the person of the availability of emergency services at the time the offer to schedule the appointment is made.

[For text of subp 10, see M.R.]

Subp. 11. **Local agency responsibility; referral to mental health and other service providers.** If a person with serious and persistent mental illness or severe emotional disturbance who is referred to a local agency for case management services refuses case management services or if a person referred to a local agency is determined to have a mental illness or emotional disturbance but not to have serious and persistent mental illness or severe emotional disturbance, the local agency shall offer to refer the person to a mental health provider or other service provider appropriate to the person's needs and, at the person's request, shall assist the person in making an appointment with the provider of the person's choice.

[For text of subp 12, see M.R.]

Subp. 13. **Local agency responsibility; child's preplacement screening.** In the case of a child with ~~serious and persistent mental illness~~ severe emotional disturbance who receives case management services under parts 9505.0476 to 9505.0491, the local agency shall assure coordination of the child's case management services with the child's permanency planning, placement prevention, and family reunification services required under *Minnesota Statutes*, chapter 256F.

Subp. 14. **Eligibility if client does not have a current diagnostic assessment.** Medical assistance payment is available for case management services provided to a medical assistance eligible person who does not have a current diagnostic assessment 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) an adult for reasons related to the adult's mental illness;

(2) by a child who meets a criterion specified in part 9505.0480, subpart 5, item A, and whose refusal is for reasons related to the child's mental illness or emotional disturbance; or

(3) the parent of a child;

C. the case manager determines that the person is eligible for case management services; and

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

9505.0481 OFFERING CASE MANAGEMENT SERVICES TO PERSONS ALREADY RECEIVING MENTAL HEALTH SERVICES.

If a person is in a regional treatment center, inpatient hospital, or residential treatment facility, or is receiving or requesting outpatient mental health services or other services through the community support service program and has been determined by a mental health professional to have serious and persistent mental illness or severe emotional disturbance, the mental health provider shall ensure that its representative informs the person of the availability of case management services under parts 9505.0476 to 9505.0491 and explains the purpose and potential benefit of case management services. The information must be given to a person within five days after admission to treatment in a regional treatment center, inpatient hospital, or residential treatment facility and within 15 days after admission to mental health services or treatment through the community support services program. If the person authorizes a release of information as specified in part 9505.0482, the representative of the mental health provider shall notify the local agency that the person wants case management services, and assure that the person has assistance in making an appointment with the case management provider of the person's choice. If the person is a child, the child and, except as provided in part 9505.0480, subpart 5, the child's parents, primary caregiver, or legal representative must be informed of the availability and purposes of case management services. The local agency must comply with the notice and follow-up requirements in part 9505.0480, subparts 2, 3, 4, and 5.

9505.0482 AUTHORIZATION TO RELEASE INFORMATION AND CONTACT PERSON'S FAMILY.

Subpart 1. **Authorization to release information.** When a local agency, a case manager, or mental health professional asks a person requesting case management services to sign forms needed to gain access to information necessary to provide case management services or to share information with providers involved in providing services to the client, according to *Minnesota Statutes*, sections 245.468, subdivisions 4 to 6, and 245.4876, subdivision 5, the information described in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each authorization of access to a record related to the person's mental health status. The period of authorization must not exceed one year.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information authorized to be released;

D. the name of the person or persons authorized to give information;

E. the name of the person or persons to whom the information is to be given;

F. a description of the information's use during the case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the consent at any time.

Subp. 2. **Authorization to contact person's family.** When parts 9505.0476 to 9505.0491 require a local agency, case manager, or mental health professional to contact the family of a person who has or may have a serious or persistent mental illness or severe emotional disturbance to obtain information related to the provision of the person's case management services, the local agency, case manager, or mental health professional, according to *Minnesota Statutes*, section 245.4876, subdivision 5, shall ask the person to sign forms authorizing contact with the person's family. The information in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each family member to whom access is authorized. The period of authorization must not exceed one year for each family member. If the person does not sign the form authorizing contact with a family member, the local agency, case manager, or mental health professional may not contact the family member and shall note the person's refusal to sign in the person's case record.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information being sought in the contact;

D. the name of the family member with whom contact is being authorized;

E. the name of the person or persons who are authorized to contact the family member;

F. a description of the information's use during case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the authorization at any time.

9505.0483 DIAGNOSTIC ASSESSMENT.

Subpart 1. **Acceptance of diagnostic assessment.** A diagnostic assessment that can be used for determining a person's eligibility for case management services under parts 9505.0476 to 9505.0491 or in developing a client's individual community support plan or individual family community support plan must meet the requirements in items A to C and must contain the contents required in subpart 4.

A. A diagnostic assessment that was completed within ~~90~~ 180 days before the person requested or was referred for case management services must be reviewed and brought up to date by a mental health professional if the person agrees to receive case management services.

B. If the person has not had a diagnostic assessment within ~~90~~ 180 days before requesting or being referred for case management services, a new diagnostic assessment must be obtained.

C. The diagnostic assessment must result in a determination of whether the person has serious and persistent mental illness or severe emotional disturbance.

[For text of subp 2, see M.R.]

Subp. 3. **Eligibility to provide a diagnostic assessment.** A diagnostic assessment required for parts 9505.0476 to 9505.0491 shall be conducted by ~~the providers in items A and B.~~

~~A. In the case of a recipient, a recipient's diagnostic assessment completed before September 1, 1990, must be conducted by a mental health professional who is a provider and who is a psychiatrist, licensed consulting psychologist, or licensed psychologist, or conducted by a mental health professional who is under the clinical supervision of a provider who is a psychiatrist, a physician who is not a psychiatrist, or a licensed consulting psychologist. Beginning September 1, 1990, a person's diagnostic assessment must be conducted by a mental health professional who is a provider.~~

~~B. In the case of a person who is not a recipient, the person's diagnostic assessment must be conducted by~~ a mental health professional as defined in *Minnesota Statutes*, section 245.462, subdivision 18 except that, in the case of a child, the diagnostic assessment may be conducted by a mental health practitioner as specified in part 9505.0323, subpart 31. In the case of a recipient, the mental health professional conducting the recipient's diagnostic assessment or providing the clinical supervision of a mental health practitioner conducting a diagnostic assessment of a recipient who is a child must be a provider.

[For text of subp 4, see M.R.]

9505.0484 CASE MANAGER QUALIFICATIONS AND TRAINING.

Subpart 1. **Qualifications of case manager.** Except as provided in subpart 2, a case manager 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 persons with mental illness or to provide services to children, experience in the delivery of services to persons with emotional disturbance, be skilled in the process of identifying and appraising a wide range of client needs, and be knowledgeable about local community resources and how to use the resources for the client's benefit.

Subp. 2. **Supervision of case manager.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to persons with mental illness or emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of persons with serious and persistent mental illness or if the case manager will serve children, training in the characteristics and needs of children with severe emotional disturbance. Training in case management skills includes training in the delivery of services to persons with mental illness or if the case manager will serve children, training in the delivery of services to children with emotional disturbance, the process of identifying and assessing a wide range of client needs, and the use of local community resources for a client's benefit. They must also receive clinical supervision regarding the provision of case management services from a mental health professional at least once a week including a face-to-face meeting of the case manager and the manager's clinical supervisor at least once a month until the requirement of 2,000 hours of supervised experience is met. Case managers who have at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness or if the case manager will serve children, in the delivery of services to children with severe emotional disturbance shall meet in person with a mental health professional at least once a month to obtain clinical supervision of the case manager's activities. The dates and subjects discussed during the clinical supervision meetings must be documented in the client's record.

Subp. 3. **Training requirement.** A case manager must complete 30 hours of training every two years. The training must consist of in-service training or courses in areas related to mental health services such as mental health treatment, rehabilitation, prevention of mental illness or emotional disturbance, case management, licensing standards applicable to mental health services for persons with serious and persistent mental illness or severe emotional disturbance, child development, family relationships, and special needs of specific client populations or children. Training or courses must be approved by the case management provider.

9505.0485 CASE MANAGER RESPONSIBILITIES.

Subpart 1. **Development of client's individual community support plan.** Within 30 days after the first meeting with a client, the case manager together with the client and, in the case of a child, except as provided in part 9505.0480, subpart 5, items A and B, the child's parent, legal representative, or primary caregiver, shall complete a written functional assessment and develop a written individual community support plan or individual family community support plan with the client based on the client's diagnostic assessment and needs. A review of the plan and the client's needs shall be completed at least every 90 days after the development of the first plan. A review of the functional assessment is to be completed at each review of the individual community support plan. To the extent possible and with the client's consent, the client, the client's family, physician, mental health providers, service providers, and other interested persons shall be involved in the development and implementation of the individual community support plan.

[For text of subp 2, see M.R.]

Subp. 3. **Referral, coordination, and monitoring.** The case manager shall refer the client to appropriate mental health or other service providers and offer to help the client gain access to needed services. In referring the client to appropriate mental health providers, the case manager shall also consider the client's need for referral for a neurological examination, psychological testing, and a chemical dependency assessment as specified in part 9530.6615. If necessary, the case manager shall arrange for a standardized assessment of the side effects related to the administration of the client's psychotropic medication. The case manager shall coordinate the provision of services to the client and monitor the client's progress to determine whether the goals of the individual community support plan are being met or progress toward the goals is taking place. If the case manager determines the goals, or progress toward the goals is not being met, the case manager together with the client shall modify the client's individual community support plan. The determination shall be made through regularly scheduled meetings and discussions with the client, the client's service providers, mental health providers, and the client's parents or legal representative if the client is a child. The coordination must include regularly scheduled meetings or contact with the client, the client's providers, and the case manager. If the client has coverage through a third-party payer, the case manager shall help the client obtain payment for covered services. The case manager shall meet face-to-face with the client at least once every ~~30 days~~ calendar month, unless the client receives case management services under subpart 6, refuses further case management services, or case management services are terminated as provided in part 9505.0489. In meeting with the client to carry out the purposes of this subpart, the case manager shall meet with the client at places other than the case manager's office building as necessary or appropriate to the client's need.

Subp. 4. **Emergency services.** If a case manager has reason to believe that a client may need or use emergency services under *Minnesota Statutes*, section 245.469 or 245.4879, the case manager shall provide the client the information necessary for the client to access the emergency services. If the client has authorized a release of information as specified in part 9505.0482, the case manager shall inform providers of the emergency services and other mental health services of the client's possible need for and use of emergency services. Additionally, the case manager shall ask the emergency service to inform the case manager if the client requests emergency services and also to inform the case manager of the nature of and action taken in response to the client's request. The case manager is responsible for assuring that all persons needing to know about the client's use of emergency services are informed and for taking the lead in coordinating the use of emergency services and other mental health services. The case manager also is responsible for revising the client's individual community support plan as necessary to minimize the client's need for emergency services. If a client receives emergency mental health services, the mental health provider shall, with the client's consent, notify the case manager; however, the client's consent is not necessary if the emergency situation falls within the provisions of *Minnesota Statutes*, section 148.976, subdivision 1.

[For text of subp 5, see M.R.]

Subp. 6. **Case management services for clients outside the county of financial responsibility.** When a client is residing in or admitted to a residential treatment facility, regional treatment center, or inpatient hospital, or other excluded time facility, in a county other than the county of financial responsibility, case management services shall be provided either through telephone calls from the client's case manager to the client and to a representative of the facility, center, or hospital, or through face-to-face contact between the client and the case manager at least once every ~~30 days~~ calendar month. Regardless of the frequency of telephone contact between the case manager and the client, the case manager shall meet with the client face-to-face at least once ~~every 60 days~~ quarterly. The case manager shall ~~monitor~~ actively participate in the discharge planning process for the client ~~and~~. Before or on the date of a planned discharge, the case manager shall meet face-to-face with the client. The case manager shall ask that a representative of the facility, center, or hospital notify the case manager of a planned discharge or if the client leaves against medical advice. Upon receiving notice that the client has left the facility, center, or hospital against medical advice, the case manager shall immediately attempt to locate the client. If the client returns to the county of financial responsibility, the case manager must have face-to-face contact with the client at least once every ~~30 days~~ calendar month, with the client's consent.

[For text of subp 7, see M.R.]

Subp. 8. **Client's refusal to continue receiving case management services.** If a client other than a client specified in subpart 6 refuses to continue receiving case management services or fails to contact the case manager face-to-face for more than 45 days, the

client's case manager shall make a reasonable effort to contact the client no later than five days after the 45th day to determine if the client wants to continue receiving case management services. If the client can not be reached or wants to terminate case management services, the case manager shall notify the client and the local agency that case management services shall be terminated unless the client contacts the case manager before the 60th day after the previous contact. The notice shall state the date of the previous contact and the date of the proposed termination. If the client does not respond by the 60th day, the case management services shall be terminated. A written notice sent to the client's last known address or another more effective means, known to and documented by the case manager, of contacting the client constitutes notice of termination of case management services.

If a former client wants to receive case management services again after a refusal or termination of services, the client may contact the case management provider directly and case management services must resume if the person is still eligible. The case management provider must notify the local agency when this occurs.

Subp. 9. **Case manager's caseload.** The local agency must establish the caseload of case managers on the basis of the requirements of parts 9505.0476 to 9505.0491. However, by December 1, 1992, the caseload of a case manager must not exceed the ratio of 40 clients to one full-time equivalent case manager. A county that has an average case manager caseload in excess of 40 clients to one full-time equivalent case manager on the effective date of the emergency amendment to this subpart may continue to exceed the required ratio of 40 clients to one full-time equivalent case manager but only to the extent that the increased revenue is insufficient to hire the additional case managers needed to meet the required ratio of 40 clients to one full-time equivalent case manager. For purposes of this subpart:

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 9505.0476 to 9505.0490 during calendar year 1992 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 1990.

B. "Source other than county funds" means funds received through medical assistance, general assistance medical care, state grants dedicated to case management services, and third party payers.

C. "County funds" means funds available to a county through county levies, block grants under *Minnesota Statutes*, section 256E.06, federal block grants under *Minnesota Statutes*, section 256E.07, and state shared revenue funds.

The local agency must require case management providers to document the amount of time each case manager spends on each client.

Subp. 10. **Case manager's provision of other mental health services.** A case manager shall not provide mental health services or other health services such as psychotherapy, day treatment services, residential treatment, medication management as specified in part 9505.0345, subpart 5, or independent living skills training to any client for whom the case manager is providing case management services. Nevertheless, in the event of unforeseen or unplanned circumstances, a case manager may provide independent living skills services on an emergency basis to a client for whom the case manager is providing case management services. However, independent living skills provided on an emergency basis by a case manager to a client are not eligible for medical assistance payment.

A case manager may attempt to contact a potential case management client. However, these attempts do not qualify as case management services eligible for medical assistance payment under parts 9505.0476 to 9505.0491.

9505.0487 SERVICES NOT ELIGIBLE FOR MEDICAL ASSISTANCE AS CASE MANAGEMENT SERVICES.

The following services are not eligible for medical assistance payment as case management services:

A. diagnostic assessment;

B. administration and management of a client's medications;

C. legal services, including legal advocacy, for the client;

D. information and referral services that are part of a county's community social service plan as required under *Minnesota Statutes*, section 256E.09, subdivision 3;

E. outreach services ~~through the community support services program~~ to identify persons who are in need of mental health services;

F. services that are not documented as required under part 9505.0491, subpart 4, through records required in part 9505.0491, subpart 5; ~~and~~

G. health services that are otherwise eligible for payment under Medicare, a third-party payer, or parts 9505.0170 to 9505.0475, or other rules of the department. Examples are psychotherapy, psychological services, residential treatment, and medication management; and

H. case management services that do not meet the requirements of parts 9505.0476 to 9505.0491.

9505.0489 TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a client terminate when one of the events listed in items A to ~~E~~ D occurs. If one of the events listed in items A to ~~E~~ D occurs, the case management provider shall notify the local agency. The local agency shall make a reasonable attempt to notify the client, before case management services are terminated under this part, and shall offer to refer the client to a mental health or other service provider appropriate to the client's needs. If the case manager is unable to locate the client, the case management provider shall notify the local agency and shall document the efforts to contact the client in the client's case record.

A. ~~A mental health professional who has provided mental health services to the client furnishes a written opinion that the client no longer needs case management services.~~

~~B.~~ The client and the case manager mutually decide that the client no longer needs case management services.

~~C.~~ B. The client refuses to continue receiving case management services in the manner specified in part 9505.0485, subpart 8.

~~D.~~ C. No face-to-face contact has occurred between the client and the client's case manager for 60 consecutive days ~~unless the client is in a residential treatment facility, regional treatment center, or inpatient hospital in a county outside the county of financial responsibility~~ because the client has failed to keep an appointment or refused to meet with the case manager.

~~E.~~ D. If the client is in a residential treatment facility, regional treatment center, an excluded time facility, or inpatient hospital in a county outside the county of financial responsibility and no face-to-face contact has occurred between the client and the client's case manager for a period of 90 consecutive days because the client has failed to keep an appointment or refused to meet with the case manager ~~and the client is in a residential treatment facility, regional treatment center, or inpatient hospital in a county outside the county of financial responsibility~~.

9505.0490 APPEALS.

Subpart 1. **Right to appeal.** A person who applies for or receives case management services has the right to a fair hearing under *Minnesota Statutes*, section 256.045, as specified in subpart 3 in regard to termination, denial, suspension of payment for case management services, or a request or referral for case management services that is not acted upon within five days. A county of financial responsibility has an absolute defense to an appeal under this part if it proves by a preponderance of the evidence that it has no more resources available with which to avoid a denial, reduction, suspension, or termination of case management services to the person who applies for or receives case management services and that it has complied with *Minnesota Statutes*, section 256E.081. The appeal rights of a person who applies for or receives case management services under parts 9505.0476 to 9505.0491, regardless of funding sources, are limited to those specified in this subpart.

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

9505.0491 MEDICAL ASSISTANCE PAYMENT FOR CASE MANAGEMENT SERVICES.

Subpart 1. ~~**Definitions**~~ **Definition; face-to-face.** ~~For purposes of this part, the following terms have the meanings given them.~~

~~A.~~ "Face-to-face" means the client is physically present with the case manager.

~~B. "Unit" means an accumulation of time that totals 15 minutes in which case management services have been provided to or on behalf of a specific recipient or recipients.~~

Subp. 2. **Case management services eligible for medical assistance payment.** Case management services provided to a recipient that are eligible for medical assistance payment are:

A. face-to-face contact between the case manager and the client;

B. telephone contact between the case manager and the client, the client's mental health provider or other service providers, a client's family members, primary caregiver, legal representative, or other interested person or persons;

C. face-to-face contacts between the case manager and the client's family, legal representative, primary caregiver, mental health providers or other service providers, or other interested persons;

D. contacts between the case manager and the case manager's clinical supervisor concerning the client;

E. development, review, and revision of the client's individual community support plan, including the case manager's functional assessment of the client; ~~and~~

F. time spent by the case manager traveling ~~outside the county of financial responsibility~~ to meet face-to-face with a client who is a resident of ~~a regional treatment center, residential treatment facility, or an inpatient hospital~~ an excluded time facility that is located outside the county of financial responsibility; and

G. time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

Subp. 3. **Limitation on payments for services.** Payment for case management services shall be limited according to items A ~~and B~~ to E.

A. Payment for case management services is limited to no more than six hours per client per month, exclusive of out-of-county travel, except under the conditions specified in item B. The payment may be for any combination of the services specified in subpart 2, except that payment for telephone contact between a case manager, the client, the client's legal representative, the client's family or primary caregiver, mental health providers, and other service providers, or other interested persons is limited to no more than two hours per client per month.

B. If the client is at risk of hospitalization, losing a job or place to live, or in danger of harming self or others because of the client's mental illness or emotional disturbance, the payment limitation on case management services to the client shall be ten hours per month, exclusive of out-of-county travel~~.~~ and the payment limitation on telephone contact in item A shall ~~apply to this item~~ be increased to three hours per client per month. In this instance, the case manager must document the factor or factors placing the client at risk.

C. A client's functional assessment by a case manager is eligible for medical assistance payment if the assessment does not duplicate a similar assessment of the client by the Division of Rehabilitation Services of the Minnesota Department of Jobs and Training.

D. When traveling with a client, a case manager may not bill for both a face-to-face session with the client and travel time concurrently.

E. Except as provided in part 9505.0324 [Emergency], proposed in Volume 16, Number 11, pages 989-991, October 14, 1991 (16 S.R. 988) payment for case management services to a client is limited to the services of one case manager per minute per client.

[For text of subp 4, see M.R.]

Subp. 5. **Charting~~,~~ and record keeping~~, and travel.~~** Time spent by the case manager in charting~~,~~ and record keeping~~, and traveling within the county of financial responsibility~~ is not eligible for separate medical assistance payment as a case management service.

Subp. 6. **Billing ~~by units.~~** A case management provider shall bill for medical assistance payment for eligible case management services provided to a recipient according to ~~units~~ the number of minutes of service provided~~, as defined in subpart 1,~~ and documented as required in subpart 4.

[For text of subps 7 to 10, see M.R.]

Department of Human Services

Proposed Emergency Rules Governing Grants for Community-Based Mental Health Services for Children with Severe Emotional Disturbance and their Families

Notice of Intent to Adopt an Emergency Rule

NOTICE IS HEREBY GIVEN that the State Department of Human Services intends to adopt the above-entitled emergency rule. The statutory authority to adopt the emergency rule is contained in *Minnesota Statutes*, section 245.4886 (*Laws of Minnesota 1991*, chapter 292, article 6, section 26). The agency, in adopting the rule, is following the procedures set forth in the Administrative Procedure Act for adopting emergency rules in *Minnesota Statutes*, sections 14.29 to 14.36.

All persons have 25 days or until 4:30 p.m. on November 8, 1991 after publication to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to: Stephanie L. Schwartz, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 297-4302.

A copy of the proposed rule is attached to this notice.

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

Upon adoption of the emergency rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Stephanie L. Schwartz at the address above.

The emergency rule will take effect five working days after approval by the Attorney General and be effective for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation in accordance with *Minnesota Statutes*, section 14.35.

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Governing Case Management Services to Persons with Serious and Persistent Mental Illness, Minnesota Rules, parts 9505.0476 to 9505.0491

AFFIDAVIT OF ADDITIONAL MAILING

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

That on the 9th day of October, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid to the following parties:

- The 87 Minnesota County Human Services Agencies
- Advisory Committee Members
- Department of Human Services Mental Health Implementation Task Force
- Children's Mental Health Subcommittee of the State Mental Health Advisory Council
- Other interested persons, including representatives of family services, advocates for the mentally ill, and county social services

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

Nancy L. Bishop

Subscribed and sworn to before me

this 11th day of October, 1991

Kathy Ann McDonough

Stat Auth. - Attached

end of comment period Nov 8, 1991

9505.0491 - subp 4, E. - is limited to the servics of one case manager per minute per client - ~~what~~ what does that mean

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Governing Case Management Services to Persons with Serious and Persistent Mental Illness, Minnesota Rules, parts 9505.0476 to 9505.0491

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT AN EMERGENCY RULE AND CERTIFICATE OF MAILING LIST

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Nancy Bishop, being sworn says:

I hereby certify that the list of persons and associations who have requested, pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22 or 14.30, that their names be placed on the State Department of Human Services rulemaking mailing list is accurate, complete, and current as of this 9th day of October, 1991.

That on the 9th day of October, 1991, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt an Emergency Rule by depositing in the State of Minnesota Central Mail System for United States mailing, a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

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

Nancy L. Bishop

Subscribed and sworn to before me this 11th day of October, 1991.

Kathy Ann McDonough

Department of Human Services

In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Governing Case Management Services to Persons with Serious and Persistent Mental Illness, Minnesota Rules, parts 9505.0476 to 9505.0491

NOTICE OF INTENT TO ADOPT AN EMERGENCY RULE

Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled emergency rule. The statutory authority to adopt the emergency rule is contained in Minnesota Statutes, section 245.4711, subdivision 9 (*Laws of Minnesota 1991*, chapter 292, article 6, section 5). The agency, in adopting the rule, is following the procedures set forth in the Administrative Procedure Act for adopting emergency rules in Minnesota Statutes, sections 14.29 to 14.36.

All persons have 25 days or until 4:30 p.m. on November 8, 1991 after publication to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. Any comments must be submitted to: Eleanor Weber, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 297-4301.

Minnesota Rules, parts 9505.0476 to 9505.0491 set the standards for case management services to persons with serious and persistent mental illness. The proposed emergency rule amendments coordinate with proposed emergency rules related to case management services for children with severe emotional disturbance. The amendments: clarify availability of case management services to persons with severe emotional disturbance; set a maximum caseload of 40 cases to one full-time equivalent case manager as of December 1, 1992; require counties to use increased revenue from sources other than county funds to hire additional staff needed to progress toward the maximum caseload; require case managers to arrange for standardized assessments of psychotropic medication side effects; permit case management services for up to four months to a person who does not have a current diagnostic assessment; clarify that, according to *Minnesota Rules*, part 9505.0323, subpart 31, certain mental health practitioners may conduct a child's diagnostic assessment under clinical supervision; clarify that a case manager may provide a client certain additional mental health services on an emergency basis; and provide reimbursement for transportation costs of case managers.

A free copy of the proposed emergency rule is available by contacting Nancy Bishop, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 296-7454.

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

Upon adoption of the emergency rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Eleanor Weber at the address above.

The emergency rule will take effect five working days after approval by the Attorney General and be effective for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation in accordance with Minnesota Statutes, section 14.35.

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

Date: October 3, 1991

Natalie Haas Steffen

NATALIE HAAS STEFFEN
Commissioner

Department of Human Services

Proposed Emergency Amendments to Permanent Rules Relating to Case Management for Persons with Serious and Persistent Mental Illness or Severe Emotional Disturbance

Rules as Proposed

9505.0476 SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9505.0476 to 9505.0491 establish standards and procedures for providing case management services to persons with serious and persistent mental illness~~,~~ as authorized by Minnesota Statutes, sections 245.461 to 245.486, and to persons with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4888, and ~~256B.02, subdivision 8~~ 256B.0625, subdivision 20. Parts 9505.0476 to 9505.0491 are intended to be in compliance with and, therefore, must be read in conjunction with title XIX of the Social Security Act; Code of Federal Regulations, title 42, sections 430 to 456 as amended through October 1, 1987; Minnesota Statutes, sections 245.461 to 245.486, ~~245.64~~ 245.487 to 245.4888, 256E.09, and Minnesota Statutes, chapters 256B and 256G; and parts ~~9505.1750 to 9505.2150~~ 9505.2160 to 9505.2245.

Subp. 2. **Availability.** Case management services are available to all medical assistance recipients with serious and persistent mental illness or severe emotional disturbance and to other persons with serious and persistent mental illness or severe emotional disturbance within the limits of legislative appropriations as specified in Minnesota Statutes, section 245.486, and the requirements of Minnesota Statutes, section 256E.081, except as provided under ~~part~~ parts 9505.0479 and 9520.0900 to 9520.0926. Additionally, case management services to recipients who have serious and persistent mental illness are to be provided according to Minnesota Statutes, section 245.464 and to recipients who have severe emotional disturbance are to be provided according to Minnesota Statutes, section

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245.4873, subdivision 6. In making case management services available to persons with serious and persistent mental illness and persons with severe emotional disturbance who are not recipients of medical assistance, a local agency shall use all possible available funding sources. Examples of possible funding sources are grants to counties for services to **persons ~~with serious and persistent mental illness~~** clients under Minnesota Statutes, section 256E.12, funds made available to counties for community social services under Minnesota Statutes, sections 256E.06 and 256E.07, money distributed to counties for permanency planning for children under Minnesota Statutes, sections 256F.01 to 256F.07, and title XX allocations under Minnesota Statutes, section 256E.07.

9505.0477 DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who, in the case of providing case management to persons with serious and persistent mental illness, meets the qualifications specified in Minnesota Statutes, section 245.462, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491, or who, in the case of providing case management services to persons with severe emotional disorder, meets the qualifications in Minnesota Statutes, section 245.4871, subdivision 4, and part 9505.0484, subpart 1, and who is employed by or under contract to a case management provider authorized to provide case management services under parts 9505.0476 to 9505.0491.

[For text of subp 3, see M.R.]

Subp. 4. **Case management services.** "Case management services" means services specified in Minnesota Statutes, section 245.462, subdivision 3, and part 9505.0485 that help persons with serious and persistent mental illness or persons with severe emotional disturbance gain access to needed medical, social, educational, financial, and other services necessary to

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meet their mental health needs and that coordinate and monitor the delivery of these services.

[For text of subp 5, see M.R.]

Subp. 6. **Client.** "Client" means a person with serious and persistent mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), or a person with severe emotional disturbance as defined in Minnesota Statutes, section 245.4871, subdivision 6, who is receiving case management services under parts 9505.0476 to 9505.0491.

[For text of subps 7 to 9, see M.R.]

Subp. 10. **Diagnostic assessment.** "Diagnostic assessment" means a written evaluation by a mental health professional of a person's:

A. current life situation and sources of stress, including reasons for referral;

B. history of the person's current mental health problem, including important developmental incidents, strengths, and vulnerabilities;

C. current functioning and symptoms;

D. diagnosis including whether or not a person is seriously and persistently mentally ill or has a severe emotional disturbance; and

E. needed mental health services.

[For text of subp 11, see M.R.]

Subp. 11a. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 11b. **Excluded time facility.** "Excluded time facility" means a facility specified in Minnesota Statutes, section 256G.02, subdivision 6.

[For text of subp 12, see M.R.]

Subp. 13. **Individual community support plan or individual family community support plan.** "Individual community support plan" or "individual family community support plan" means a written plan developed by a case manager together with the client that is based on a diagnostic assessment and the client's

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needs and that is coordinated with the client's individual treatment plan or plans as defined in subpart 14. The plan identifies the specific services to be provided that are appropriate to the age of the person with serious and persistent mental illness or with a severe emotional disturbance and that the person needs to develop independence or improved functioning in daily living, health and medication management, social functioning, interpersonal relationships including family relationships, financial management, housing, transportation, employment, and education. A child's individual family community support plan also identifies activities related to involving the child's family or primary caregiver in the specific services to be provided including, as appropriate, services specified in Minnesota Statutes, sections 256F.07, subdivision 3, and 257.071, subdivision 1.

Subp. 14. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention, treatment, and services for a person with mental illness or emotional disturbance that is developed by the client and a mental health professional which is based on a diagnostic assessment and the client's needs. The plan identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the individual or individuals responsible for providing treatment to the person with serious and persistent mental illness or a severe emotional disturbance. A child's individual treatment plan also identifies activities related to involving the child's family or primary caregiver in the treatment of the child and, if the child is placed or being considered for placement outside the home, includes the individual placement plan as required under Minnesota Statutes, section 257.071, subdivision 1.

[For text of subp 15, see M.R.]

Subp. 16. **Legal representative.** "Legal representative" means a court-authorized guardian of a child with serious and persistent mental illness or severe emotional disturbance, or a guardian or conservator authorized by the court to make

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decisions about services for a person with serious and persistent mental illness or severe emotional disturbance.

Subp. 17. **Mental health professional.** "Mental health professional" means a person who provides clinical services in the treatment of mental illness and who, at a minimum, is qualified in at least one of the ways specified in Minnesota Statutes, section 245.462, subdivision 18, clauses (1) to (5), or who provides clinical services in the treatment of emotional disturbance and who, at a minimum, is qualified in at least one of the ways specified in Minnesota Statutes, section 245.4871, subdivision 27.

After August 1, 1989, persons in allied fields as specified in Minnesota Statutes, section 245.462, subdivision 18, clause (5), or Minnesota Statutes, section 245.4871, subdivision 27, clause (5), shall be required to file their credentials as required by Minnesota Statutes, section 148B.42, subdivision 1.

[For text of subp 18, see M.R.]

Subp. 19. **Mental health services.** "Mental health services" means the services provided to persons with mental illness that are described in Minnesota Statutes, section 245.466, subdivision 2, or to persons with emotional disturbance that are described in Minnesota Statutes, section 245.4875, subdivision 2.

[For text of subps 20 to 26, see M.R.]

Subp. 27. **Serious and persistent mental illness.** "Serious and persistent mental illness" means the condition of ~~an adult or child~~ a person who has a mental illness and meets at least one of the following criteria:

[For text of items A to D, see M.R.]

[For text of subp 28, see M.R.]

Subp. 28a. **Severe emotional disturbance.** "Severe emotional disturbance" refers to the criteria specified in Minnesota Statutes, section 245.4871, subdivision 6.

[For text of subps 29 and 30, see M.R.]

9505.0478 REFERRAL FOR CASE MANAGEMENT SERVICES.

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Consistent with the Minnesota Governmental Data Practices Act, and Minnesota Statutes, ~~section~~ sections 245.467, subdivisions 4 and 6, and 245.4876, subdivisions 4 and 7, a physician, a mental health provider, a family member, a social worker, a legal representative, or other interested person may give the name and address of a person believed to have serious and persistent mental illness or severe emotional disturbance to the local agency and request case management services for the person. A person who may have serious and persistent mental illness or severe emotional disturbance may directly request case management services from the local agency.

9505.0479 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

Subpart 1. **Persons receiving services through the Veterans Administration.** Persons with serious and persistent mental illness or severe emotional disturbance who are receiving case management services through the Veterans Administration are not eligible for case management services while they are receiving case management through the Veterans Administration.

[For text of subp 2, see M.R.]

Subp. 3. **Persons with dual diagnoses.** Except as provided in subpart 2, if a person has the diagnosis of mental retardation or a related condition and the diagnosis of serious and persistent mental illness or severe emotional disturbance, the county shall assign the person a case manager for services to persons with mental retardation according to parts 9525.0015 to 9525.0165 and shall notify the person of the ~~right to receive~~ availability of case management services for persons with serious and persistent mental illness or severe emotional disturbance according to parts 9505.0476 to 9505.0491. If the person or the person's representative chooses case management services for persons with serious and persistent mental illness or severe emotional disturbance, the case manager assigned under parts 9525.0015 to 9525.0165 and the case manager chosen under parts 9505.0476 to 9505.0491 shall work together as

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a team to ensure that the person receives the services required under parts 9525.0015 to 9525.0165 and 9505.0476 to 9505.0491. The case manager responsible for the person's individual community support plan under parts 9505.0476 to 9505.0491 shall:

[For text of items A to E, see M.R.]

Subp. 4. **Person enrolled in medical assistance demonstration project.** For purposes of parts 9505.0476 to 9505.0491, a person with serious and persistent mental illness or severe emotional disturbance who is enrolled by a demonstration provider under the medical assistance demonstration project established under Minnesota Statutes, section 256B.69, is eligible for case management services as specified in parts 9505.0476 to 9505.0491 on a fee-for-service basis from a provider other than the demonstration provider.

Subp. 5. **Person assessed as chemically dependent under part 9530.6620.** A person who has been assessed as chemically dependent under part 9530.6620 and who is also determined to have serious and persistent mental illness or severe emotional disturbance is eligible to receive case management services under parts 9505.0476 to 9505.0491.

The case manager assigned under parts 9505.0476 to 9505.0491 must coordinate the person's case management services with any similar services the person is receiving from other sources.

9505.0480 LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Local agency responsibility; general requirement.** The local agency must make case management services available under parts 9505.0476 to 9505.0491 either directly or under a contract with a case management provider. The services must be provided to recipients who request them and, within the limitations of Minnesota Statutes, ~~section~~ sections 245.486 and 256E.081, to persons other than recipients. The recipients and persons other than recipients must have been determined by a mental health professional to have serious and persistent mental illness or severe emotional

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disturbance or must have been determined by the local agency to meet the requirements in part 9505.0477, subpart 27, item A, B, or D. As required by Minnesota Statutes, ~~section~~ sections 245.464, subdivision 2, 245.4873, and 245.4875, the local agency must develop mental health services for all persons with serious and persistent mental illness or severe emotional disturbance to the extent of the county's available resources. The first source of payment for case management services to a person with serious and persistent mental illness or severe emotional disturbance shall be Medicare or a third-party payer wherever possible.

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

Subp. 4. **Follow-up notice of availability of case management services.** If the person notified under subparts 2 and 3 does not respond within ten working days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the person, or if the person is a child, the child's parents, primary caregiver, or legal representative. Contact must be either face-to-face or by telephone. If the local agency is able to contact the person, the local agency must ask whether the person who may have serious and persistent mental illness or severe emotional disturbance wants to be assessed for eligibility for case management services. The local agency must document the attempted and completed contacts, describing the type and content of contact made, and the result of the contact.

[For text of subp 5, see M.R.]

Subp. 6. **Refusal.** A person may refuse case management services. A person's refusal of case management services does not affect the person's eligibility to receive case management services as long as the person is seriously and persistently mentally ill or has a severe emotional disturbance.

Subp. 7. **Determination of eligibility for case management services.** When a person requests or is referred for case management services, consents to be assessed for eligibility for the services, and authorizes a release of information, the local

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agency must determine whether the person meets a requirement of part 9505.0477, subpart 27, item A, B, or D, or must offer to help the person arrange a diagnostic assessment by a mental health professional, unless one has already been completed within ~~90~~ 180 days before the request or referral.

[For text of subp 8, see M.R.]

Subp. 9. **Access to case management services.** Within five days after a person who has been determined to have serious and persistent mental illness or severe emotional disturbance accepts case management services, the local agency must offer to help the person make an appointment with a case management provider. The appointment must be scheduled for no later than two weeks from the date it is made unless the person requests otherwise. The local agency must also inform the person of the availability of emergency services at the time the offer to schedule the appointment is made.

[For text of subp 10, see M.R.]

Subp. 11. **Local agency responsibility; referral to mental health and other service providers.** If a person with serious and persistent mental illness or severe emotional disturbance who is referred to a local agency for case management services refuses case management services or if a person referred to a local agency is determined to have a mental illness or emotional disturbance but not to have serious and persistent mental illness or severe emotional disturbance, the local agency shall offer to refer the person to a mental health provider or other service provider appropriate to the person's needs and, at the person's request, shall assist the person in making an appointment with the provider of the person's choice.

[For text of subp 12, see M.R.]

Subp. 13. **Local agency responsibility; child's preplacement screening.** In the case of a child with ~~**serious and persistent mental illness**~~ severe emotional disturbance who receives case management services under parts 9505.0476 to 9505.0491, the local agency shall assure coordination of the child's case management services with the child's permanency

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planning, placement prevention, and family reunification services required under Minnesota Statutes, chapter 256F.

Subp. 14. **Eligibility if client does not have a current diagnostic assessment.** Medical assistance payment is available for case management services provided to a medical assistance eligible person who does not have a current diagnostic assessment 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) an adult for reasons related to the adult's mental illness;

(2) by a child who meets a criterion specified in part 9505.0480, subpart 5, item A, and whose refusal is for reasons related to the child's mental illness or emotional disturbance; or

(3) the parent of a child;

C. the case manager determines that the person is eligible for case management services; and

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

9505.0481 OFFERING CASE MANAGEMENT SERVICES TO PERSONS ALREADY RECEIVING MENTAL HEALTH SERVICES.

If a person is in a regional treatment center, inpatient hospital, or residential treatment facility, or is receiving or requesting outpatient mental health services or other services through the community support service program and has been determined by a mental health professional to have serious and persistent mental illness or severe emotional disturbance, the mental health provider shall ensure that its representative informs the person of the availability of case management services under parts 9505.0476 to 9505.0491 and explains the purpose and potential benefit of case management services. The

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information must be given to a person within five days after admission to treatment in a regional treatment center, inpatient hospital, or residential treatment facility and within 15 days after admission to mental health services or treatment through the community support services program. If the person authorizes a release of information as specified in part 9505.0482, the representative of the mental health provider shall notify the local agency that the person wants case management services, and assure that the person has assistance in making an appointment with the case management provider of the person's choice. If the person is a child, the child and, except as provided in part 9505.0480, subpart 5, the child's parents, primary caregiver, or legal representative must be informed of the availability and purposes of case management services. The local agency must comply with the notice and follow-up requirements in part 9505.0480, subparts 2, 3, 4, and 5.

9505.0482 AUTHORIZATION TO RELEASE INFORMATION AND CONTACT PERSON'S FAMILY.

Subpart 1. **Authorization to release information.** When a local agency, a case manager, or mental health professional asks a person requesting case management services to sign forms needed to gain access to information necessary to provide case management services or to share information with providers involved in providing services to the client, <u>according to Minnesota Statutes, sections 245.468, subdivisions 4 to 6, and 245.4876, subdivision 5,</u> the information described in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each authorization of access to a record related to the person's mental health status. The period of authorization must not exceed one year.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information authorized

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to be released;

D. the name of the person or persons authorized to give information;

E. the name of the person or persons to whom the information is to be given;

F. a description of the information's use during the case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the consent at any time.

Subp. 2. **Authorization to contact person's family.** When parts 9505.0476 to 9505.0491 require a local agency, case manager, or mental health professional to contact the family of a person who has or may have a serious or persistent mental illness or severe emotional disturbance to obtain information related to the provision of the person's case management services, the local agency, case manager, or mental health professional, according to Minnesota Statutes, section 245.4876, subdivision 5, shall ask the person to sign forms authorizing contact with the person's family. The information in items A to H must be on the form above the person's signature. A separate form must be completed and signed for each family member to whom access is authorized. The period of authorization must not exceed one year for each family member. If the person does not sign the form authorizing contact with a family member, the local agency, case manager, or mental health professional may not contact the family member and shall note the person's refusal to sign in the person's case record.

The form must contain:

A. the person's name;

B. the date;

C. the specific nature of the information being sought in the contact;

D. the name of the family member with whom contact is being authorized;

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E. the name of the person or persons who are authorized to contact the family member;

F. a description of the information's use during case management services to determine eligibility for and provision of case management services;

G. the date the authorization expires; and

H. a statement that the person may revoke the authorization at any time.

9505.0483 DIAGNOSTIC ASSESSMENT.

Subpart 1. **Acceptance of diagnostic assessment.** A diagnostic assessment that can be used for determining a person's eligibility for case management services under parts 9505.0476 to 9505.0491 or in developing a client's individual community support plan or individual family community support plan must meet the requirements in items A to C and must contain the contents required in subpart 4.

A. A diagnostic assessment that was completed within ~~90~~ 180 days before the person requested or was referred for case management services must be reviewed and brought up to date by a mental health professional if the person agrees to receive case management services.

B. If the person has not had a diagnostic assessment within ~~90~~ 180 days before requesting or being referred for case management services, a new diagnostic assessment must be obtained.

C. The diagnostic assessment must result in a determination of whether the person has serious and persistent mental illness or severe emotional disturbance.

[For text of subp 2, see M.R.]

Subp. 3. **Eligibility to provide a diagnostic assessment.** A diagnostic assessment required for parts 9505.0476 to 9505.0491 shall be conducted by ~~the providers in items A and B.~~

~~A. In the case of a recipient, a recipient's diagnostic assessment completed before September 1, 1990, must be conducted by a mental health professional who is a provider~~

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~~and-who-is-a-psychiatrist,-licensed-consulting-psychologist,-or licensed-psychologist,-or-conducted-by-a-mental-health professional-who-is-under-the-clinical-supervision-of-a-provider who-is-a-psychiatrist,-a-physician-who-is-not-a-psychiatrist,-or a-licensed-consulting-psychologist.--Beginning-September-1, 1990,-a-person's-diagnostic-assessment-must-be-conducted-by-a mental-health-professional-who-is-a-provider.~~

~~B.--In-the-case-of-a-person-who-is-not-a-recipient, the-person's-diagnostic-assessment-must-be-conducted-by~~ a mental health professional as defined in Minnesota Statutes, section 245.462, subdivision 18 except that, in the case of a child, the diagnostic assessment may be conducted by a mental health practitioner as specified in part 9505.0323, subpart 31. In the case of a recipient, the mental health professional conducting the recipient's diagnostic assessment or providing the clinical supervision of a mental health practitioner conducting a diagnostic assessment of a recipient who is a child must be a provider.

[For text of subp 4, see M.R.]

9505.0484 **CASE MANAGER QUALIFICATIONS AND TRAINING.**

Subpart 1. Qualifications of case manager. Except as provided in subpart 2, a case manager 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 persons with mental illness or to provide services to children, experience in the delivery of services to persons with emotional disturbance, be skilled in the process of identifying and appraising a wide range of client needs, and be knowledgeable about local community resources and how to use the resources for the client's benefit.

Subp. 2. Supervision of case manager. Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to persons with mental illness or emotional disturbance must complete 40 hours of

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training approved by the department in case management skills and in the characteristics and needs of persons with serious and persistent mental illness or if the case manager will serve children, training in the characteristics and needs of children with severe emotional disturbance. Training in case management skills includes training in the delivery of services to persons with mental illness or if the case manager will serve children, training in the delivery of services to children with emotional disturbance, the process of identifying and assessing a wide range of client needs, and the use of local community resources for a client's benefit. They must also receive clinical supervision regarding the provision of case management services from a mental health professional at least once a week including a face-to-face meeting of the case manager and the manager's clinical supervisor at least once a month until the requirement of 2,000 hours of supervised experience is met. Case managers who have at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness or if the case manager will serve children, in the delivery of services to children with severe emotional disturbance shall meet in person with a mental health professional at least once a month to obtain clinical supervision of the case manager's activities. The dates and subjects discussed during the clinical supervision meetings must be documented in the client's record.

Subp. 3. **Training requirement.** A case manager must complete 30 hours of training every two years. The training must consist of in-service training or courses in areas related to mental health services such as mental health treatment, rehabilitation, prevention of mental illness or emotional disturbance, case management, licensing standards applicable to mental health services for persons with serious and persistent mental illness or severe emotional disturbance, child development, family relationships, and special needs of specific client populations or children. Training or courses must be approved by the case management provider.

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9505.0485 CASE MANAGER RESPONSIBILITIES.

Subpart 1. **Development of client's individual community support plan.** Within 30 days after the first meeting with a client, the case manager together with the client and, in the case of a child, except as provided in part 9505.0480, subpart 5, items A and B, the child's parent, legal representative, or primary caregiver, shall complete a written functional assessment and develop a written individual community support plan or individual family community support plan with the client based on the client's diagnostic assessment and needs. A review of the plan and the client's needs shall be completed at least every 90 days after the development of the first plan. A review of the functional assessment is to be completed at each review of the individual community support plan. To the extent possible and with the client's consent, the client, the client's family, physician, mental health providers, service providers, and other interested persons shall be involved in the development and implementation of the individual community support plan.

[For text of subp 2, see M.R.]

Subp. 3. **Referral, coordination, and monitoring.** The case manager shall refer the client to appropriate mental health or other service providers and offer to help the client gain access to needed services. In referring the client to appropriate mental health providers, the case manager shall also consider the client's need for referral for a neurological examination, psychological testing, and a chemical dependency assessment as specified in part 9530.6615. If necessary, the case manager shall arrange for a standardized assessment of the side effects related to the administration of the client's psychotropic medication. The case manager shall coordinate the provision of services to the client and monitor the client's progress to determine whether the goals of the individual community support plan are being met or progress toward the goals is taking place. If the case manager determines the goals, or progress toward the goals is not being met, the case manager together

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with the client shall modify the client's individual community support plan. The determination shall be made through regularly scheduled meetings and discussions with the client, the client's service providers, mental health providers, and the client's parents or legal representative if the client is a child. The coordination must include regularly scheduled meetings or contact with the client, the client's providers, and the case manager. If the client has coverage through a third-party payer, the case manager shall help the client obtain payment for covered services. The case manager shall meet face-to-face with the client at least once every ~~30 days~~ calendar month, unless the client receives case management services under subpart 6, refuses further case management services, or case management services are terminated as provided in part 9505.0489. In meeting with the client to carry out the purposes of this subpart, the case manager shall meet with the client at places other than the case manager's office building as necessary or appropriate to the client's need.

Subp. 4. **Emergency services.** If a case manager has reason to believe that a client may need or use emergency services under Minnesota Statutes, section 245.469 or 245.4879, the case manager shall provide the client the information necessary for the client to access the emergency services. If the client has authorized a release of information as specified in part 9505.0482, the case manager shall inform providers of the emergency services and other mental health services of the client's possible need for and use of emergency services. Additionally, the case manager shall ask the emergency service to inform the case manager if the client requests emergency services and also to inform the case manager of the nature of and action taken in response to the client's request. The case manager is responsible for assuring that all persons needing to know about the client's use of emergency services are informed and for taking the lead in coordinating the use of emergency services and other mental health services. The case manager also is responsible for revising the client's individual

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community support plan as necessary to minimize the client's need for emergency services. If a client receives emergency mental health services, the mental health provider shall, with the client's consent, notify the case manager; however, the client's consent is not necessary if the emergency situation falls within the provisions of Minnesota Statutes, section 148.976, subdivision 1.

[For text of subp 5, see M.R.]

Subp. 6. **Case management services for clients outside the county of financial responsibility.** When a client is residing in or admitted to a residential treatment facility, regional treatment center, or inpatient hospital, or other excluded time facility, in a county other than the county of financial responsibility, case management services shall be provided either through telephone calls from the client's case manager to the client and to a representative of the facility, center, or hospital, or through face-to-face contact between the client and the case manager at least once every ~~30-days~~ calendar month. Regardless of the frequency of telephone contact between the case manager and the client, the case manager shall meet with the client face-to-face at least once ~~every-60-days~~ quarterly. The case manager shall ~~monitor~~ actively participate in the discharge planning process for the client ~~and~~. Before or on the date of a planned discharge, the case manager shall meet face-to-face with the client. The case manager shall ask that a representative of the facility, center, or hospital notify the case manager of a planned discharge or if the client leaves against medical advice. Upon receiving notice that the client has left the facility, center, or hospital against medical advice, the case manager shall immediately attempt to locate the client. If the client returns to the county of financial responsibility, the case manager must have face-to-face contact with the client at least once every ~~30-days~~ calendar month, with the client's consent.

[For text of subp 7, see M.R.]

Subp. 8. **Client's refusal to continue receiving case**

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management services. If a client other than a client specified in subpart 6 refuses to continue receiving case management services or fails to contact the case manager face-to-face for more than 45 days, the client's case manager shall make a reasonable effort to contact the client no later than five days after the 45th day to determine if the client wants to continue receiving case management services. If the client can not be reached or wants to terminate case management services, the case manager shall notify the client and the local agency that case management services shall be terminated unless the client contacts the case manager before the 60th day after the previous contact. The notice shall state the date of the previous contact and the date of the proposed termination. If the client does not respond by the 60th day, the case management services shall be terminated. A written notice sent to the client's last known address or another more effective means, known to and documented by the case manager, of contacting the client constitutes notice of termination of case management services.

If a former client wants to receive case management services again after a refusal or termination of services, the client may contact the case management provider directly and case management services must resume if the person is still eligible. The case management provider must notify the local agency when this occurs.

Subp. 9. **Case manager's caseload.** The local agency must establish the caseload of case managers on the basis of the requirements of parts 9505.0476 to 9505.0491. However, by December 1, 1992, the caseload of a case manager must not exceed the ratio of 40 clients to one full-time equivalent case manager. A county that has an average case manager caseload in excess of 40 clients to one full-time equivalent case manager on the effective date of the emergency amendment to this subpart may continue to exceed the required ratio of 40 clients to one full-time equivalent case manager but only to the extent that the increased revenue is insufficient to hire the additional case managers needed to meet the required ratio of 40 clients to

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one full-time equivalent case manager. For purposes of this subpart:

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 9505.0476 to 9505.0490 during calendar year 1992 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 1990.

B. "Source other than county funds" means funds received through medical assistance, general assistance medical care, state grants dedicated to case management services, and third party payers.

C. "County funds" means funds available to a county through county levies, block grants under Minnesota Statutes, section 256E.06, federal block grants under Minnesota Statutes, section 256E.07, and state shared revenue funds.

The local agency must require case management providers to document the amount of time each case manager spends on each client.

Subp. 10. **Case manager's provision of other mental health services.** A case manager shall not provide mental health services or other health services such as psychotherapy, day treatment services, residential treatment, medication management as specified in part 9505.0345, subpart 5, or independent living skills training to any client for whom the case manager is providing case management services. Nevertheless, in the event of unforeseen or unplanned circumstances, a case manager may provide independent living skills services on an emergency basis to a client for whom the case manager is providing case management services. However, independent living skills provided on an emergency basis by a case manager to a client are not eligible for medical assistance payment.

A case manager may attempt to contact a potential case management client. However, these attempts do not qualify as

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case management services eligible for medical assistance payment under parts 9505.0476 to 9505.0491.

9505.0487 SERVICES NOT ELIGIBLE FOR MEDICAL ASSISTANCE AS CASE MANAGEMENT SERVICES.

The following services are not eligible for medical assistance payment as case management services:

A. diagnostic assessment;

B. administration and management of a client's medications;

C. legal services, including legal advocacy, for the client;

D. information and referral services that are part of a county's community social service plan as required under Minnesota Statutes, section 256E.09, subdivision 3;

E. outreach services ~~through the community support services program~~ to identify persons who are in need of mental health services;

F. services that are not documented as required under part 9505.0491, subpart 4, through records required in part 9505.0491, subpart 5; ~~and~~

G. health services that are otherwise eligible for payment under Medicare, a third-party payer, or parts 9505.0170 to 9505.0475, or other rules of the department. Examples are psychotherapy, psychological services, residential treatment, and medication management; and

H. case management services that do not meet the requirements of parts 9505.0476 to 9505.0491.

9505.0489 TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a client terminate when one of the events listed in items A to ~~E~~ D occurs. If one of the events listed in items A to ~~E~~ D occurs, the case management provider shall notify the local agency. The local agency shall make a reasonable attempt to notify the client, before case management services are terminated under this part, and shall offer to refer the client to a mental health or other service

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provider appropriate to the client's needs. If the case manager is unable to locate the client, the case management provider shall notify the local agency and shall document the efforts to contact the client in the client's case record.

A. ~~A-mental-health-professional-who-has-provided mental-health-services-to-the-client-furnishes-a-written-opinion that-the-client-no-longer-needs-case-management-services.~~

~~B.~~ The client and the case manager mutually decide that the client no longer needs case management services.

~~C.~~ B. The client refuses to continue receiving case management services in the manner specified in part 9505.0485, subpart 8.

~~D.~~ C. No face-to-face contact has occurred between the client and the client's case manager for 60 consecutive days ~~unless-the-client-is-in-a-residential-treatment-facility, regional-treatment-center,-or-inpatient-hospital-in-a-county outside-the-county-of-financial-responsibility~~ because the client has failed to keep an appointment or refused to meet with the case manager.

~~E.~~ D. If the client is in a residential treatment facility, regional treatment center, an excluded time facility, or inpatient hospital in a county outside the county of financial responsibility and no face-to-face contact has occurred between the client and the client's case manager for a period of 90 consecutive days because the client has failed to keep an appointment or refused to meet with the case manager ~~and the-client-is-in-a-residential-treatment-facility,-regional treatment-center,-or-inpatient-hospital-in-a-county-outside-the county-of-financial-responsibility~~.

9505.0490 APPEALS.

Subpart 1. **Right to appeal.** A person who applies for or receives case management services has the right to a fair hearing under Minnesota Statutes, section 256.045, as specified in subpart 3 in regard to termination, denial, suspension of payment for case management services, or a request or referral

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for case management services that is not acted upon within five days. A county of financial responsibility has an absolute defense to an appeal under this part if it proves by a preponderance of the evidence that it has no more resources available with which to avoid a denial, reduction, suspension, or termination of case management services to the person who applies for or receives case management services and that it has complied with Minnesota Statutes, section 256E.081. The appeal rights of a person who applies for or receives case management services under parts 9505.0476 to 9505.0491, regardless of funding sources, are limited to those specified in this subpart.

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

9505.0491 MEDICAL ASSISTANCE PAYMENT FOR CASE MANAGEMENT SERVICES.

Subpart 1. ~~Definitions~~ Definition; face-to-face. ~~For purposes of this part, the following terms have the meanings given them.~~

~~A.~~ "Face-to-face" means the client is physically present with the case manager.

~~B. "Unit" means an accumulation of time that totals 15 minutes in which case management services have been provided to or on behalf of a specific recipient or recipients.~~

Subp. 2. **Case management services eligible for medical assistance payment.** Case management services provided to a recipient that are eligible for medical assistance payment are:

A. face-to-face contact between the case manager and the client;

B. telephone contact between the case manager and the client, the client's mental health provider or other service providers, a client's family members, primary caregiver, legal representative, or other interested person or persons;

C. face-to-face contacts between the case manager and the client's family, legal representative, primary caregiver, mental health providers or other service providers, or other interested persons;

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D. contacts between the case manager and the case manager's clinical supervisor concerning the client;

E. development, review, and revision of the client's individual community support plan, including the case manager's functional assessment of the client; ~~and~~

F. time spent by the case manager traveling ~~outside the county of financial responsibility~~ to meet face-to-face with a client who is a resident of ~~a regional treatment center, residential treatment facility, or an inpatient hospital~~ an excluded time facility that is located outside the county of financial responsibility; and

G. time spent by the case manager traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

Subp. 3. **Limitation on payments for services.** Payment for case management services shall be limited according to items A ~~and B~~ to E.

A. Payment for case management services is limited to no more than six hours per client per month, exclusive of out-of-county travel, except under the conditions specified in item B. The payment may be for any combination of the services specified in subpart 2, except that payment for telephone contact between a case manager, the client, the client's legal representative, the client's family or primary caregiver, mental health providers, and other service providers, or other interested persons is limited to no more than two hours per client per month.

B. If the client is at risk of hospitalization, losing a job or place to live, or in danger of harming self or others because of the client's mental illness or emotional disturbance, the payment limitation on case management services to the client shall be ten hours per month, exclusive of out-of-county travel, and the payment limitation on telephone contact in item A shall ~~apply to this item~~ be increased to three hours per client per month. In this instance, the case manager

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must document the factor or factors placing the client at risk.

C. A client's functional assessment by a case manager is eligible for medical assistance payment if the assessment does not duplicate a similar assessment of the client by the Division of Rehabilitation Services of the Minnesota Department of Jobs and Training.

D. When traveling with a client, a case manager may not bill for both a face-to-face session with the client and travel time concurrently.

E. Except as provided in part 9505.0324 [Emergency], proposed in Volume .., Number .., pages ....-...., ..., 19.. (.. S.R. ....) payment for case management services to a client is limited to the services of one case manager per minute per client.

[For text of subp 4, see M.R.]

Subp. 5. **Charting, and record keeping, ~~and travel~~.** Time spent by the case manager in charting, and record keeping, ~~and traveling within the county of financial responsibility~~ is not eligible for separate medical assistance payment as a case management service.

Subp. 6. **Billing ~~by units~~.** A case management provider shall bill for medical assistance payment for eligible case management services provided to a recipient according to ~~units~~ the number of minutes of service provided, ~~as defined in subpart 1~~, and documented as required in subpart 4.

[For text of subps 7 to 10, see M.R.]

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Emergency Amendments to Permanent Rules Relating to Case Management for Persons with Serious and Persistent Mental Illness or Severe Emotional Disturbance

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

The attached rules are approved for publication in the State Register

Richard J. Sands
Senior Assistant Revisor

Department of Human Services

In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Governing Case Management Services to Persons with Serious and Persistent Mental Illness, Minnesota Rules, parts 9505.0476 to 9505.0491

NOTICE OF INTENT TO ADOPT AN EMERGENCY RULE

(1) Notice is hereby given that the State Department of Human Services intends to adopt the above-entitled emergency rule. The statutory authority to adopt the emergency rule is contained in Minnesota Statutes, section 245.4711, subdivision 9 (*Laws of Minnesota 1991*, chapter 292, article 6, section 5). The agency, in adopting the rule, is following the procedures set forth in the Administrative Procedure Act for adopting emergency rules in Minnesota Statutes, sections 14.29 to 14.36.

(2) All persons have 25 days or until 4:30 p.m. on November 8, 1991 after publication to submit data and views on the proposed emergency rule or any part or subpart of the rule in writing. (3) Any comments must be submitted to: Eleanor Weber, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 297-4301.

(4) *Minnesota Rules*, parts 9505.0476 to 9505.0491 set the standards for case management services to persons with serious and persistent mental illness. The proposed emergency rule amendments coordinate with proposed emergency rules related to case management services for children with severe emotional disturbance. The amendments: clarify availability of case management services to persons with severe emotional disturbance; set a maximum caseload of 40 cases to one full-time equivalent case manager as of December 1, 1992; require counties to use increased revenue from sources other than county funds to hire additional staff needed to progress toward the maximum caseload; require case managers to arrange for standardized assessments of psychotropic medication side effects; permit case management services for up to four months to a person who does not have a current diagnostic assessment; clarify that, according to *Minnesota Rules*, part 9505.0323, subpart 31, certain mental health practitioners may conduct a child's diagnostic assessment under clinical supervision; clarify that a case manager may provide a client certain additional mental health services on an emergency basis; and provide reimbursement for transportation costs of case managers.

(5) A free copy of the proposed emergency rule is available by contacting Nancy Bishop, Rules Division, Minnesota Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816, (612) 296-7454.

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

(7) Upon adoption of the emergency rule by the agency, the emergency rule as adopted and its supporting documents will be delivered to the Attorney General for reviews as to legality and form to the extent form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Eleanor Weber at the address above.

(8) The emergency rule will take effect five working days after approval by the Attorney General and be effective for 180 days. The emergency rule will be continued in effect for an additional 180 days if the agency gives notice of continuation in accordance with Minnesota Statutes, section 14.35.

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

Date: October 3, 1991

Natalie Haas Steffen

NATALIE HAAS STEFFEN
Commissioner

1. pg 16, ℓs 28-31?

2. pg 17, line 11

3. pg 18

** ~~4~~ pg 19, ℓ 27-36
pg 20, ℓ 1-18, 28-34

** 5. pg 22, ℓ 17-23/29
pgs 23-24 → ℓ 15

pgs 24, ℓ 21
ℓ 34
ℓ 35-36

pg 25- ℓ 10-14)

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adopted Rule - pg 16- amendments
pg 23- ℓ 28-34

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF EMERGENCY AMENDMENTS TO PERMANENT RULES OF THE DEPARTMENT OF HUMAN SERVICES RELATING TO CASE MANAGEMENT SERVICES FOR PERSONS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS OR WITH SEVERE EMOTIONAL DISTURBANCE, Parts 9505.0476 to 9505.0491	FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING EMERGENCY AMENDMENTS TO PERMANENT RULES

(1) Notice of the Commissioner's intent to adopt emergency amendments to the above entitled permanent rule was published in the State Register on October 14, 1991 and was also sent by United State mail to all persons in the list maintained by the agency pursuant to Minnesota Statutes, section 14.30 on October 9, 1991

(2) All persons were given the opportunity to submit written comment on the rule for at least 25 days after the notice of proposed rulemaking. (4) No requests for notice of submission to the attorney general were received by the agency.

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

(8) **General comment**

Mr. Paul Heyl, LSW and other social workers (hereafter referred to as Heyl) expressed the opinion that it is inappropriate to add the term "severe emotional disturbance" even on a temporary basis as a means of combining child and adult mental health.

Department response

Minnesota Statutes, section 245.4871, subdivision 15 states that emotional disturbance "is a generic term and is intended to reflect all categories of disorder described in DSM-MD, current edition, as usually first evident in childhood or adolescence." Minnesota Statutes, section 245.484 mandates the adoption of emergency rules to govern the implementation of case management services for eligible children, that is, children with severe emotional disturbance, pursuant to Minnesota Statutes, section 245.4881. Some of the children eligible for case management services are also receiving or are eligible to receive medical assistance. Therefore, the revision of parts 9505.0476 to 9505.0491 to include persons with severe emotional disturbance is necessary to comply with statute and to assure that case management services to medical assistance eligible children with severe emotional disturbance will be eligible for medical assistance payment. It should be noted that medical assistance payment will be available for case management services based on the diagnosis that the person has a serious and persistent mental illness or a severe emotional disturbance. The services are available without regard to the age of the recipient. This is a condition to obtain federal participation as required under Minnesota Statutes, section 256B.04, subdivision 4.

Therefore, the Department declines to modify the proposed rule.

General comment

Heyl suggested that it should be possible to incorporate treatment plans by reference and that there should be "no" frame work for ICSP but rather a substitution of the client's goals in the client's terms.

Department response

The Department will review this issue in developing the permanent rule. Department training relating to the case manager's development of the client's ICSP stresses that it should incorporate the client's life goals and that the document should be brief rather than lengthy.
The Department declines to modify the rule.

General comment

Heyl commented, "We understand the need for accountability; however, what we see is inflexibility." Heyl further commented, "Is Rule 74 saying; 'we want people with mental illness to live independently in the community but we want case managers to use the rule to control them?'"

Department response

The Department believes Heyl's interpretation of the rule is not accurate. The Department has only one agenda in implementing case management services for persons with serious and persistent mental illness or severe emotional disturbance: enabling the clients to live independently in the community.
The Department declines to modify the rule.

Part 9505.0477, Subpart 13; page 3, line 36.

Ms. Patty Larson, Family and Children's Service of the Minneapolis Metro Area, expressed concern that the rule and its proposed amendments fail to "indicate that the family should be included at specific points in the case management process. ....[I]t is statutorily mandated that the family be consulted or involved, unless clinically inappropriate." Ms. Larson suggested language to modify the rule to include consultation with a child's family.

Department response

The Department agrees with Ms. Larson that consultation with the person who is responsible for the child's health, safety, and general well-being is required when decisions are to be made about services to the child. See Minnesota Statutes, section 245.4871, subdivision 19. The responsible person is usually the child's parent; however, under certain circumstances the legal representative may have been authorized to make these decisions about services. See the definition of legal representative in part 9505.0477, subpart 16. Under some situations, for example, when the child's parent or legal representative is

hindering or impeding the child's access to mental health services, it may be clinically inappropriate for the parent or legal representative to take part in a consultation. Furthermore, the child may be legally able to make his or her own decisions about mental health services. See part 9505.0480, subpart 5 in regard to the appropriate person to notify about services. Therefore the Department proposes the following modification as a means to meet the concerns of Ms. Larson and the Department:

page 3, line 36, insert after "client", and, if the client is a child, the client's parent or legal representative unless clinically inappropriate,

The modification is not substantial but only for purposes of clarifying the rule.

If this modification is adopted, similar modifications, also requested by Ms. Larson, are necessary to ensure consistency in the rules. These modifications are:

Part 9505.0477, Subpart 14, page 4, line 19, insert after "client" , and if the client is a child, in conjunction with the client's parent or legal representative unless clinically inappropriate,

Part 9505.0485, Subpart 3, page 17, line 1, insert in after "client, ,and in the case of a child, the client's parent or legal representative unless clinically inappropriate

Part 9505.0485, Subpart 4, page 17, line 29, insert after "client", or in the case of a child, the client's parent or legal representative,

Part 9505.0485, Subpart 6, page 18, line 25, insert after "client", and in the case of a child and if feasible, the client's parent or legal representative.

The modifications are not substantial but are for purposes of clarifying the rule.

Part 9505.0480, Subpart 14; page 10, lines 3 to 23.

Mr. Kevin Kenney, Associate County Administrator, Hennepin County Bureau of Social Services commented, "This is a welcomed provision. .....[it] recognizes the difficulty of obtaining a diagnostic assessment due to the lack of cooperation on the part of some persons."

Department response

The Department thanks Mr. Kenney for his comment supporting this provision.

Part 9505.0485, subpart 1; page 16, lines 1 to 19

Heyl stated that it is unclear as to "whether we are stating our perspective of the consumer's level of functioning or the consumer's perspective of his own level of functioning. We believe both [perspectives] are relevant but not separating them assumes that they are the same."

Department response

Because the rule is silent on this issue, the case manager has flexibility to assume that they are not the same and that both are relevant.
The Department declines to modify the proposed rule.

Part 9505.0485, Subpart 3; Page 16, lines 21 to 36 and page 17, lines 1 to 18.

Ms. Ghita Worcester, HMO Plan Manager, UCare Minnesota, suggested adding a reference to expected coordination with managed care health plans.

Department response

The Department accepts Ms. Worcester's request to clarify the rule about the case manager's responsibility to coordinate case management services with services a client receives through a managed health care plan. The client who is enrolled in a prepaid health plan must receive needed health services from the prepaid health plan or, if the services are not directly available from the prepaid health plan, be referred by the prepaid health plan to a provider of the needed services. In other words, the prepaid health plan must authorize who provides the needed mental health services and the type and level of services to be provided. If the client does not go through the prepaid health plan's procedure for accessing mental health services and the case manager refers the client without the authorization of the prepaid health plan, the prepaid health plan is not obligated to pay for the client's services. Therefore, the Department modifies the proposed rule as follows:
page 16, line 35, insert after "place.", <u>If the client is enrolled in a medical assistance prepaid health plan, the case manager shall coordinate the client's referral for mental health services with the prepaid health plan.</u>

The modification is not substantial but only for purposes of clarification.

Ms. Victoria Lemberger, Assistant Legal Counsel, Minnesota Medical Association commented that the section of the rule requiring a case manager to arrange for a standardized assessment should be clarified to specify what constitutes a standardized assessment.

Department response

The proposed rule and the statute, Minnesota Statutes 1991, section 245.4711, subdivision 9 only require the case manager to arrange for a standardized assessment. There are more than one standardized assessment of the side effects related to the administration of psychotropic medication. The determination of the appropriate assessment is a responsibility calling for the professional judgment of the client's psychiatrist or physician. The psychiatrist or physician needs the flexibility to use the assessment most appropriate to the client's condition. Therefore, the Department declines Ms. Lemberger's request to modify the rule.

Mr. Kenney commented that the amendment related to arranging for a standardized

assessment of the side effects of the administration of the client's psychotropic medication is puzzling to "our case management staff who have traditionally communicated 'any side-effect' observations to the physician who has prescribed the medications." He suggested adding language to clarify the provision.
Ms. Grace Garcia Wiggen, Social Worker/Case Manager, Polk County Social Service Center, commented that "arranging for assessment of medication side effects should be the responsibility of trained medical professionals."

Department response

As stated above, the proposed rule and the statute, Minnesota Statutes, 1991, section 245.4711, subdivision 9 only require the case manager to arrange for a standardized assessment. The proposed language goes one step further than the current good practice of Hennepin County case managers identified by Mr. Kenney because it requires case managers, if necessary, to arrange for the assessment with the prescribing physician rather than merely to communicate their observations to the prescribing physician. The Department agrees that the prescribing physician or another physician of the client's choice is the appropriate person to conduct the assessment. Therefore, the Department accepts Mr. Kenney's request to clarify the provision and modifies the proposed rule as follows:

page 16, beginning at line 28: If necessary the case manager shall arrange for a standardized assessment, by a physician of the client's choice, of the side effects related to the administration of the client's psychotropic medication.

Part 9505.0485, Subpart 6; page 18, lines 9 to 34

Mr. Kenney commented that the "modification from every 60 days to quarterly for face-to-face contact ...corresponds well with the quarterly review of the client's ICSP in Subpart 1."

Department response

The Department thanks Mr. Kenney for his comment.

Heyl commented that seeing clients on a quarterly basis should be considered a minimum standard and clients should be given the voice to determine the frequency of contact.

Department response

The rule sets minimum standards. The rule does not prohibit more frequent contact between the case manager and the client. A county may authorize a case manager to see clients more often, a client may request more frequent contact, or a case manager may initiate more frequent contact. The Department declines to modify the proposed rule.

Part 9505.0485, Subpart 8; page 18, line 36 and page 19, lines 1 to 24.

Ms. Larson commented that often it will be the parent not the child who refuses

to continue case management services. She requested that the entire subpart be rewritten.

Department response

The Department has considered Ms. Larson's request and believes the subpart should be revised to include appropriate parental involvement. However, the Department also believes that determining appropriate parental involvement in deciding whether to terminate the case management services of a child with severe emotional disturbance is a difficult issue. The Department believes the issue requires the consideration of the rule advisory committee which will assist in developing the permanent amendments to this subpart. Therefore, the Department declines Ms. Larson's request to modify this subpart but will consider the issue in developing the permanent rule.

Part 9505.0485, Subpart 9; page 19, lines 29 and following.

Ms. Lemberger suggested that the case load limit be modified to 30 clients per case manager.
Heyl stated that the greatest number of cases in a case load should be 35 with the ideal at approximately 25-30 consumers per case manager. They questioned whether a county "who has 79 SPMI people could claim that one case manager is sufficient."
Mr. Kenney suggested adding language to give discretionary authority to the Commissioner to make exceptions for good cause.

Department response

The Department believes that a rule should establish a minimum standard. Nothing in these proposed emergency amendments to the rules prohibits a higher standard than a ratio of 40:1. The Department agrees with the concept of 30:1 as this standard allows the case manager more time per client and thus encourages more contact with the client and more outreach. Furthermore, a 30:1 ratio is more consistent with the national model of good practice. Accordingly, a 30:1 ratio was in earlier drafts that were discussed with the rule advisory committee. County representatives serving on the Department's rule advisory committee reported that some counties would have to hire more staff and would have sufficient funds to do that only if services in other areas were reduced. Reduction of services in other areas might place an undue burden on counties and their clients. It also is possible that the caseload limit established in this subpart might have implications for the caseloads of other providers of case management services, such as case managers for persons with developmental disabilities. The Department will bring the question to the advisory committee for consideration in developing the permanent amendments to the rule.
Finally, the Department believes it would be possible to prescribe in rule how a county with 79 clients eligible for case management services should work out its case load but doing so would be overly prescriptive and reduce the flexibility of counties to make their staffing decisions according to their own circumstances.
Therefore, the Department declines to accept the requests to modify the rule.

In response to Mr. Kenney's request that the rule give the Commissioner

discretionary authority to make exceptions for good cause, the Department believes it would be necessary to develop criteria for a determination of good cause in order to avoid the possibility of arbitrary decisions. The Department believes development of the criteria requires study and guidance by the advisory committee for the permanent rule. Therefore, the Department declines to modify the rule.

Part 9505.0485, Subpart 10; page 20, lines 22 to 34

Heyl commented that "allowing case managers to do independent living skills is viewed as another attempt to purify case management as only brokerage of services. This is unfortunate...."

Department response

A county may have case managers provide other mental health services to their case management service clients according to the case managers' qualifications and may use county or state dollars to pay for such services. Mental health services provided by case managers to persons for whom the case manager is not the case manager are eligible for medical assistance payment if the case managers are qualified to provide the services. However, federal dollars are not available to pay for other mental health services provided by case managers to the case managers' case management clients. From the federal options related to obtaining medical assistance payment for case management services, Minnesota has chosen the targeted case management model. The targeted case management model is a client advocacy model which has the goal of assisting access to and coordinating all mental health services needed by the client. Thus, the targeted case management model views a case manager's provision of case management services and other mental health services to the same client as a "conflict of interest."
The Department declines to modify the rule.

Part 9505.0489, item A; page 22, lines 5 to 7.

Heyl questioned why the Department proposes to delete the provision about termination of services on the basis of a mental health professional's written opinion that the client no longer needs case management services.

Department response

A client is eligible for case management services as long as the client has either a serious and persistent mental illness or a severe emotional disturbance. The Department believes that termination of an eligible client's case management services is an issue only if the client indicates in some way that the client does not want the services.
Therefore, the Department declines to modify the rule amendment as proposed.

Part 9505.0491, Subpart 2, item E; page 24, lines 3 to 5.

Ms. Larson requested the clarification of this subpart relating to the individual family community support plan.

Department response

The Department agrees with Ms. Larson that it is necessary to clarify that development and review of a child's individual family community support plan, which is analogous to the adult's individual community support plan, is a case management service that is eligible for medical assistance payment. Therefore, the Department modifies the rule as follows:

insert in line 4, after "individual community support plan", or individual family community support plan

The modification is not substantial but only for purposes of clarifying the rule.

Part 9505.0491, Subpart 2, item F; page 24, lines 12 to 15.

In reviewing the comments and the proposed rule, the Department has identified a need for a technical amendment of this item. The Department intended item F to be implemented in a manner consistent with Minnesota Statutes, Chapter 256G, the Minnesota unitary residence and financial responsibility act which governs the Minnesota human services system. Therefore, the Department proposes to modify item F to read as follows:

F. time spent by the case manager traveling ~~outside the county of financial responsibility~~ to meet face-to-face with a client who ~~is a resident of a regional treatment center, residential treatment facility, or an inpatient hospital that is located~~ resides outside the county of financial responsibility.

The modification is not substantial but only for purposes of clarifying the rule.

Part 9505.0491, Subpart 2, item G; page 24, lines 12 to 15.

Mr. Kenney requested clarification of the rule concerning the eligibility of in-county travel time for reimbursement if the case manager arrives on time for a scheduled appointment only to find the client unavailable.

Department response

The Department agrees with Mr. Kenney that it is reasonable to reimburse for time spent traveling to meet face-to-face with a client, and additionally with the client's family, legal representative, or primary caregiver, if the case manager arrives on time for a scheduled appointment only to find the client unavailable. The Department accepts Mr. Kenney's request to clarify the rule. However, the Department believes that the circumstances described by Mr. Kenney also may occur under item F and, therefore, item F also should be clarified. The proposed modification is as follows:
page 24, insert after line 15, For purposes of items F and G, if a case manager arrives on time for a scheduled appointment to meet face-to-face with a client, the client's family, legal representative, or primary caregiver and the person fails keep the appointment, the time spent by the case manager in traveling to and from the site of the scheduled appointment is eligible for medical assistance payment.

The modification is not substantial but only for purposes of clarifying the rule.

Part 9505.0491, Subpart 3; page 24, lines 19 to 36 and page 25, lines 1 to 14.

Heyl commented that counting in-county travel as part of monthly maximum time per client that is eligible for reimbursement creates an inequity in services if the client is far from the county's central office.

Department response

A June 1990 county survey indicated that clients received an average of 1.3 billable hours of service in that month. Additional data from the June 1990 survey showed that, in addition to the service hours, counties spent an average of 0.3 hours per client on non-billable in-county travel. Thus the Department believes that the average billable time per client will be at least 1.6 hours. Therefore, the fact that in-county travel time has to be within the service limit of 6 hours per client per month (subpart 3, item A) will not affect the services to most clients. It should also be noted that subpart 3, item B authorizes ten hours per client per month under crisis circumstances.
The Department cannot now reliably estimate the cumulative effects of paying for in-county travel and providing significant technical assistance to counties to increase the time counties devote to case management services. The cumulative effects include the hiring of additional case managers, a step that should result in a real increase in service time per client. However, before the Department considers adjusting the 6 hour limit or moving the travel time outside the 6 hour limit, the Department needs to study how much travel takes place within the county, the time involved and the cost. The Department needs four to six month of experience under the proposed emergency rule to gather the necessary data. The Department expects to have such data by next March as the change allowing in-county travel time to be billed became effective in June 1991. A further consideration is the possible difficulty of arriving at an equitable basis and at the same time remaining within the fiscal constraints adopted by the Legislature. Therefore, the Department will consider the issue in developing the permanent rule.

Part 9505.0491, Subpart 3, items A and B; page 24, lines 16 to 36 and page 25, line 1.

Heyl commented, "...the idea of the hours for reimbursable time being arbitrarily set at 6 hours and 10 hours is ridiculous.

Department response

This provision was in the rule which was proposed in the State Register on August 1, 1988 (13 S.R.215) and was heard at a public hearing conducted on September 7, 1988 by the Office of Administrative Hearings as required under Minnesota Statutes, Chapter 14, the Administrative Procedure Act. The Administrative Law Judge found items A and B to be necessary and reasonable. The Department declines to modify the rule.

Part 9520.0491, subpart 4, item E; page 25, lines 10 to 14.

The Department proposed a new item E that limits payment for case management services to a client. The proposed language also includes a reference to proposed part 9505.0324 [Emergency]. The Department's review of proposed part 9505.0324 [Emergency] shows that the reference in item E to part 9505.0324 is not necessary because part 9505.0324 [Emergency] does not affect or refer to case management services. Therefore, the Department modifies item E to read as follows:

E. Payment for case management services to a client is limited to the services of one case manager per minute per client.

The modification is a technical amendment that clarifies the rule.

NOW, THEREFORE, IT IS ORDERED that the emergency amendments to the rule identified as Minnesota Rules, Parts 9505.0476 to 9505.0491 as modified be adopted this 4th day of December 1991, pursuant to the authority vested in me by Minnesota Statutes 1991, section 245.484.

NATALIE HAAS STEFFEN
Commissioner



October 16, 1991

Eleanor Weber
Rules Division
Minnesota Dept. of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Dear Ms. Weber:

In the matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services governing case management services to persons with serious and persistent mental illness, Minnesota Rules, parts 9505.0476 to 9505.0491, we, as practicing Rule 74 Case Managers, wish to submit our views as follows.

The following criticisms refer to Department of Human Services Revision dated 10-01-91. There are several revisions which we approve, but the following are revisions or lack of revisions to which we object:

1. It is inappropriate on even a temporary basis to add the term 'severe emotional disturbance' as a means of combining child and adult mental health.

2. We, as case managers, are assuming that the purpose of the ICSP is to ensure that the consumers' life goals are taken into account and are a major focus of treatment. Therefore, it should be possible for incorporation of treatment plans by reference. To quote one consumer, "If you use the words that the state wants us to use in defining my goals, then I end up having less say in how my treatment is approached". We advocate "no" frame work for ICSP but rather a substitution of the clients goals in the client's terms. In the present system it appears that the needs and wants of the consumer are unnecessarily vulnerable to rhetoric by DHS.

3. In doing the functional assessment we are unclear as to whether we are stating our perspective of the consumer's level of functioning or the consumer's perspective of his own level of functioning. We believe both are relevant but not separating them assumes that they are the same. Generally they are not.

4. Although it is an improvement to allow us to see client's in time excluded out of county facilities on a quarterly basis, this should be viewed or stated as a minimum standard. We believe that this should hold true for all consumers (in county and out) and that they should be given the voice to determine the frequency of contact. To summarize this, minimum and maximum times of visits need to be subject to consumers approval or disapproval and should allow for liberal flexibility.

5. We approve of the addition of reimbursable time for in-county travel. However, when this counts against the monthly maximum per consumer, this forces consumers residing greater distances from a centrally located office to receive fewer services. This creates an inequity in the provision of services which is not appropriate and perhaps against laws requiring equal accessibility.

6. We recognize and commend the intention of limiting case load size to 40. Every expert polled stated that the highest number of case load ratio should be 35 with the ideal at approximately 25-30 comsumers per case manager. Our concern is that the concept of case load limit has been designed to fail. Also the wording in revision dated 10-01-91 makes even the limit of 40 unclear. For instance, a small county who has 79 SPMI people could claim that one case manager is sufficient.

7. The proposed change allowing for case managers to do independent living skills is viewed as another attempt to purify case management as only brokerage of services. This is unfortunate, because the very foundation of good case management is a strong relationship with the consumer. This relationship makes it easier for case managers to provide certain services.

   It is even unclear to us that there is necessarily a difference between brokerage and service. For instance, in the process of forming a relationship with a consumer, doesn't a case manager teach the skills required to have a relationship? Maybe DHS would have us not bill for this time.

8. Why did DHS delete the clause regarding the termination of case management services by a mental health professional on the basis of lack of need? This makes no sense.

9. We feel that the idea of the hours for reimbursable time being arbitrarily set at 6 hours and 10 hours is ridiculous. It is assumed that if these limits are not set case managers will overspend the allotted money. We believe a natural case mix will do this without the unnecessary inflexibility.

10. We understand the need for accountability; however, what we see is inflexibility. Even more important we wonder about a hidden agenda. For instance, the DHS training film for Rule 74 case management indicates that deceptive manipulation is an ethically appropriate way to control consumers. The rigidity of the rule indicates that all the talk of individual treatment plans is fine, but we do not want them to be too unique. Is Rule 74 saying; "we want people with mental illness to live independently in the community, but we want case managers to use the rule to control them?"

We want to make it very clear, that we do not necessarily speak for our respective agencies, however, we are the primary providers of the services addressed in Rule 74. Perhaps our recommended changes are too significant to be allowed under emergency rule procedures. However, our comments are based on our concerns for our consumers and an understanding that can only come from firsthand experience.

We want to state our case now so that when Rule 74 is finalized our concerns will be fully addressed.

Respectfully submitted,

L.I.C.S.W.

Laurie B. Burns, LSW

L.S.W.

SW

Marlyn D. Slettum, L.S.W.

Cathie Kallstrom SW

Cindy J. Arendt, LSW.

Pam Christianson LSW

JC Aleckson SW

Karen J. Mahlin L.S.W.

Quin Buckel L.S.W.

Paul F. "Hayden" LSW

"Berg" LSW.

Betty Baumberger, L.S.W.

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

October 24, 1991

Mr. Paul Heyl
Renville County Human Services
and Welfare Department
300 South Seventh Street
Olivia, MN 56277

Dear Mr. Heyl:

This letter acknowledges receipt of the comments about the proposed emergency amendments to Rule 74, Case Management Services for Persons with Serious and Persistent Mental Illness or with Severe Emotional Disturbance. I thank you and your cosigners for your thoughtfulness and effort in reviewing the rule and sending your comments to the Department.

I am sharing your letter with Department staff who have program responsibilities related to mental health case management services so that the concerns raised in the letter are fully considered. These comments will be part of the public record on the proposed emergency amendments to the rule. I believe the comments also will be carefully reviewed when the Department develops proposed permanent amendments to Rule 74.

Because I do not have addresses for the other case managers who joined with you in signing the letter of October 16, I would appreciate your assistance in letting them know the Department appreciates their comments.

Sincerely yours,

Eleanor Weber

Eleanor Weber
Rules and Bulletins Division
Sincerely yours,

cc: Patricia MacTaggart
Ron Hook
Sharon Silkwood
Marcia Tippery
John Zakelj

Family & Children's Service
OF THE MINNEAPOLIS METRO AREA

TO: Eleanor Weber - DHS Rules
FROM: Patty Larson - FCS
DATE: November 7, 1991
RE: Rule 74

My primary concern with the 10-1-91 draft of Rule 74 is the failure to indicate that the family should be included at specific points in the case management process. In many of the instances I will cite, it is statutorily mandated that the family be consulted or involved, unless clinically inappropriate.

(1) 9505.0476, Subp. 13: Individual Community Support Plan
Add language on p.3, 1.36 to read "client and, if the client is a child, the client's family," MN. Stat. Sect. 3245.4871, subd.19 (1991).

(2) 9505.0476, Subp.14: Individual Treatment Plan
Add language to p.4, 1.19: "disturbance that is developed by the client, and if the client is a child, in conjunction with the family unless clinically inappropriate..." MN. Stat. Sect.245.4871, subd.21 (1991).

(3) 9505.0485, Subp.3: Referral, Coordination, and Monitoring - add language to p.16, 1.35-36, p.17, 1.1-2 "If the case manager determines the goals, or progress toward the goals is not being met, the case manager together with the client, and in the case of a child, the client's family, shall modify the client's individual support plan. Adding this language would bring this part of the rule in line with legislative intent as evidenced by the requirement that the family participate in the formation of the initial individual community support plan. (MN. Stat. Sect.245.4871, subd.19). It logically follows from this that the family have an equal right to participate in any modification to the plan.

(4) 9505.0485, Subp.4: Emergency Services
Nothing in this section allows for the use of emergency services if the parent of a child who is the client requests them. P.17, 1.28-31 allows for the use of these services if the client requests them. The exclusion of a parent's right to request service, ignores the fact that in many

David Sanders
Chairperson

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James T. Doudiet
Paul D. Grangaard
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Tia McNeill
Lucy C. Mitchell
Marjorie J. Peterso
Susan B. Plimpton
Jeffrey J. Rotsch
Omar Schmidt
Wm. K. Smith
Allan H. Spear
Eric C. Stull
David E. Wilbur, Jr

Life Members:
Chloe D. Ackman
Betty M. Benjamin
Gordon A. Johnso
Orem O. Robbins

instances where a child is involved, it will be the family, not the child, requesting the service. Accordingly, I would suggest the following changes in language to p.17, 1.29 "to inform the case manager if the client or in the case of a child, the client's family, requests emergency..."

(5) 9505.0485, Subp.18: The issue here regards the meeting with the client prior to discharge from an out-of-county facility. This is one of the most crucial times at which a meeting should occur between the case manager and the parents, particularly if the child is returning home upon discharge. Therefore, I suggest the following addition be made to the language on p.18, 1.25 "face-to-face with the client and, in the case of a child, the client's family." If there is a concern as to the clinical appropriateness of such a meeting, a qualifier could be included.

(6) 9505.0485, Subp.8: Client's refusal to continue receiving case management services. Again, I think this part ignores the fact that in the case of children, often it will be the parent, not the child, who is refusing continued case management services. This entire subpart has to be rewritten to address this issue.

(7) 9505.0491, Subp.2(E): This does not include the time spent developing and revising the individual family community support plan. I realize that 9505.0476. Subp.13 has been revised to include both an individual community support plan and individual family community support plan, but it is unclear whether these are then, under this definitional section, one and the same. If they are it should be made clearer or you could simply add to Subp.2(E) the language "individual family community support plan."

HENNEPIN

BUREAU OF SOCIAL SERVICES
A-2303 Government Center
Minneapolis, Minnesota 55487-0232

November 7, 1991

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

SUBJECT: Proposed Emergency Rule Governing Case Management Services to Persons with Serious and Persistent Mental Illness (Rule 74), parts 9505.0476 to 9505.0491

Dear Ms. Weber:

Essentially, the modifications being proposed in the Emergency Rules are positive and moving in the right direction. Attached are some specific comments about several subparts.

Considering the experience that we have had with Rule 74, we can identify a number of areas that warrant reconsideration which have not been fully addressed in the Emergency Rule process. We look forward to working with you in the coming months as the permanent rule is developed.

Sincerely,

Kevin P. Kenney
Associate County Administrator

lh

cc: Mike Weber
Charles Hogan

Attachment

9505.0480 Subp. 14. Eligibility if client does not have a current diagnostic assessment

This is a welcomed provision. While we have not encountered a great number of potential case management recipients lacking a diagnostic assessment, the provision does recognize the difficulty of obtaining a diagnostic assessment due to the lack of cooperation on the part of some persons.

9505.0485 Subp. 3. Referral, coordination, and monitoring

New to this subpart is the requirement that "the case manager should arrange for a standardized assessment of the side effects related to the administration of the client's psychotropic medication". This is puzzling to our case management staff who have traditionally communicated any "side-effect" observations to the physician who has prescribed the medications. Arranging for a standardized assessment independent of the treatment physician seems inconsistent and perhaps should be clarified with additional language.

Additionally, Subpart 3 modifies the frequency of face-to-face contact with the client from at least once every 30 days to once every calendar month. The rule needs to recognize that for some clients this frequency of face-to-face contact is not necessary or desired. Clients should have the option of waiving this requirement.

9505.0485 Subp. 6. Case Management services for client outside of the County of Financial Responsibility

The modification from every 60 days to quarterly for face-to-face contact with clients residing out-of-county is very positive and corresponds well with the quarterly review of the client's ICSP in Subpart 1.

9505.0485 Subp. 9. Case Manager's Caseload

We recognize that legislation required the Department of Human Services to establish a caseload ratio for case managers and that also the number 40 is somewhat arbitrary. The only provision allowing a caseload ratio to exceed this limit is that increased revenue is insufficient to hire additional case managers. This provision will be extremely controversial with County Boards who have to face the reality that staffing in other parts of the social service system are inadequate but are mandated to increase staff in Mental Health. We believe that language should be added to give discretionary authority to the Commissioner to make exceptions for other good cause.

9505.0491 Subp. 2 G. Case Management Services eligible for Medical Assistance payment

Medical Assistance reimbursement for in-county travel is welcomed, however, limiting this "to meet face-to-face with the client or the client's family, legal representative, or primary caregiver" may be too narrow. It is not unusual for a case manager to arrive on time for a scheduled appointment only to find the client unavailable. We have been given verbal interpretation that it is legitimate to bill for travel time in such circumstances. It should be clear in the rule. Some case managers in Hennepin County must also travel to obtain clinical supervision and to make contact with other collateral persons not specified in the definition of "primary caregiver", a term which relates almost exclusively to children (see 9505.0477, Subp. 23).

UCare Minnesota

November 8, 1991

Received
11-12-91
EW

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

Re: Minnesota Rules Parts 9520.0900 to 9520.0926/9505.0476 to 9505.0491/ 9505.0324

Dear Eleanor:

This letter is a response on behalf of UCare Minnesota to the adoption of several Department of Human Services Emergency Rules which directly affect prepaid managed care Counties. The rules concern case management for children with severe emotional disturbances, case management services to persons with serious and persistent mental illness and home-based mental health services.

We are unable to find reference anywhere in the rules to expected coordination with managed care health plans. In the area of case management services especially, the charge is to coordinate with the child's other service providers. If the rule does not reference the health plan involvement directly, even using a health plan provider could result in delay in payment to the provider, as no authorization would be in place for services provided or even delay in services received. In another example, the health plan may have a preferred provider for certain types of cases.

The past experience of UCare with County case management has been their selection of providers outside the health plan network in many instances as County staff tend to use only certain providers. This is not to state that the providers used are not appropriate, only that there may be other options available in the health plan network.

UCare Minnesota supports the enhanced services our members will receive under the emergency rules. Our concerns lie in the health plan care coordination areas not referenced in the rules. We feel that it is important to define the expected involvement of the health plans when County managed services are involved.

Thank you in advance for your attention to our issues.

Sincerely,

Ghita Worcester
HMO Plan Manager
UCare Minnesota

GW/jen
GW80/Sec11

cc: Trish McTaggart

POLK COUNTY

SOCIAL SERVICE CENTER

P.O. BOX 608 • COURT HOUSE • CROOKSTON, MINNESOTA 56716
FAX NUMBER (218) 281-3926 • PHONE (218) 281-3127

Received
10-25-91
EW

MEMO-LETTER

TO Eleanor Weber, Rules Div.
Dept. of Human Services
444 Lafayette Road
St. Paul, Mn. 55155-3816

DATE 10-14-91

SUBJECT

Comment on Proposed Emergency Rules Governing Case management Services to Persons w Serious & Persistent Mental Illness. 9505.0485 Casemanager Responsibilities, Subp. 3 (pg 16, Line 28-31)
It is my opinion that arranging for assessments of medication side effects should be the responsibility of trained medical professionals.
Thank you for your attention.
Grace Garcia Strizzen, Social worker/Casemanager

YE OLE PRINT SHOPPE

MMA
MINNESOTA MEDICAL ASSOCIATION
612/378-1875
FAX 612-378-3875
800-999-1875

Thomas A. Stolee, M.D.
President
A. Stuart Hanson, M.D.
President-Elect
Andrew J. K. Smith, M.D.
Chariman of the Board
Paul S. Sanders, M.D.
Chief Executive Officer

Received 11-8-91 EW

November 8, 1991

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

RE: In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Governing Case Management for Children with Severe Emotional Disturbance, Minnesota Rules parts 9520.0900 to 9520.0926.

Dear Ms. Weber:

On behalf of the Minnesota Medical Association, I have reviewed the above rule and submit the following comments.

1. Page 15, line 28: The rule allows a case manager to arrange for a standardized assessment of the side effects related to the administration of psychotropic medication. This language is taken directly from the statute but there is no specification of what constitutes a standardized assessment. When the permanent rule is drafted this section of the rule should be clarified.

2. Page 18, line 19: The rule limits a case manager to no more than 40 clients per FTE. Physicians involved in this area have caseloads that range from 6 to 60, depending on the intensity of services that a client needs. Similarly, individual clients may greatly differ as to the level of necessary services. Thus, 40 may be unrealistically high and may become a target rather than a ceiling. I suggest that the rule be modified to set the limit at 30 rather than 40. With a lower limit, the Department may gather the necessary data to support a client limit in the permanent rule without the danger of overloading the case managers.

I appreciate the opportunity to comment on this rule and look forward to working with the Department as they write the permanent rule.

Sincerely,

Victoria M. Lemberger

Victoria M. Lemberger
Assistant Legal Counsel

cc: P. Sanders, M.D.
C. McKay, M.D.
S. Mahle, M.D.

In the Matter of the Adoption
of Emergency Amendments to Permanent Rules
of the Department of Human Services Relating to
Case Management for Persons with Serious and
Persistent Mental Illness or Severe Emotional
Disturbance, Minnesota Rules, Parts
9505.0476 to 9505.0491

DECLARATION OF
COUNSEL

I, Deborah Huskins, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rule, and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 98-HS90-0866

Deborah L. Huskins
Special Assistant
Attorney General

Dated: December 5, 1991