

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

MJM
12-13-91

RULE REVIEW CHECKLIST

File No. 1878
DATE RECEIVED 12-5-91
REVIEW DATE 12-16-91
DUE DATE 12-16-91
(DIS)APPROVED _____
WITHDRAWN _____

Docket No. 05 0009 0873
ADOPTED W/O HEARING _____
EMERGENCY RULE _____
TO REVISOR ON 12-13-91
REVISOR (DIS)APPROVED _____
FILED W/SEC. OF STATE 12/17/91
RETURNED TO AGENCY 12/17/91

✓ Rule as adopted (4 copies)

✓ Notice to Solicit Outside Information/Opinion (if applicable)
March 5, 1990 Date published in State Register
_____ Comments

_____ Petition for Adoption of a Rule

_____ Board's Authorizing Resolution
_____ Date adopted

✓ Proposed Rule
✓ Revisor's Certificate

✓ Notice of Intent to Adopt Rule
1991 Laws Chapt 292 Statutory Authority article 6, Sec 10
no Statement Small Business Statement
no statement Expenditure of public money statement
October 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
October 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 Husbar Name of SAAG representing agency

Dec 5, 1991 Notice of Submission to Attorney General (if applicable)

Dec 5, 1991 Affidavit of Mailing Notice to Attorney General (if applicable)

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

OFFICE MEMORANDUM

DATE: December 20, 1991

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

FROM: MARY JO MURRAY
Special Assistant Attorney General
525 Park Street, Suite 500 (55103)

PHONE: 296-3258

SUBJECT: In the Matter of the Adopted Rule Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

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.

MJM:sc
Enclosures
cc: Deborah Huskins
William Brown, Chief Judge
MaryAnn Hruby

Department of Human Services

Adopted Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

Emergency Rules as Adopted

9520.0900 [Emergency] SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 [Emergency] establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4887 and 256B.0625, subdivision 20. Parts 9520.0900 to 9520.0926 [Emergency] are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections 245.487 to 245.4888 and 256E.09, and chapter 256G, and parts 9505.2160 to 9505.2245.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under Minnesota Statutes, section 245.4881, and within the limits in Minnesota Statutes, sections 245.486 and 256E.081, and parts 9520.0900 to 9520.0926 [Emergency]. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under Minnesota Statutes, sections 256E.06 and 256E.07, title XX allocations under Minnesota Statutes, section 256E.07, and all other commonly available state and federal funding sources.

Subp. 3. **Availability and billing; medical assistance eligible children.** In providing case management services to medical assistance eligible children who are determined to have severe emotional disturbance, parts 9520.0900 to 9520.0926 [Emergency] must be read in conjunction with:

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A. parts 9505.0476 to 9505.0491;

B. title XIX of the Social Security Act;

C. Code of Federal Regulations, title 42, sections 430 to 456, as amended through October 1, 1990; and

D. Minnesota Statutes, chapters 256B and 256G.

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

9520.0902 [Emergency] DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who meets the qualifications specified in Minnesota Statutes, section 245.4871, subdivision 4, and who is employed by, or under contract to, or employed by an entity that is under contract to, the local agency to provide case management services under parts 9520.0900 to 9520.0926 [Emergency] for children with severe emotional disturbance and their families.

Subp. 3. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 4. **Case management services.** "Case management services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 3. Case management services are designed to:

A. reduce the complexity and fragmentation of service delivery to a child with severe emotional disturbance and the child's family by coordinating services provided by different agencies and delivery systems;

B. assure that services are child-centered and family-focused by maximizing the involvement of the child and the child's family, as appropriate, in case management services;

C. strengthen the functioning of the child and the

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child's family by empowering the child and the child's family to make informed choices about mental health services and act as the child's advocate;

D. assist the child and the child's family in gaining access to the full array of services appropriate to their needs, by facilitating the sharing of existing resources with local systems of care serving children and their families; and

E. assure that services are provided in a manner that is sensitive and responsive to cultural differences and the special needs of children and the families of children who are of minority race or minority ethnic heritage.

Subp. 5. **Child.** "Child" means a person under 18 years of age.

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

Subp. 7. **Clinical supervision.** "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 7.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 9. **County board.** "County board" means the county board of commissioners or a board established under the joint powers act, Minnesota Statutes, section 471.59, or the human services board act, Minnesota Statutes, sections 402.01 to 402.10.

Subp. 10. **Crisis assistance.** "Crisis assistance" means a family community support service as specified in Minnesota Statutes, section 245.4871, subdivision 17, clause (6), that is designed for a child with severe emotional disturbance and the child's family to avert placements that are more intensive than necessary by resolving the crisis in the least restrictive setting possible for the child. Crisis assistance services may be provided in the child's school or day care setting, or where the child lives. Crisis assistance is not an emergency service as defined in Minnesota Statutes, section 245.4871, subdivision

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14.

Subp. 11. **Day treatment services or day treatment program.** "Day treatment services" or "day treatment program" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 10.

Subp. 12. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 11.

Subp. 13. **Emergency services.** "Emergency services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 14.

Subp. 14. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 15. **Family.** "Family" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 16 or, in the case of an Indian child, means a relationship recognized as family within the context of the Minnesota Indian family preservation act, Minnesota Statutes, sections 257.35 to 257.3579.

Subp. 16. **Family community support services.** "Family community support services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 17.

Subp. 17. **Functional assessment.** "Functional assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 18.

Subp. 18. **Individual education program plan or IEP.** "Individual education program plan" or "IEP" means a written individualized educational plan developed for a pupil as defined in part 3525.0200, subpart 6a. It is based on an assessment of the pupil's performance utilizing licensed personnel, a determination of the pupil's needs in a team process, an identification of appropriate goals and objectives, a selection of teaching strategies designed to enhance learning, delivery of services in an environment conducive to learning, and periodic review and evaluation of the pupil's performance.

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

Subp. 20. **Individual treatment plan.** "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21.

Subp. 21. **Inpatient hospital.** "Inpatient hospital" means an acute care institution as defined in Minnesota Statutes, sections 144.696, subdivision 3, and licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 22. **Interagency case management team.** "Interagency case management team" means a group of persons that consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Any other persons or service providers requested by the child's parent to coordinate the child's services and to advocate on behalf of the child may be members of the interagency case management team.

Subp. 23. **Interagency service coordinator.** "Interagency service coordinator" means a person other than the child's case manager who is the member of the interagency case management team selected by the child's parent or legal representative or, as appropriate, the child according to part 9520.0918 [Emergency], subpart 4.

Subp. 24. **Legal representative.** "Legal representative" means a guardian or conservator authorized by the court to decide about services for a child or an Indian custodian as defined in Minnesota Statutes, section 257.351, subdivision 8.

Subp. 25. **Local agency.** "Local agency" means the county agency under the authority of the county board that is responsible for arranging and providing mental health services required under Minnesota Statutes, section 245.487 to 245.4888, as a component of community social services under Minnesota Statutes, chapter 256E.

Subp. 26. **Mental health practitioner.** "Mental health

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practitioner" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 26.

Subp. 27. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 28. **Mental health services.** "Mental health services" means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in Minnesota Statutes, sections 245.487 to 245.4887.

Subp. 29. **Minority race or minority ethnic heritage.** "Minority race" or "minority ethnic heritage" has the meaning given in part 9560.0020, subpart 9a.

Subp. 30. **Outpatient services.** "Outpatient services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 29.

Subp. 31. **Outreach services.** "Outreach services" refers to family community support services that are designed to locate a child within the community who may have a severe emotional disturbance. The services are for the purposes of informing the child and the child's parent of the potential benefits and availability of case management services, family community support services, and other mental health services and of assuring access by the child and the child's family to needed services by taking the service to the child and the child's family or by arranging for the transportation of the child or the child's family to the service, if necessary. Client outreach must attempt to reduce any barrier that precludes access to case management and other mental health services. Client outreach must:

A. be conducted throughout the calendar year;

B. occur where the child lives, spends leisure time, or is receiving an education;

C. be provided in a manner which involves the child and the child's family;

D. occur face-to-face with the child and the child's

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family, when appropriate and possible;

E. be coordinated with the early identification and intervention services required under Minnesota Statutes, section 245.4878; and

F. take into account the minority race or minority ethnic heritage of the child, to assure that mental health services are culturally-relevant and accepted by the minority race or minority ethnic heritage of which the child and the child's family are a part.

Subp. 32. **Parent.** "Parent" means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 33. **Professional home-based family treatment.** "Professional home-based family treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 31.

Subp. 34. **Residential treatment.** "Residential treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 32.

Subp. 35. **Screening.** "Screening" refers to the screening required under Minnesota Statutes, section 245.4885, subdivision 1.

Subp. 36. **Service provider.** "Service provider" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33.

Subp. 37. **Special mental health consultant.** "Special mental health consultant" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33a.

Subp. 38. **Therapeutic support of foster care.** "Therapeutic support of foster care" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 34.

9520.0904 [Emergency] REFERRAL FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Providers required to inform and refer.** A provider of mental health services must inform the parent or legal representative of a child and the child who has or is

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believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If consent is obtained as required in part 9520.0912 [Emergency], the provider of mental health services must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and requests case management services. The provider of mental health services must document the referral in the child's record.

Subp. 2. **Other persons who may refer child for case management services.** A physician, social worker, nurse, teacher, or other interested person may inform a child, as appropriate, or the parents, legal representative, or primary caregiver of a child who has or who is believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If the physician, social worker, nurse, teacher, or other interested person obtains the written consent required under part 9520.0912 [Emergency], the physician, social worker, teacher, or other interested person must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and request case management services.

Subp. 3. **Case management service request by parent, legal representative, or primary caregiver.** The parent, a member of the family, legal representative, or primary caregiver of a child may request case management services for a child if the parent, family member, legal representative, or primary caregiver believes the child has or may have severe emotional disturbance even if there has been no referral.

Subp. 4. **Referral.** The referral required under subparts 1 and 2 shall be a notice to the local agency in the county in which the child lives unless the child is in out-of-home placement. If the child is in out-of-home placement, the notice shall be sent to the county of financial responsibility. The notice must contain the names and addresses of the child and the child's parents.

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9520.0906 [Emergency] COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER SERVICES.

The case manager assigned by the local agency to a child who is referred for case management services under part 9520.0904 [Emergency] must coordinate the case management services provided to the child under parts 9520.0900 to 9520.0926 [Emergency] with the providers of other services the child is receiving and with the interagency service coordinator, if any. The case manager shall work with the child, the child's parent, and members of the interagency case management team, if any, to:

A. develop the individual family community support plan as required under Minnesota Statutes, section 245.4871, subdivision 19, and part 9520.0918 [Emergency], subpart 5;

B. arrange with providers of other services to the child if any, for consultation about the needs of the child and the child's family and review of the records related to the child's diagnosis and services;

C. complete a written functional assessment of the child. Members of the interagency case management team may assist in conducting the functional assessment if the case manager obtains the consent of the child's parent or the consent specified in part 9520.0912 [Emergency];

D. in the case of a child who is eligible for case management services under parts 9525.0015 to 9525.0165, assure that services provided under parts 9520.0900 to 0520.0926 [Emergency] are coordinated with services provided under parts 9525.0015 to 9525.0165 and other rules of the department;

E. coordinate, or assist the interagency service coordinator, if any, to coordinate, the meetings of the interagency case management team in a manner that encourages the participation of the child, members of the child's family, legal representative, or person advocating for the child;

F. assure that required meetings and actions take place within the time period specified for the meeting or action according to parts 9525.0015 to 9525.0165 and 9520.0900 to

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9520.0926 [Emergency] that permits the needs of the child and the child's family to be met; and

G. assure that the services specified in the child's individual family community support plan are consistent with the services needed to treat the symptoms and behaviors identified in the child's diagnostic assessment.

9520.0908 [Emergency] COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Duties of county board.** A county board shall:

A. by April 1, 1992, provide case management services to each child with severe emotional disturbance according to Minnesota Statutes, sections 245.486; 245.4871, subdivisions 3 and 4; 245.4874; and 245.4881, subdivisions 1, 3, and 5; and parts 9520.0900 to 9520.0926 [Emergency];

B. assure that special mental health consultants are used as necessary in assessing and providing appropriate services for a child of a minority race or minority ethnic heritage;

C. assure that case management services are delivered in a manner that integrates and coordinates case management services with the services of other agencies serving the child; and

D. assure that case management services provide outreach and coordination on behalf of the child and the child's family.

Subp. 2. **County board obligations for funding services.** The case management services provided by the county board must be provided according to items A to C.

A. A county board must approve or disapprove the mental health services that are paid for by social service funds allocated to a county under Minnesota Statutes, chapter 256E.

B. A county board must use its share of mental health and community social services act funds allocated by the commissioner to provide case management services according to a biennial children's mental health component of the community social services plan required under Minnesota Statutes, section

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245.4887, and approved by the commissioner.

C. A county board must seek and use all commonly available sources of funding as needed to develop and implement case management services under parts 9520.0900 to 9520.0926 [Emergency]. A county board shall not deny case management services to children with severe emotional disturbance who are not eligible for case management under medical assistance unless the county board demonstrates compliance with Minnesota Statutes, section 256E.081, subdivisions 2 and 3, and completes the documentation required under Minnesota Statutes, section 256E.081, subdivision 4.

9520.0910 [Emergency] LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Notice of availability.** As required under Minnesota Statutes, section 245.4881, subdivision 2, within five working days after receiving a request or referral for case management services for a child, the local agency must notify, in writing, as appropriate, the child, the child's parent, or the child's legal representative of the child's potential eligibility for case management services. If a notice is not sent to a child's parents or legal representative, the local agency must document the reason. The notice must be written in plain language and explain that the child may be eligible for case management services and family community support services. The notice also must state:

A. the names and telephone numbers of the case management providers in the county;

B. a brief description, and the potential benefits, of case management and family community support services;

C. the name and telephone number of the person designated by the county board to coordinate case management services who is available to meet with the child's parent or legal representative and, as appropriate, the child before the determination of the child's eligibility for case management services;

D. an explanation of how to obtain a diagnostic

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assessment if one is necessary to determine the child's eligibility for case management services;

E. information about contacting the local agency during business hours for assistance in obtaining a diagnostic assessment, if a diagnostic assessment is necessary;

F. an explanation of the appeal process if mental health services are denied, suspended, or terminated for a child with severe emotional disturbance; and

G. the name and telephone number and availability of a special mental health consultant who is available to assist the family of a child of a minority race or minority ethnic heritage in understanding the information about case management services.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the child and the child's parent or legal representative from the person making the referral under part 9520.0906 [Emergency], the local agency must make a reasonable attempt to locate the child for whom case management services have been requested and give the child's parent or legal representative or, as appropriate, the child notice of the availability of the case management services specified in subpart 1. The local agency must document the completed and attempted contacts.

Subp. 3. **Meeting between person designated by county board to coordinate case management services and child's parent and child.** Before a determination of the case management service eligibility of a child for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to meet with the child's parent or legal representative and the child no later than 15 working days after the local agency receives the referral or request under part 9520.0904 [Emergency]. At the meeting, the person designated by the county board to coordinate case management services must:

A. explain the availability and benefits to the child of case management, crisis assistance, family community support

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services, and other mental health services;

B. explain the need to obtain a diagnostic assessment of the child to determine the child's eligibility for case management services;

C. explain the right of the child's parent or legal representative or, as appropriate, the child to accept or reject case management services;

D. explain the eligibility of the child for mental health services even if case management is refused; and

E. assist the child's parent or legal representative or, as appropriate, the child, to make an informed choice about accepting case management, crisis assistance, family community support services, and other mental health services.

Subp. 4. **Follow-up notice of availability of case management services.** If the child's parent or legal representative or, as appropriate, the child notified under subparts 1 and 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the child's parent or legal representative or, as appropriate, the child. The local agency must document the local agency's attempt to contact the child, if appropriate, or the child's parent or legal representative, whether the contact was completed, the result of the contact, and whether case management was accepted.

Subp. 5. **Notice to child's parent or legal representative.** When notice to a parent or legal representative is required under parts 9520.0900 to 9520.0926 [Emergency], the local agency or case manager responsible for giving notice shall notify that person unless item A or B applies.

A. The parent or legal representative is hindering or impeding the child's access to mental health services or the child:

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

(2) is living separate and apart from the child's parents or legal guardian, and is managing the child's own

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financial affairs as specified in Minnesota Statutes, section 144.341;

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

(4) is at least 16, but under 18 years old, and for whom a county board has authorized independent living pursuant to a court order as specified in Minnesota Statutes, section 260.191, subdivision 1, paragraph (a), clause (4).

B. A petition has been filed under Minnesota Statutes, chapter 260, or a court order has been issued under Minnesota Statutes, section 260.133 or 260.135, and a guardian ad litem has been appointed.

If item A applies, the local agency or case manager, as appropriate, shall provide notice to the child.

If item B applies, the local agency or case manager, as appropriate, shall provide notice to the guardian ad litem.

Subp. 6. **Determination of case management eligibility and referral to case manager.** If a child's parent or legal representative or, as appropriate, the child consents to the child's assessment for eligibility for case management services and authorizes a release of information, the local agency must promptly determine whether the child meets a criterion in part 9505.0902, subpart 6. If a diagnostic assessment is needed to make the determination, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative to obtain an appointment for a diagnostic assessment. The local agency shall notify, in writing, the child's parent or legal representative or, as appropriate, the child of the eligibility determination. If the child is determined to be eligible for case management services, and if the child's parent or legal representative or, as appropriate, the child consents to the services, the local agency shall refer the child to the case management provider for case management services.

Subp. 7. **Refusal of case management services.** The parent

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or legal representative of a child referred for case management services or, as appropriate, the child may refuse case management services for the child. If the child has had a diagnostic assessment as required under subpart 8 and has been determined to have a severe emotional disturbance and if the child's parent or legal representative or, as appropriate, the child refuses case management services, the child and the child's family remain eligible for and may not be denied access to family community support services. In this event, the local agency must document the refusal to accept case management services and the reason for the refusal, if known, and must notify the child's parent or legal representative or, as appropriate, the child of the appeal process, and must offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 8. **Arranging a diagnostic assessment.** If the child's parent or legal representative or, as appropriate, the child accepts the local agency's offer to help in arranging for a diagnostic assessment, the local agency must inform the mental health professional chosen by the child's parent or legal representative or, as appropriate, the child of the child's need for a diagnostic assessment and must offer to help the child's parent or legal representative or, as appropriate, the child to make an appointment with the mental health professional.

Subp. 9. **Local agency responsibility; continuity of service.** A local agency must make a reasonable attempt to assure directly, or in its contract with a case management provider, that continuity of service is available to a child while the child remains eligible for case management services under parts 9520.0900 to 9520.0926 [Emergency]. When there is a change of case manager, steps must be taken to assure a smooth transition.

Subp. 10. **Local agency responsibility; referral of child with emotional disturbance to mental health and other service providers.** If a child who is referred to a local agency for

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case management services is determined to have an emotional disturbance, but not to have a severe emotional disturbance, the local agency shall offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 11. **Local agency responsibility; out-of-home placement.** The local agency shall assure coordination of a child's case management services with any permanency planning, placement prevention, and family reunification services provided under Minnesota Statutes, chapter 256F.

Subp. 12. **Local agency responsibility; coordination with family community support service providers.** The local agency must designate a person to, and implement procedures that, ensure ongoing contact and coordination between a child's case manager and providers of family community support services and other mental health services needed by the child.

Subp. 13. **Local agency responsibility; reasonable caseload.** A local agency shall assign to a case manager a reasonable caseload that assures the case manager is available to meet with the child and the child's family in the home, or school setting, attend pertinent meetings and staff conferences, coordinate and monitor the child's services, is able to meet the needs of the child and the child's family for case management services, and carry out the other responsibilities specified in part 9520.0918 [Emergency].

9520.0912 [Emergency] AUTHORIZATION TO RELEASE INFORMATION AND CONTACT CHILD'S FAMILY.

Notwithstanding that Minnesota Statutes, sections 245.487 to 245.4887, require a county board, within the limits of available resources, to make the mental health services specified in those sections available to a child residing in the county who needs the services, the county board shall not provide any services, either directly or by contract, unless consent to receive services is obtained as required under

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Minnesota Statutes, section 245.4876, subdivision 5.

9520.0914 [Emergency] DIAGNOSTIC ASSESSMENT.

Subpart 1. **Diagnostic assessment required.** A diagnostic assessment is required to determine a child's eligibility for case management services under parts 9520.0900 to 9520.0926 [Emergency] and in family community support services. A diagnostic assessment of a child completed no earlier than 180 days before the child was referred for or the child's parent, legal representative, or primary caregiver requested case management services must be reviewed and brought up to date by a mental health professional if the child's parent or legal representative or, as appropriate, the child wants case management services for the child. If the child has not had a diagnostic assessment within 180 days before the request or referral for case management services, a new diagnostic assessment must be obtained.

Subp. 2. **Assistance in obtaining a required diagnostic assessment.** If the child has not had a diagnostic assessment that meets the requirement of this part, a local agency or case manager, as appropriate, shall take the actions specified in items A to F to assist in obtaining a diagnostic assessment of the child as required under subpart 1:

A. inform the child's parent or legal representative or, as appropriate, the child about choosing a mental health professional to conduct a diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make an appointment for the diagnostic assessment;

C. explain to the child's parent or legal representative or, as appropriate, the child that the information about the child can only be released with the consent specified in part 9520.0912 [Emergency], or in Minnesota Statutes, section 245.4876, subdivision 5;

D. inform the mental health professional that the diagnostic assessment must comply with Minnesota Statutes,

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sections 245.4871, subdivision 11, and 245.4876, subdivision 2, and that a report of the findings must be provided to the local agency;

E. request the mental health professional identified under subpart 1 to complete the determination of whether the child meets the criteria of severe emotional disturbance within ten working days after the mental health professional has completed the diagnostic assessment; and

F. inform the mental health professional that the authorization of the child's parent or legal representative or, as appropriate, the child to release information must comply with the requirements of part 9520.0912 [Emergency].

Subp. 3. **Qualifications to provide a diagnostic assessment.** A diagnostic assessment required to receive case management services under parts 9520.0900 to 9520.0926 [Emergency] shall be conducted by a person specified in item A or B.

A. Except as provided in item B, a child's diagnostic assessment must be conducted by a mental health professional.

B. A mental health practitioner, with only a bachelor's degree, may conduct a child's diagnostic assessment under clinical supervision if the practitioner is qualified as specified in part 9505.0323, subpart 31.

Subp. 4. **Diagnostic assessment; general requirements.** The mental health professional or mental health practitioner conducting a child's diagnostic assessment must document that the mental health professional or mental health practitioner considered the child's need for referral for psychological testing, neurological examination, physical examination, and chemical dependency evaluation under part 9530.6615. The mental health professional or mental health practitioner must document in the report of the diagnostic assessment the inclusion of the child's parent or legal representative or family, or, if applicable, the reason why they were not included. The assessment must include:

A. a face-to-face interview of the child and, if clinically appropriate, the child's parent or parents or primary

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caregiver;

B. a mental status examination, and an examination of pertinent records related to services to the child. For purposes of this item, "mental status" means the description of the child's appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward the symptoms;

C. contact with the child's parent, legal representative or primary caregiver if clinically appropriate, and to the extent necessary and reasonable to complete the diagnostic assessment;

D. identification of the mental health services needed by the child; and

E. the child's diagnosis and a determination of whether the child meets at least one of the criteria of severe emotional disturbance.

Subp. 5. **Diagnostic assessment of child of a minority race or minority ethnic heritage.** If a mental health professional or mental health practitioner meeting the qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage and must use assessment tools and content that are appropriate to the child's racial and ethnic heritage. When the mental health professional or mental health practitioner is not skilled and knowledgeable in conducting a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural needs.

Subp. 6. **Diagnostic assessment; extension of time to complete a diagnostic assessment.** If a mental health professional or mental health practitioner meeting the

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qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child who has an emotional disturbance and who has a condition specified in part 9505.0323, subpart 5, item A, the mental health professional or mental health practitioner may have an extension of time to complete the diagnostic assessment in the same manner as allowed in part 9505.0323, subpart 5, items B to D, and subpart 6.

9520.0916 [Emergency] 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 mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Case manager; supervision.** Case managers who are not qualified as mental health professionals and who have at least 2,000 hours of supervised experience in the delivery of mental health services to children must meet in person with a mental health professional at least once each month to receive clinical supervision. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, must receive clinical supervision from a mental health professional who is skilled and knowledgeable about children with emotional disturbance at least once each week until the requirement of

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2,000 hours of experience is met. The mental health professional providing the clinical supervision must document the clinical supervision in the child's record. The local agency must provide or contract for clinical supervision required under this subpart.

Subp. 3. **Case manager; training requirements.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of children with severe emotional disturbance.

9520.0918 [Emergency] CASE MANAGER'S RESPONSIBILITIES; RELATION WITH INTERAGENCY CASE MANAGEMENT TEAM.

Subpart 1. **Responsibilities of case manager; child determined to meet criteria for case management services.** If a child is determined to meet the criteria for case management services and the child's parent or legal representative or, as appropriate, the child accepts case management services, the case manager must meet with the child's parent or legal representative or, as appropriate, the child as necessary to carry out the responsibilities specified in parts 9520.0900 to 9520.0926 [Emergency]. The case manager shall meet with the child and the child's parent or legal representative at places other than the case manager's office as necessary or appropriate to the child's need. Additionally, the case manager must:

A. assure that the child has timely access to the mental health services specified as needed in the child's diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make informed choices about case management and other mental health services needed by the child;

C. explain the potential benefits of an interagency case management team and the role of the parent or legal

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representative or, as appropriate, the child as partners of the team;

D. assist the child's parent or legal representative or, as appropriate, the child to decide whether to request an interagency case management team and explain the opportunity for choosing an interagency service coordinator;

E. if an interagency case management team is convened, work with the interagency service coordinator, if any, chosen from among members of the team according to subpart 2;

F. complete, or if an interagency case management team is convened, assure the completion of, the child's functional assessment;

G. develop the child's individual family community support plan according to subpart 5;

H. coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving, according to subpart 6;

I. review and revise the child's functional assessment and services according to subpart 7;

J. be available to meet the child at least once monthly;

K. be available to meet with the child's parent or legal representative upon the request of the parent or representative;

L. if the child has coverage through a third party payor, help the child's parent or legal representative or, as appropriate, the child access payment for mental health services;

M. before a child who is receiving case management services is admitted to a regional treatment center, residential treatment facility, or inpatient hospital for mental health services, assure that the child is screened as required under Minnesota Statutes, section 245.4885, subdivision 1;

N. if the child is in a residential treatment facility, regional treatment center, or inpatient hospital for

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mental health services, take part in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services;

O. as specified in subpart 12, at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative to assess the child's need for continued mental health services and case management service under parts 9505.0476 to 9505.0491; and

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

Subp. 2. **Convening of interagency case management team.** The case manager may establish an interagency case management team. The case manager may convene the interagency case management team on the manager's own initiative or upon the request of the child's parent or legal representative or, as appropriate, the child, or at the request of any other member of the team. When a team is established, the case manager, the parent unless clinically inappropriate, and the members of the interagency case management team shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently at the request of the interagency service coordinator or the child's parent unless the child's parent or legal representative or, as appropriate, the child refuses further case management services or case management services are terminated as provided in part 9520.0924 [Emergency]. The interagency case management team shall carry out the duties specified in subpart 4.

Subp. 3. **Interagency service coordinator.** If an interagency case management team is established, the child's parent or legal representative or, as appropriate, the child may request that the child's services be coordinated by a member of

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the interagency case management team who is the representative of an agency other than the local agency that provides case management services to the child. If the child's parent or legal representative or, as appropriate, the child chooses a member of the interagency case management team other than the case manager as the interagency service coordinator and if the agency represented on the team by the person chosen as interagency service coordinator agrees, the interagency service coordinator shall convene the interagency case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the interagency service coordinator, must coordinate the child's mental health services with the interagency service coordinator, and must refer mental health service recommendations of the interagency case management team or the interagency service coordinator to the county board for the board's consideration according to part 9520.0910 [Emergency], subpart 2.

Subp. 4. **Duties of interagency case management team.** If an interagency case management team is established, the team must clarify and address the roles and responsibilities of the individual team members and the agencies they represent. The child's parent or legal representative or, as appropriate, the child must be asked to participate in the activities of the team. The team shall assist the case manager to:

A. complete the child's functional assessment as specified in subpart 7;

B. develop the child's individual family community support plan as specified in subpart 5;

C. revise the child's functional assessment and individual family community support plan according to subpart 7; and

D. identify resources to be used to fund the services specified in the child's individual family community support plan.

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Subp. 5. **Development of child's individual family community support plan.** The development of the child's individual family community support plan must comply with Minnesota Statutes, section 245.4881, subdivision 4. The plan must incorporate the child's individual treatment plans. The case manager shall ask the child's parent or legal representative or, as appropriate, the child to sign the completed individual family community support plan as evidence that the case manager and the child's parent or legal representative or, as appropriate, the child agree with the plan.

Subp. 6. **Coordination of family community support plan with other service plans.** When a child receiving case management is also receiving special education services, the case manager together with the interagency service coordinator, if any, must coordinate the child's mental health services specified in the child's individual family community support plan with the child's individual education plan. If a child at age 16 is not receiving educational services, or the child receiving case management is not identified as needing special education services, the individual family community support plan must incorporate the goals related to the child's mental health needs from other service plans developed by the agencies providing services to the child. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan.

Subp. 7. **Review and revision of child's services.** With the consent of the child's parent or legal representative or, as appropriate, the child, the case manager, interagency service coordinator, if any, and other members of the interagency case management team shall review and revise a child's functional assessment, the child's individual family community support plan, and the child's and family's service needs. The review and, if necessary, revision shall occur at least once every 90 calendar days after the development of the child's first

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individual family community support plan. Insofar as possible, the review and revision must be coordinated with the review and revision of other plans when the child is in out-of-home placement.

Subp. 8. **Referral for neurological examination, psychological testing, and chemical evaluation.** Upon the request of the child's parent or legal representative or, as appropriate, the child, the case manager shall assist the child and the child's family~~, if recommended by a mental health professional,~~ to obtain a neurological examination, psychological testing, or a chemical dependency evaluation as specified in part 9530.6615 when the examination, testing, or evaluation is recommended by a mental health professional as necessary to complete the child's diagnostic assessment.

Subp. 9. **Coordination and monitoring of services.** The case manager shall monitor the provision of mental health services to the child to determine whether the goals of the child's individual family community support plan are being met, or appropriate progress toward the goals is taking place. If the case manager determines the goals are not being met, or progress toward the goals is not taking place, the case manager together with the child's parent or legal representative and, as appropriate, the child and the interagency case management team, if any, shall modify the child's individual family community support plan. The determination of whether the goals are being met or progress toward the goals is taking place shall be made through regular meetings between the case manager, the interagency service coordinator, if any, the interagency case management team, if any, the child's parent or legal representative and, as appropriate, the child and the child's mental health social services, education, corrections, vocational services, health services, and family community support services, and other service providers. The meetings may be conducted face-to-face or through conference telephone calls.

Subp. 10. **Case manager responsibility; crisis assistance.** An individual family community support plan developed by a case

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manager according to subpart 5 must specify any crisis assistance needed by the child including, if necessary and appropriate, crisis placement and respite. The crisis assistance must be based on the factors that may precipitate a crisis in the child, the behavior or symptoms related to the child's crisis, the resources available to assist the child and the child's family when the child is in crisis and, if possible and appropriate, intervention strategies. Additionally, the case manager must review and update the crisis assistance components of a child's individual family community support plan when a child is discharged from a residential treatment facility, regional treatment center, or inpatient hospital to which the child was admitted for treatment of an emotional disturbance or becomes eligible for services for an adult with serious and persistent mental illness under Minnesota Statutes, sections 245.461 to 245.486, or when the child's parent or legal representative or, as appropriate, the child requests a review to determine whether the crisis assistance continues to meet the child's needs. To assure continuity of services as required under Minnesota Statutes, section 245.4876, subdivision 1, clause (7), the case manager must provide the information about crisis assistance to the providers of the child's other services.

Subp. 11. **Emergency services.** A case manager must inform a child's parent or legal representative or, as appropriate, the child about the availability of and how to access emergency services that are provided by the county board in accordance with Minnesota Statutes, section 245.4879.

Subp. 12. **Transition to case management services for persons with serious and persistent mental illness.** A case manager must inform a child who is age 17 and who is eligible for or receiving case management services under parts 9520.0900 to 9520.0926 [Emergency] about the availability of case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. No later than six months before the child attains age 18 and becomes ineligible for case management services under parts 9520.0900 to

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9520.0926 [Emergency], the case manager must assess the child's need for continued case management and other mental health services. If the case manager determines that the child continues to be eligible for and needs case management and other mental health services, and if the child consents to accept the services, the case manager must identify with the child the services needed for a smooth transition to case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. The identified services must assist the child to make a transition to adult community support services or other adult services the child will need as an adult in areas of physical and mental health, housing, vocational, social recreational activities, and financial resources.

Subp. 13. **Case manager's records.** The case manager must keep the records required in Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

Subp. 14. **Case management services for a child residing in a residential treatment facility or acute care hospital.** A case manager must maintain contact with a child residing in a residential treatment facility or acute care hospital for the treatment of emotional disturbance in a manner that assists the case manager to meet the requirements of Minnesota Statutes, sections 245.4881, subdivision 3, paragraph (a); 245.4882, subdivision 3; and 245.4883, subdivision 1, clause (5).

Subp. 15. **Case manager's provision of other mental health services.** A case manager shall not provide psychotherapy as defined in part 9505.0323, subpart 1, item T, day treatment services, or residential treatment services to a child or the family of a child for whom the case manager is providing case management services. Furthermore, a case manager shall not determine the child's need for a prescribed drug or evaluate the effectiveness of a drug prescribed in a child's individual treatment plan as defined in part 9505.0323, subpart 17, unless the case manager is also qualified as a physician or a nurse practitioner eligible to prescribe and administer drugs within

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the scope of practice defined under Minnesota Statutes, section 148.235. The case manager may directly provide, or assist a child and the child's family in accessing, services specified in items A to D to assist the child in remaining with the family, attending school, participating in leisure and recreational opportunities, finding or maintaining employment, and participating in age-appropriate relationships with the child's family and friends. The services are:

A. assisting the child with severe emotional disturbance or the child's family to access basic living needs and skills such as housing, food, medical care, and financial benefits;

B. crisis assistance;

C. assisting the child and the child's family to access mental health services by providing or arranging transportation; and

D. assisting the child to participate in leisure and recreational activities.

9520.0922 [Emergency] INFORMATION TO CHILD'S PARENT AND TO CHILD.

A case manager shall give to a child's parent or legal representative and to the child a copy of Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and a statement that Minnesota Statutes, chapter 13, governs government protection of information on individuals when the case manager meets initially with the child's parent or legal representative and the child and annually thereafter while the child is receiving case management services.

9520.0924 [Emergency] TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a child according to parts 9520.0900 to 9520.0926 [Emergency] shall terminate when one of the events listed in items A to F occurs.

A. A mental health professional who has provided mental health services to the child and the child's family states in writing that the child no longer needs case management services.

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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

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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.

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by Revisor _____

APPROVED AS TO FORM AND LEGALITY
12/19 19 81
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

DEC 20 1981

Joan Anderson Growe
Secretary of State

4:00 PM

PB

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

OFFICE MEMORANDUM

DATE: December 17, 1991

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

FROM: MARY JO MURRAY
Special Assistant Attorney General
525 Park Street, Suite 500 (55103)

PHONE: 296-3258

SUBJECT: In the Matter of the Adopted Rule Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

The above-referenced rule has been approved as to its legality by the Attorney General on December 16, 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.

MJM:sc
Enclosures
cc: Deborah Huskins
William Brown, Chief Judge
MaryAnn Hruby

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

ALTH FUNDING.

)RCE. The commissioner of human
he feasibility of establishing an inte-
task force shall consist of mental
personnel, service providers, advo-
erienced episodes of emotional dis-
epresentatives of the children's men-
ory council and local coordinating
utes, sections 245.487 to 245.4887.
ers of education, health, and human
o members of the house of represen-
possible county, state, and federal
th with a view to designing an inte-
roving methods of coordinating and
sing federal funding. Programs to be
to, the following: medical assistance,
X social service programs, chemical
al education programs, and, for chil-
e developmentally disabled. The task
d, as necessary. The task force shall
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te the development of local protocols
ask force shall submit a final report to
findings and recommendations.

CAL PROTOCOLS AND PROCE-
al children's mental health coordinat-
tatutes, section 245.4875, subdivision
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funding. The task force must include,
ool districts and county medical assis-
cols and procedures must be designed

e driven by the children's needs, rather
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naking full use of all available funding,

derline, deletions by ~~strikeout~~.

(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~~

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~~concerns include but are ne~~
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~~Subd. 3. METHODS F~~
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Subd. 2a. DUTIES. The
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The committee shall also:

(1) facilitate the developm
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(2) recommend a single re
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(3) recommend changes in
necessary to maximize the use
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(1) mental health professionals or mental health practitioners are unavailable to provide this service; and

(2) services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional.

Sec. 25. Minnesota Statutes 1990, section 245.4885, is amended by adding a subdivision to read:

Subd. 5. **SUMMARY DATA COLLECTION.** The county board shall annually collect summary information on the number of children screened, the age and racial or ethnic background of the children, the presenting problem, and the screening recommendations. The county shall include information on the degree to which these recommendations are followed and the reasons for not following recommendations. Summary data shall be available to the public and shall be used by the county board and local children's advisory council to identify needed service development.

Sec. 26. **[245.4886] CHILDREN'S COMMUNITY-BASED MENTAL HEALTH FUND.**

Subdivision 1. **STATEWIDE PROGRAM; ESTABLISHMENT.** The commissioner shall establish a statewide program to assist counties in providing services to children with severe emotional disturbance as defined in section 245.4871, subdivision 15, and their families. Services must be designed to help each child to function and remain with the child's family in the community. The commissioner shall make grants to counties to establish, operate, or contract with private providers to provide the following services in the following order of priority when these cannot be reimbursed under section 256B.0625:

(1) family community support services including crisis placement and crisis respite care as specified in section 245.4871, subdivision 17;

(2) case management services as specified in section 245.4871, subdivision 3;

(3) day treatment services as specified in section 245.4871, subdivision 10;

(4) professional home-based family treatment as specified in section 245.4871, subdivision 31; and

(5) therapeutic support of foster care as specified in section 245.4871, subdivision 34.

Funding appropriated beginning July 1, 1991, must be used by county boards to provide family community support services and case management services. Additional services shall be provided in the order of priority as identified in this subdivision.

Subd. 2. **GRANT APPLICATION AND REPORTING REQUIREMENTS.**

To apply for a grant a county board sl
the use of the money in the form spe
sioner shall make grants only to cou
approved by the commissioner. In awa
priority to those counties whose applic
development, funding, and delivery of
system of care. The commissioner may
govern grant applications, approval o
maintenance of financial statements by
requirements for the fiscal year endin
The commissioner shall specify require
cal reports, according to section 256.01
missioner shall require collection of d
missioner deems necessary to demons
realizing the stated purpose as specified
245.4884, subdivision 1; therapeutic su
subdivision 4; professional home-base
subdivision 3; day treatment in section
agement in section 245.4881.

Sec. 27. Minnesota Statutes 19
amended to read:

Subdivision 1. **CREATION.** A sta
created. The council must have 30 mem
dance with federal requirements. The c

(1) the assistant commissioner of
human services;

(2) a representative of the departme
medical assistance program;

(3) one member of each of the fou
plines (psychiatry, psychology, social wo

(4) one representative from each of
health association of Minnesota, Minn
Minnesota mental health law project;

(5) providers of mental health servi

(6) consumers of mental health serv

(7) family members of persons with

(8) legislators;

(9) social service agency directors;

ıealth practitioners are unavail-

rson with training in human ser-
ıental health professional.

245.4885, is amended by adding

N. The county board shall annu-
ıer of children screened, the age
the presenting problem, and the
ıclude information on the degree
ınd the reasons for not following
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ı's advisory council to identify

MMUNITY-BASED MENTAL

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o assist counties in providing ser-
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ler section 256B.0625:

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ubdivision 17;

1 in section 245.4871, subdivision

section 245.4871, subdivision 10;

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pecified in section 245.4871, subdi-

1, 1991, must be used by county
services and case management ser-
n the order of priority as identified

REPORTING REQUIREMENTS.

ine, deletions by ~~strikeout~~.

To apply for a grant a county board shall submit an application and budget for the use of the money in the form specified by the commissioner. The commissioner shall make grants only to counties whose applications and budgets are approved by the commissioner. In awarding grants, the commissioner shall give priority to those counties whose applications indicate plans to collaborate in the development, funding, and delivery of services with other agencies in the local system of care. The commissioner may adopt emergency and permanent rules to govern grant applications, approval of applications, allocation of grants, and maintenance of financial statements by grant recipients and may establish grant requirements for the fiscal year ending June 30, 1992, without adopting rules. The commissioner shall specify requirements for reports, including quarterly fiscal reports, according to section 256.01, subdivision 2, paragraph (17). The commissioner shall require collection of data and periodic reports which the commissioner deems necessary to demonstrate the effectiveness of each service in realizing the stated purpose as specified for family community support in section 245.4884, subdivision 1; therapeutic support of foster care in section 245.4884, subdivision 4; professional home-based family treatment in section 245.4884, subdivision 3; day treatment in section 245.4884, subdivision 2; and case management in section 245.4881.

Sec. 27. Minnesota Statutes 1990, section 245.697, subdivision 1, is amended to read:

Subdivision 1. **CREATION.** A state advisory council on mental health is created. The council must have 30 members appointed by the governor in accordance with federal requirements. The council must be composed of:

(1) the assistant commissioner of mental health for the department of human services;

(2) a representative of the department of human services responsible for the medical assistance program;

(3) one member of each of the four core mental health professional disciplines (psychiatry, psychology, social work, nursing);

(4) one representative from each of the following advocacy groups: mental health association of Minnesota, Minnesota alliance for the mentally ill, and Minnesota mental health law project;

(5) providers of mental health services;

(6) consumers of mental health services;

(7) family members of persons with mental illnesses;

(8) legislators;

(9) social service agency directors;

Stat Authority
Authority attached

End of Comment period - Nov 8, 1991

180 day deadline

effective period - day following
the effective day following final
enactment - August 1, 1991
see notes Aug - Dec - 5 months

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

TO: Patricia Nolte, Legal Assistant
Public Finance Division
Capitol Office Building
525 Park Street

FROM: Eleanor Weber

SUBJECT: Attorney General's Review of Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance, Parts 9520.0900 to 9520.0926

Enclosed are the documents required to be submitted under Minnesota Rules, part 2010.0400 for your review of an emergency rule for the above entitled matter.

Official documents in this submitted material include:

1. A copy or photocopy of the notice of solicitation of outside information or opinions as published in the State Register.

2. A copy of the proposed rule with a certificate of approval as to form by the revisor of statutes attached.

3. The notice of intent to adopt an emergency rule as mailed.

4. The affidavit of mailing the notice of intent to adopt an emergency rule. The affidavits state that the mailing list maintained by the agency pursuant to Minnesota Statutes, section 14.30, is accurate, complete, and current and that the notice of intent to adopt the emergency rule was mailed to all persons and groups whose names appear on the list.

5. A copy or photocopy of the notice of intent to adopt the emergency rule as published in the State Register.

6. Four copies of the emergency rule as adopted. Any modification made to the proposed rule is reflected on the rule as adopted and is approved as to form by the revisor of statutes.

7. The findings of fact, conclusions, and order adopting the emergency rule.

8. All written requests, submissions, or comments on the rule received by the agency except requests solely for copies of the rule.

9. The declaration of the attorney in the attorney general's office who represents the agency.

10. The notice of submission of the rule to the attorney general, if applicable.

11. The affidavit of mailing notice of submission of the rule to the attorney general, if applicable.

If you have any questions on this submitted material, please call me at 297-4301.

Department of Human Services

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

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 245.484 (*Laws of Minnesota 1991*, chapter 292, article 6 section 10). 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) The proposed emergency mental health program rule sets program standards for case management services provided by counties, directly or under contract, to children with severe emotional disturbance and their families, and clarifies the requirements of the Minnesota Comprehensive Children's Mental Health Act, *Minnesota Statutes*, sections 245.487 to 245.4888. The rule: sets program standards for case management for children with severe emotional disturbance; defines eligible child as a person up to age 18 who has severe emotional disturbance; requires mental health providers, and permits other persons, to refer a child with severe emotional disturbance for case management services; requires the coordination of case management services with the child's other services; requires the case manager to work collaboratively with the child's other service providers; clarifies the obligation of the county board to make case management services available to all children with severe emotional disturbance and to approve or disapprove mental health services funded by community social service funds, and clarifies the right of the county board to deny services to eligible children under *Minnesota Statutes,* section 256E.081 (*Laws of Minnesota 1991*, chapter 94, section 19); permits a child's parent to request the establishment of an interagency

case management team and to choose an interagency services coordinator from among team members; specifies that the case manager may provide other services to the child such as assisting access to basic living needs and skills, crisis assistance, and providing transportation; and specifies the conditions under which the child or the child's parent may request a fair hearing.

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.

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

discharge criteria and discharge planning criteria as part of the contract. Contracts shall specify specific responsibilities between the county and service providers to ensure comprehensive planning and continuity of care between needed services according to data privacy requirements. All contracts for the provision of residential services must include provisions guaranteeing clients the right to appeal under section 245.477 and to be advised of their appeal rights.

Sec. 8. Minnesota Statutes 1990, section 245.473, is amended by adding a subdivision to read:

Subd. 3. **ADMISSION, CONTINUED STAY, AND DISCHARGE CRITERIA.** No later than January 1, 1992, the county board shall ensure that placement decisions for acute care inpatient 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 acute care hospital treatment services has admission, continued stay, discharge criteria and discharge planning criteria as part of the contract. Contracts shall specify specific responsibilities between the county and service providers to ensure comprehensive planning and continuity of care between needed services according to data privacy requirements. All contracts for the provision of acute care hospital inpatient treatment services must include provisions guaranteeing clients the right to appeal under section 245.477 and to be advised of their appeal rights.

Sec. 9. Minnesota Statutes 1990, section 245.473, is amended by adding a subdivision to read:

Subd. 4. **INDIVIDUAL PLACEMENT AGREEMENT.** Except for services reimbursed under chapters 256B and 256D, the county board shall enter into an individual placement agreement with a provider of acute care hospital inpatient treatment services to an adult eligible for services under this section. The agreement must specify the payment rate and the terms and conditions of county payment for the placement.

Sec. 10. Minnesota Statutes 1990, section 245.484, is amended to read:

245.484 **RULES.**

The commissioner shall adopt emergency rules to govern implementation of case management services for eligible children in section 245.4881 and professional home-based family treatment services for medical assistance eligible children, in section 245.4884, subdivision 3, by January 1, 1992, and must adopt permanent rules by January 1, 1993.

The commissioner shall adopt permanent rules as necessary to carry out sections 245.461 to 245.486 and ~~Laws 1989, chapter 282, article 4, sections 1 to 53~~ 245.487 to 245.4887. The commissioner shall reassign agency staff as necessary to meet this deadline.

Sec. 11. Minnesota Statutes 1990, section 245.487, subdivision 4, is amended to read:

Subd. 4. IMPLEM
menting sections 245.48
implement sections 245.

(b) Annually until F
the legislature on all ste
of sections 245.487 to 2
implement those section
state progress in identif
using special mental hea

Sec. 12. Minnesota
subdivision to read:

Subd. 6. FUNDIN
OTHER SOURCES. Tl
other nonstate, nonlocal
in sections 245.487 to 24
for these services.

Sec. 13. Minnesota
amended to read:

Subd. 27. MENTA
sional" means a person p
of children's emotional d
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which the mental health
must be qualified in at l

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lege or university or its
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(3) in psychology, t
licensed under sections 1
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be developed, existing services be modi-
be developed for presentation to the leg-
d by the governor.)

HEALTH FUNDING.

K FORCE. The commissioner of human
udy the feasibility of establishing an inte-
The task force shall consist of mental
ices personnel, service providers, advo-
experienced episodes of emotional dis-
de representatives of the children's men-
dvisory council and local coordinating
Statutes, sections 245.487 to 245.4887.
sioners of education, health, and human
d two members of the house of represen-
all possible county, state, and federal
health with a view to designing an inte-
mproving methods of coordinating and
creasing federal funding. Programs to be
ted to, the following: medical assistance,
e XX social service programs, chemical
pecial education programs, and, for chil-
r the developmentally disabled. The task
field, as necessary. The task force shall
endations on local coordination of fund-
litate the development of local protocols
e task force shall submit a final report to
its findings and recommendations.

LOCAL PROTOCOLS AND PROCE-
local children's mental health coordinat-
a Statutes, section 245.4875, subdivision
recommended protocols and procedures
nanagement, and delivery of services for
nce are coordinated and make the most
ble funding. The task force must include,
school districts and county medical assis-
tocols and procedures must be designed

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

ces, case management, service delivery,
dination of all affected agencies, provid-

making full use of all available funding,

nderline, deletions by ~~strikeout~~.

(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 n~~
~~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 othe~~
~~and established by the comm~~
~~rights shall be inspected on~~
~~ments as determined by the~~

~~The board shall develop~~
~~beyond the inspection proce~~
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~~Subd. 3. METHODS F~~
~~The board shall develop an~~
~~levels of care and methods f~~
~~tion on July 1, 1985, in ord~~
~~mix of resident needs in a n~~
~~care needs shall include asse~~
~~ing and assessments of medi~~

Subd. 2a. DUTIES. The
issues requiring coordinate
coordinate policy developm
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state long-term goals, establi
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The committee shall review
tives.

The committee shall als

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(2) recommend a single
information on long-term ca

(3) recommend changes
necessary to maximize the u
mote the use of the least c
and

2. Minnesota Depatrtment of Transportation Appendices:

a. APPENDIX A—Warrants, Standards and Guidelines for Traffic Control Devices used at Senior Citizen and Handicapped Pedestrian Crossings.

b. APPENDIX B—Traffic Control for Short Term Street or Highway Work Zones, March 1990 (previously adopted under Order No. 75949, dated May 3, 1990).

c. APPENDIX C—Sign List and Recommended Sizes.

3. State of Minnesota, Department of Transportation, additional sections, revisions and corrections to the 1988 FHWA Manual.

IT IS FURTHER ORDERED that the provisions of the 1991 MN MUTCD shall be implemented and applied to all traffic control devices installed on or after July 1, 1992 upon highways within this State except for pavement markings which shall be in compliance as of the first application after January 1, 1992 and except for those traffic control devices which conform to the 1986 edition of the MN MUTCD and are on order or under contract prior to July 1, 1992. All existing traffic control devices or installations not in accordance with standards in the 1991 MN MUTCD shall be changed to conform to the new standards herein when replacement occurs.

This Order suppersedes Order No. 71787, dated December 19, 1986, which adopted and prescribed the 1986 Minnesota Manual on Uniform Traffic Control Devices for Streets and Highways, and Order No. 95949, dated May 3, 1990 which adopted and prescribed Appendix B—Traffic Control for Short Term Street or Highway Work Zones, dated March, 1990.

Dated at St. Paul, Minnesota, this 3rd day of October, 1991.

Edwin H. Cohoon
Acting Commissioner of Transportation

Emergency Rules

Proposed Emergency Rules

According to Minn. Stat. of 1984, §§14.29-14.30, state agencies may propose adoption of emergency rules if: 1) expressly required; 2) authorized by statute; or 3) if the manner permitted by a directive (given by statute, federal law or court order) does not allow for compliance with sections 14.14-14.28. The agency must, however, publish a notice of intent to adopt emergency rules, along with the rules themselves, in the *State Register*. The notice must advise the public:

1) that a free copy of the proposed emergency rule is available upon request from the agency;
2) that notice of the date that the rule is submitted to the attorney general will be mailed to persons requesting notification;
3) that the public has at least 25 days after publication of the proposed emergency rule to submit data and views in writing; and
4) that the emergency rule may be modified if the data and views submitted support such modification.

Adopted Emergency Rules

Emergency rules take effect five working days after approval by the attorney general, and after compliance with Minn. Stat. §§14.29-14.365. As soon as possible, emergency rules are published in the *State Register* in the manner provided for in section 14.18.

Emergency rules are effective for the period stated in the notice of intent to adopt emergency rules. This may not exceed 180 days.

Continued/Extended Emergency Rules

Adopted emergency rules may be continued in effect (extended) for an additional 180 days. To do this, the agency must give notice by: 1) publishing notice in the *State Register*: and 2) mailing the same notice to all persons who requested notification on rulemaking. No emergency rule may remain in effect 361 days after its original effective date. At that point, permanent rules adopted according to Minn. Stat. 14.14-14.28 supercede emergency rules.

Department of Human Services

Proposed Emergency Rules Relating to Case Management 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.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

The statutory authority to adopt the emergency rule is contained in *Minnesota Statutes*, section 245.484 (*Laws of Minnesota 1991*, chapter 292, article 6 section 10). 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.

The proposed emergency mental health program rule sets program standards for case management services provided by counties, directly or under contract, to children with severe emotional disturbance and their families, and clarifies the requirements of the Minnesota Comprehensive Children's Mental Health Act, *Minnesota Statutes*, sections 245.487 to 245.4888. The rule: sets program standards for case management for children with severe emotional disturbance; defines eligible child as a person up to age 18 who has severe emotional disturbance; requires mental health providers, and permits other persons, to refer a child with severe emotional disturbance for case management services; requires the coordination of case management services with the child's other services; requires the case manager to work collaboratively with the child's other service providers; clarifies the obligation of the county board to make case management services available to all children with severe emotional disturbance and to approve or disapprove mental health services funded by community social service funds, and clarifies the right of the county board to deny services to eligible children under *Minnesota Statutes*, section 256E.081 (*Laws of Minnesota 1991*, chapter 94, section 19); permits a child's parent to request the establishment of an interagency case management team and to choose an interagency services coordinator from among team members; specifies that the case manager may provide other services to the child such as assisting access to basic living needs and skills, crisis assistance, and providing transportation; and specifies the conditions under which the child or the child's parent may request a fair hearing.

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

Emergency Rules as Proposed (all new material)

9520.0900 [Emergency] SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 [Emergency] establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by *Minnesota Statutes*, sections 245.487 to 245.4887 and 256B.0625, subdivision 20. Parts 9520.0900 to 9520.0926 [Emergency] are intended to comply with, and must be read in conjunction with, *Minnesota Statutes*, sections 245.487 to 245.4888 and 256E.09, and chapter 256G, and parts 9505.2160 to 9505.2245.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under *Minnesota Statutes*, section 245.4881, and within the limits in *Minnesota Statutes*, sections 245.486 and 256E.081, and parts 9520.0900 to 9520.0926 [Emergency]. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under *Minnesota Statutes*, sections 256E.06 and 256E.07, title XX allocations under *Minnesota Statutes*, section 256E.07, and all other commonly available state and federal funding sources.

Subp. 3. **Availability and billing; medical assistance eligible children.** In providing case management services to medical assistance eligible children who are determined to have severe emotional disturbance, parts 9520.0900 to 9520.0926 [Emergency] must be read in conjunction with:

A. parts 9505.0476 to 9505.0491;

B. title XIX of the Social Security Act;

C. Code of Federal Regulations, title 42, sections 430 to 456, as amended through October 1, 1990; and

D. *Minnesota Statutes*, chapters 256B and 256G.

Case management services to medical assistance eligible children with severe emotional disturbance must be billed as required under *Minnesota Statutes*, section 245.4881, subdivision 1, paragraph (b).

9520.0902 [Emergency] DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who meets the qualifications specified in *Minnesota Statutes*, section 245.4871, subdivision 4, and who is employed by, or under contract to, or employed by an entity that is under contract to, the local agency to provide case management services under parts 9520.0900 to 9520.0926 [Emergency] for children with severe emotional disturbance and their families.

Subp. 3. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 4. **Case management services.** "Case management services" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 3. Case management services are designed to:

A. reduce the complexity and fragmentation of service delivery to a child with severe emotional disturbance and the child's family by coordinating services provided by different agencies and delivery systems;

B. assure that services are child-centered and family-focused by maximizing the involvement of the child and the child's family, as appropriate, in case management services;

C. strengthen the functioning of the child and the child's family by empowering the child and the child's family to make informed choices about mental health services and act as the child's advocate;

D. assist the child and the child's family in gaining access to the full array of services appropriate to their needs, by facilitating the sharing of existing resources with local systems of care serving children and their families; and

E. assure that services are provided in a manner that is sensitive and responsive to cultural differences and the special needs of children and the families of children who are of minority race or minority ethnic heritage.

Subp. 5. **Child.** "Child" means a person under 18 years of age.

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

Subp. 7. **Clinical supervision.** "Clinical supervision" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 7.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 9. **County board.** "County board" means the county board of commissioners or a board established under the joint powers act, *Minnesota Statutes*, section 471.59, or the human services board act, *Minnesota Statutes*, sections 402.01 to 402.10.

Subp. 10. **Crisis assistance.** "Crisis assistance" means a family community support service as specified in *Minnesota Statutes*, section 245.4871, subdivision 17, clause (6), that is designed for a child with severe emotional disturbance and the child's family to avert placements that are more intensive than necessary by resolving the crisis in the least restrictive setting possible for the child. Crisis assistance services may be provided in the child's school or day care setting, or where the child lives. Crisis assistance is not an emergency service as defined in *Minnesota Statutes*, section 245.4871, subdivision 14.

Subp. 11. **Day treatment services or day treatment program.** "Day treatment services" or "day treatment program" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 10.

Subp. 12. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 11.

Subp. 13. **Emergency services.** "Emergency services" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 14.

Subp. 14. **Emotional disturbance.** "Emotional disturbance" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 15.

Subp. 15. **Family.** "Family" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 16 or, in the case of an Indian child, means a relationship recognized as family within the context of the Minnesota Indian family preservation act, *Minnesota Statutes*, sections 257.35 to 257.3579.

Subp. 16. **Family community support services.** "Family community support services" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 17.

Subp. 17. **Functional assessment.** "Functional assessment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 18.

Subp. 18. **Individual education program plan or IEP.** "Individual education program plan" or "IEP" means a written individualized educational plan developed for a pupil as defined in part 3525.0200, subpart 6a. It is based on an assessment of the pupil's performance utilizing licensed personnel, a determination of the pupil's needs in a team process, an identification of appropriate goals and objectives, a selection of teaching strategies designed to enhance learning, delivery of services in an environment conducive to learning, and periodic review and evaluation of the pupil's performance.

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

Subp. 20. **Individual treatment plan.** "Individual treatment plan" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 21.

Subp. 21. **Inpatient hospital.** "Inpatient hospital" means an acute care institution as defined in *Minnesota Statutes*, sections 144.696, subdivision 3, and licensed under *Minnesota Statutes*, sections 144.50 to 144.58.

Subp. 22. **Interagency case management team.** "Interagency case management team" means a group of persons that consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Any other persons or service providers requested by the child's parent to coordinate the child's services and to advocate on behalf of the child may be members of the interagency case management team.

Subp. 23. **Interagency service coordinator.** "Interagency service coordinator" means a person other than the child's case manager who is the member of the interagency case management team selected by the child's parent or legal representative or, as appropriate, the child according to part 9520.0918 [Emergency], subpart 4.

Subp. 24. **Legal representative.** "Legal representative" means a guardian or conservator authorized by the court to decide about services for a child or an Indian custodian as defined in *Minnesota Statutes*, section 257.351, subdivision 8.

Subp. 25. **Local agency.** "Local agency" means the county agency under the authority of the county board that is responsible for arranging and providing mental health services required under *Minnesota Statutes*, section 245.487 to 245.4888, as a component of community social services under *Minnesota Statutes*, chapter 256E.

Subp. 26. **Mental health practitioner.** "Mental health practitioner" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 26.

Subp. 27. **Mental health professional.** "Mental health professional" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 27.

Subp. 28. **Mental health services.** "Mental health services" means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in *Minnesota Statutes*, sections 245.487 to 245.4887.

Subp. 29. **Minority race or minority ethnic heritage.** "Minority race" or "minority ethnic heritage" has the meaning given in part 9560.0020, subpart 9a.

Subp. 30. **Outpatient services.** "Outpatient services" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 29.

Subp. 31. **Outreach services.** "Outreach services" refers to family community support services that are designed to locate a child within the community who may have a severe emotional disturbance. The services are for the purposes of informing the child and the child's parent of the potential benefits and availability of case management services, family community support services, and other mental health services and of assuring access by the child and the child's family to needed services by taking the service to the child and the child's family or by arranging for the transportation of the child or the child's family to the service, if necessary. Client outreach must attempt to reduce any barrier that precludes access to case management and other mental health services. Client outreach must:

A. be conducted throughout the calendar year;

B. occur where the child lives, spends leisure time, or is receiving an education;

C. be provided in a manner which involves the child and the child's family;

D. occur face-to-face with the child and the child's family, when appropriate and possible;

E. be coordinated with the early identification and intervention services required under *Minnesota Statutes*, section 245.4878; and

F. take into account the minority race or minority ethnic heritage of the child, to assure that mental health services are culturally-

relevant and accepted by the minority race or minority ethnic heritage of which the child and the child's family are a part.

Subp. 32. **Parent.** "Parent" means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 33. **Professional home-based family treatment.** "Professional home-based family treatment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 31.

Subp. 34. **Residential treatment.** "Residential treatment" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 32.

Subp. 35. **Screening.** "Screening" refers to the screening required under *Minnesota Statutes*, section 245.4885, subdivision 1.

Subp. 36. **Service provider.** "Service provider" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 33.

Subp. 37. **Special mental health consultant.** "Special mental health consultant" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 33a.

Subp. 38. **Therapeutic support of foster care.** "Therapeutic support of foster care" has the meaning given in *Minnesota Statutes*, section 245.4871, subdivision 34.

9520.0904 [Emergency] REFERRAL FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Providers required to inform and refer.** A provider of mental health services must inform the parent or legal representative of a child and the child who has or is believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If consent is obtained as required in part 9520.0912 [Emergency], the provider of mental health services must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and requests case management services. The provider of mental health services must document the referral in the child's record.

Subp. 2. **Other persons who may refer child for case management services.** A physician, social worker, nurse, teacher, or other interested person may inform a child, as appropriate, or the parents, legal representative, or primary caregiver of a child who has or who is believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If the physician, social worker, nurse, teacher, or other interested person obtains the written consent required under part 9520.0912 [Emergency], the physician, social worker, teacher, or other interested person must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and request case management services.

Subp. 3. **Case management service request by parent, legal representative, or primary caregiver.** The parent, a member of the family, legal representative, or primary caregiver of a child may request case management services for a child if the parent, family member, legal representative, or primary caregiver believes the child has or may have severe emotional disturbance even if there has been no referral.

Subp. 4. **Referral.** The referral required under subparts 1 and 2 shall be a notice to the local agency in the county in which the child lives unless the child is in out-of-home placement. If the child is in out-of-home placement, the notice shall be sent to the county of financial responsibility. The notice must contain the names and addresses of the child and the child's parents.

9520.0906 [Emergency] COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER SERVICES.

The case manager assigned by the local agency to a child who is referred for case management services under part 9520.0904 [Emergency] must coordinate the case management services provided to the child under parts 9520.0900 to 9520.0926 [Emergency] with the providers of other services the child is receiving and with the interagency service coordinator, if any. The case manager shall work with the child, the child's parent, and members of the interagency case management team, if any, to:

A. develop the individual family community support plan as required under *Minnesota Statutes*, section 245.4871, subdivision 19, and part 9520.0918 [Emergency], subpart 5;

B. arrange with providers of other services to the child if any, for consultation about the needs of the child and the child's family and review of the records related to the child's diagnosis and services;

C. complete a written functional assessment of the child. Members of the interagency case management team may assist in conducting the functional assessment if the case manager obtains the consent of the child's parent or the consent specified in part 9520.0912 [Emergency];

D. in the case of a child who is eligible for case management services under parts 9525.0015 to 9525.0165, assure that services provided under parts 9520.0900 to 0520.0926 [Emergency] are coordinated with services provided under parts 9525.0015 to 9525.0165 and other rules of the department;

E. coordinate, or assist the interagency service coordinator, if any, to coordinate, the meetings of the interagency case management team in a manner that encourages the participation of the child, members of the child's family, legal representative, or person advocating for the child;

F. assure that required meetings and actions take place within the time period specified for the meeting or action according to parts 9525.0015 to 9525.0165 and 9520.0900 to 9520.0926 [Emergency] that permits the needs of the child and the child's family to be met; and

G. assure that the services specified in the child's individual family community support plan are consistent with the services needed to treat the symptoms and behaviors identified in the child's diagnostic assessment.

9520.0908 [Emergency] COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Duties of county board.** A county board shall:

A. by April 1, 1992, provide case management services to each child with severe emotional disturbance according to *Minnesota Statutes*, sections 245.486; 245.4871, subdivisions 3 and 4; 245.4874; and 245.4881, subdivisions 1, 3, and 5; and parts 9520.0900 to 9520.0926 [Emergency];

B. assure that special mental health consultants are used as necessary in assessing and providing appropriate services for a child of a minority race or minority ethnic heritage;

C. assure that case management services are delivered in a manner that integrates and coordinates case management services with the services of other agencies serving the child; and

D. assure that case management services provide outreach and coordination on behalf of the child and the child's family.

Subp. 2. **County board obligations for funding services.** The case management services provided by the county board must be provided according to items A to C.

A. A county board must approve or disapprove the mental health services that are paid for by social service funds allocated to a county under *Minnesota Statutes*, chapter 256E.

B. A county board must use its share of mental health and community social services act funds allocated by the commissioner to provide case management services according to a biennial children's mental health component of the community social services plan required under *Minnesota Statutes*, section 245.4887, and approved by the commissioner.

C. A county board must seek and use all commonly available sources of funding as needed to develop and implement case management services under parts 9520.0900 to 9520.0926 [Emergency]. A county board shall not deny case management services to children with severe emotional disturbance who are not eligible for case management under medical assistance unless the county board demonstrates compliance with *Minnesota Statutes*, section 256E.081, subdivisions 2 and 3, and completes the documentation required under *Minnesota Statutes*, section 256E.081, subdivision 4.

9520.0910 [Emergency] LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Notice of availability.** As required under *Minnesota Statutes*, section 245.4881, subdivision 2, within five working days after receiving a request or referral for case management services for a child, the local agency must notify, in writing, as appropriate, the child, the child's parent, or the child's legal representative of the child's potential eligibility for case management services. If a notice is not sent to a child's parents or legal representative, the local agency must document the reason. The notice must be written in plain language and explain that the child may be eligible for case management services and family community support services. The notice also must state:

A. the names and telephone numbers of the case management providers in the county;

B. a brief description, and the potential benefits, of case management and family community support services;

C. the name and telephone number of the person designated by the county board to coordinate case management services who is available to meet with the child's parent or legal representative and, as appropriate, the child before the determination of the child's eligibility for case management services;

D. an explanation of how to obtain a diagnostic assessment if one is necessary to determine the child's eligibility for case management services;

E. information about contacting the local agency during business hours for assistance in obtaining a diagnostic assessment, if a diagnostic assessment is necessary;

F. an explanation of the appeal process if mental health services are denied, suspended, or terminated for a child with severe emotional disturbance; and

G. the name and telephone number and availability of a special mental health consultant who is available to assist the family of a child of a minority race or minority ethnic heritage in understanding the information about case management services.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the child and the child's parent or legal representative from the person making the referral under part 9520.0906 [Emergency], the local agency must make a

reasonable attempt to locate the child for whom case management services have been requested and give the child's parent or legal representative or, as appropriate, the child notice of the availability of the case management services specified in subpart 1. The local agency must document the completed and attempted contacts.

Subp. 3. **Meeting between person designated by county board to coordinate case management services and child's parent and child.** Before a determination of the case management service eligibility of a child for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to meet with the child's parent or legal representative and the child no later than 15 working days after the local agency receives the referral or request under part 9520.0904 [Emergency]. At the meeting, the person designated by the county board to coordinate case management services must:

A. explain the availability and benefits to the child of case management, crisis assistance, family community support services, and other mental health services;

B. explain the need to obtain a diagnostic assessment of the child to determine the child's eligibility for case management services;

C. explain the right of the child's parent or legal representative or, as appropriate, the child to accept or reject case management services;

D. explain the eligibility of the child for mental health services even if case management is refused; and

E. assist the child's parent or legal representative or, as appropriate, the child, to make an informed choice about accepting case management, crisis assistance, family community support services, and other mental health services.

Subp. 4. **Follow-up notice of availability of case management services.** If the child's parent or legal representative or, as appropriate, the child notified under subparts 1 and 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the child's parent or legal representative or, as appropriate, the child. The local agency must document the local agency's attempt to contact the child, if appropriate, or the child's parent or legal representative, whether the contact was completed, the result of the contact, and whether case management was accepted.

Subp. 5. **Notice to child's parent or legal representative.** When notice to a parent or legal representative is required under parts 9520.0900 to 9520.0926 [Emergency], the local agency or case manager responsible for giving notice shall notify that person unless item A or B applies.

A. The parent or legal representative is hindering or impeding the child's access to mental health services or the child:

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

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

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

(4) is at least 16, but under 18 years old, and for whom a county board has authorized independent living pursuant to a court order as specified in *Minnesota Statutes*, section 260.191, subdivision 1, paragraph (a), clause (4).

B. A petition has been filed under *Minnesota Statutes*, chapter 260, or a court order has been issued under *Minnesota Statutes*, section 260.133 or 260.135, and a guardian ad litem has been appointed.

If item A applies, the local agency or case manager, as appropriate, shall provide notice to the child.

If item B applies, the local agency or case manager, as appropriate, shall provide notice to the guardian ad litem.

Subp. 6. **Determination of case management eligibility and referral to case manager.** If a child's parent or legal representative or, as appropriate, the child consents to the child's assessment for eligibility for case management services and authorizes a release of information, the local agency must promptly determine whether the child meets a criterion in part 9505.0902, subpart 6. If a diagnostic assessment is needed to make the determination, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative to obtain an appointment for a diagnostic assessment. The local agency shall notify, in writing, the child's parent or legal representative or, as appropriate, the child of the eligibility determination. If the child is determined to be eligible for case management services, and if the child's parent or legal representative or, as appropriate, the child consents to the services, the local agency shall refer the child to the case management provider for case management services.

Subp. 7. **Refusal of case management services.** The parent or legal representative of a child referred for case management services or, as appropriate, the child may refuse case management services for the child. If the child has had a diagnostic assessment as required under subpart 8 and has been determined to have a severe emotional disturbance and if the child's parent or legal representative or, as appropriate, the child refuses case management services, the child and the child's family remain eligible for and may not be denied access to family community support services. In this event, the local agency must document the refusal to accept case management

services and the reason for the refusal, if known, and must notify the child's parent or legal representative or, as appropriate, the child of the appeal process, and must offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 8. **Arranging a diagnostic assessment.** If the child's parent or legal representative or, as appropriate, the child accepts the local agency's offer to help in arranging for a diagnostic assessment, the local agency must inform the mental health professional chosen by the child's parent or legal representative or, as appropriate, the child of the child's need for a diagnostic assessment and must offer to help the child's parent or legal representative or, as appropriate, the child to make an appointment with the mental health professional.

Subp. 9. **Local agency responsibility; continuity of service.** A local agency must make a reasonable attempt to assure directly, or in its contract with a case management provider, that continuity of service is available to a child while the child remains eligible for case management services under parts 9520.0900 to 9520.0926 [Emergency]. When there is a change of case manager, steps must be taken to assure a smooth transition.

Subp. 10. **Local agency responsibility; referral of child with emotional disturbance to mental health and other service providers.** If a child who is referred to a local agency for case management services is determined to have an emotional disturbance, but not to have a severe emotional disturbance, the local agency shall offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 11. **Local agency responsibility; out-of-home placement.** The local agency shall assure coordination of a child's case management services with any permanency planning, placement prevention, and family reunification services provided under *Minnesota Statutes*, chapter 256F.

Subp. 12. **Local agency responsibility; coordination with family community support service providers.** The local agency must designate a person to, and implement procedures that, ensure ongoing contact and coordination between a child's case manager and providers of family community support services and other mental health services needed by the child.

Subp. 13. **Local agency responsibility; reasonable caseload.** A local agency shall assign to a case manager a reasonable caseload that assures the case manager is available to meet with the child and the child's family in the home, or school setting, attend pertinent meetings and staff conferences, coordinate and monitor the child's services, is able to meet the needs of the child and the child's family for case management services, and carry out the other responsibilities specified in part 9520.0918 [Emergency].

9520.0912 [Emergency] AUTHORIZATION TO RELEASE INFORMATION AND CONTACT CHILD'S FAMILY.

Notwithstanding that *Minnesota Statutes*, sections 245.487 to 245.4887, require a county board, within the limits of available resources, to make the mental health services specified in those sections available to a child residing in the county who needs the services, the county board shall not provide any services, either directly or by contract, unless consent to receive services is obtained as required under *Minnesota Statutes*, section 245.4876, subdivision 5.

9520.0914 [Emergency] DIAGNOSTIC ASSESSMENT.

Subpart 1. **Diagnostic assessment required.** A diagnostic assessment is required to determine a child's eligibility for case management services under parts 9520.0900 to 9520.0926 [Emergency] and in family community support services. A diagnostic assessment of a child completed no earlier than 180 days before the child was referred for or the child's parent, legal representative, or primary caregiver requested case management services must be reviewed and brought up to date by a mental health professional if the child's parent or legal representative or, as appropriate, the child wants case management services for the child. If the child has not had a diagnostic assessment within 180 days before the request or referral for case management services, a new diagnostic assessment must be obtained.

Subp. 2. **Assistance in obtaining a required diagnostic assessment.** If the child has not had a diagnostic assessment that meets the requirement of this part, a local agency or case manager, as appropriate, shall take the actions specified in items A to F to assist in obtaining a diagnostic assessment of the child as required under subpart 1:

A. inform the child's parent or legal representative or, as appropriate, the child about choosing a mental health professional to conduct a diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make an appointment for the diagnostic assessment;

C. explain to the child's parent or legal representative or, as appropriate, the child that the information about the child can only be released with the consent specified in part 9520.0912 [Emergency], or in *Minnesota Statutes*, section 245.4876, subdivision 5;

D. inform the mental health professional that the diagnostic assessment must comply with *Minnesota Statutes*, sections 245.4871, subdivision 11, and 245.4876, subdivision 2, and that a report of the findings must be provided to the local agency;

E. request the mental health professional identified under subpart 1 to complete the determination of whether the child meets

the criteria of severe emotional disturbance within ten working days after the mental health professional has completed the diagnostic assessment; and

F. inform the mental health professional that the authorization of the child's parent or legal representative or, as appropriate, the child to release information must comply with the requirements of part 9520.0912 [Emergency].

Subp. 3. **Qualifications to provide a diagnostic assessment.** A diagnostic assessment required to receive case management services under parts 9520.0900 to 9520.0926 [Emergency] shall be conducted by a person specified in item A or B.

A. Except as provided in item B, a child's diagnostic assessment must be conducted by a mental health professional.

B. A mental health practitioner, with only a bachelor's degree, may conduct a child's diagnostic assessment under clinical supervision if the practitioner is qualified as specified in part 9505.0323, subpart 31.

Subp. 4. **Diagnostic assessment; general requirements.** The mental health professional or mental health practitioner conducting a child's diagnostic assessment must document that the mental health professional or mental health practitioner considered the child's need for referral for psychological testing, neurological examination, physical examination, and chemical dependency evaluation under part 9530.6615. The mental health professional or mental health practitioner must document in the report of the diagnostic assessment the inclusion of the child's parent or legal representative or family, or, if applicable, the reason why they were not included. The assessment must include:

A. a face-to-face interview of the child and, if clinically appropriate, the child's parent or parents or primary caregiver;

B. a mental status examination, and an examination of pertinent records related to services to the child. For purposes of this item, "mental status" means the description of the child's appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward the symptoms;

C. contact with the child's parent, legal representative or primary caregiver if clinically appropriate, and to the extent necessary and reasonable to complete the diagnostic assessment;

D. identification of the mental health services needed by the child; and

E. the child's diagnosis and a determination of whether the child meets at least one of the criteria of severe emotional disturbance.

Subp. 5. **Diagnostic assessment of child of a minority race or minority ethnic heritage.** If a mental health professional or mental health practitioner meeting the qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage and must use assessment tools and content that are appropriate to the child's racial and ethnic heritage. When the mental health professional or mental health practitioner is not skilled and knowledgeable in conducting a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural needs.

Subp. 6. **Diagnostic assessment; extension of time to complete a diagnostic assessment.** If a mental health professional or mental health practitioner meeting the qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child who has an emotional disturbance and who has a condition specified in part 9505.0323, subpart 5, item A, the mental health professional or mental health practitioner may have an extension of time to complete the diagnostic assessment in the same manner as allowed in part 9505.0323, subpart 5, items B to D, and subpart 6.

9520.0916 [Emergency] 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 mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Case manager; supervision.** Case managers who are not qualified as mental health professionals and who have at least 2,000 hours of supervised experience in the delivery of mental health services to children must meet in person with a mental health professional at least once each month to receive clinical supervision. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, must receive clinical supervision from a mental health professional who is skilled and knowledgeable about children with emotional disturbance at least once each week until the requirement of 2,000 hours of experience is met. The mental health professional providing the clinical supervision must document the clinical supervision in the child's record. The local agency must provide or contract for clinical supervision required under this subpart.

Subp. 3. **Case manager; training requirements.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of children with severe emotional disturbance.

9520.0918 [Emergency] CASE MANAGER'S RESPONSIBILITIES; RELATION WITH INTERAGENCY CASE MANAGEMENT TEAM.

Subpart 1. **Responsibilities of case manager; child determined to meet criteria for case management services.** If a child is determined to meet the criteria for case management services and the child's parent or legal representative or, as appropriate, the child accepts case management services, the case manager must meet with the child's parent or legal representative or, as appropriate, the child as necessary to carry out the responsibilities specified in parts 9520.0900 to 9520.0926 [Emergency]. The case manager shall meet with the child and the child's parent or legal representative at places other than the case manager's office as necessary or appropriate to the child's need. Additionally, the case manager must:

A. assure that the child has timely access to the mental health services specified as needed in the child's diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make informed choices about case management and other mental health services needed by the child;

C. explain the potential benefits of an interagency case management team and the role of the parent or legal representative or, as appropriate, the child as partners of the team;

D. assist the child's parent or legal representative or, as appropriate, the child to decide whether to request an interagency case management team and explain the opportunity for choosing an interagency service coordinator;

E. if an interagency case management team is convened, work with the interagency service coordinator, if any, chosen from among members of the team according to subpart 2;

F. complete, or if an interagency case management team is convened, assure the completion of, the child's functional assessment;

G. develop the child's individual family community support plan according to subpart 5;

H. coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving, according to subpart 6;

I. review and revise the child's functional assessment and services according to subpart 7;

J. be available to meet the child at least once monthly;

K. be available to meet with the child's parent or legal representative upon the request of the parent or representative;

L. if the child has coverage through a third party payor, help the child's parent or legal representative or, as appropriate, the child access payment for mental health services;

M. before a child who is receiving case management services is admitted to a regional treatment center, residential treatment facility, or inpatient hospital for mental health services, assure that the child is screened as required under *Minnesota Statutes*, section 245.4885, subdivision 1;

N. if the child is in a residential treatment facility, regional treatment center, or inpatient hospital for mental health services, take part in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services;

O. as specified in subpart 12, at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative to assess the child's need for continued mental health services and case management service under parts 9505.0476 to 9505.0491; and

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

Subp. 2. **Convening of interagency case management team.** The case manager may establish an interagency case management team. The case manager may convene the interagency case management team on the manager's own initiative or upon the request of the child's parent or legal representative or, as appropriate, the child, or at the request of any other member of the team. When a team is established, the case manager and the members of the interagency case management team shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently at the request of the interagency service coordinator unless the child's parent or legal representative or, as appropriate, the child refuses further case management services or case management services are terminated as provided in part 9520.0924 [Emergency]. The interagency case management team shall carry out the duties specified in subpart 4.

Subp. 3. **Interagency service coordinator.** If an interagency case management team is established, the child's parent or legal

representative or, as appropriate, the child may request that the child's services be coordinated by a member of the interagency case management team who is the representative of an agency other than the local agency that provides case management services to the child. If the child's parent or legal representative or, as appropriate, the child chooses a member of the interagency case management team other than the case manager as the interagency service coordinator and if the agency represented on the team by the person chosen as interagency service coordinator agrees, the interagency service coordinator shall convene the interagency case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the interagency service coordinator, must coordinate the child's mental health services with the interagency service coordinator, and must refer mental health service recommendations of the interagency case management team or the interagency service coordinator to the county board for the board's consideration according to part 9520.0910 [Emergency], subpart 2.

Subp. 4. **Duties of interagency case management team.** If an interagency case management team is established, the team must clarify and address the roles and responsibilities of the individual team members and the agencies they represent. The child's parent or legal representative or, as appropriate, the child must be asked to participate in the activities of the team. The team shall assist the case manager to:

A. complete the child's functional assessment as specified in subpart 7;

B. develop the child's individual family community support plan as specified in subpart 5;

C. revise the child's functional assessment and individual family community support plan according to subpart 7; and

D. identify resources to be used to fund the services specified in the child's individual family community support plan.

Subp. 5. **Development of child's individual family community support plan.** The development of the child's individual family community support plan must comply with *Minnesota Statutes*, section 245.4881, subdivision 4. The plan must incorporate the child's individual treatment plans. The case manager shall ask the child's parent or legal representative or, as appropriate, the child to sign the completed individual family community support plan as evidence that the case manager and the child's parent or legal representative or, as appropriate, the child agree with the plan.

Subp. 6. **Coordination of family community support plan with other service plans.** When a child receiving case management is also receiving special education services, the case manager together with the interagency service coordinator, if any, must coordinate the child's mental health services specified in the child's individual family community support plan with the child's individual education plan. If a child at age 16 is not receiving educational services, or the child receiving case management is not identified as needing special education services, the individual family community support plan must incorporate the goals related to the child's mental health needs from other service plans developed by the agencies providing services to the child. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan.

Subp. 7. **Review and revision of child's services.** With the consent of the child's parent or legal representative or, as appropriate, the child, the case manager, interagency service coordinator, if any, and other members of the interagency case management team shall review and revise a child's functional assessment, the child's individual family community support plan, and the child's and family's service needs. The review and, if necessary, revision shall occur at least once every 90 calendar days after the development of the child's first individual family community support plan. Insofar as possible, the review and revision must be coordinated with the review and revision of other plans when the child is in out-of-home placement.

Subp. 8. **Referral for neurological examination, psychological testing, and chemical evaluation.** Upon the request of the child's parent or legal representative or, as appropriate, the child, the case manager shall assist the child and the child's family, if recommended by a mental health professional, to obtain a neurological examination, psychological testing, or a chemical dependency evaluation as specified in part 9530.6615.

Subp. 9. **Coordination and monitoring of services.** The case manager shall monitor the provision of mental health services to the child to determine whether the goals of the child's individual family community support plan are being met, or appropriate progress toward the goals is taking place. If the case manager determines the goals are not being met, or progress toward the goals is not taking place, the case manager together with the child's parent or legal representative and, as appropriate, the child and the interagency case management team, if any, shall modify the child's individual family community support plan. The determination of whether the goals are being met or progress toward the goals is taking place shall be made through regular meetings between the case manager, the interagency service coordinator, if any, the interagency case management team, if any, the child's parent or legal representative and, as appropriate, the child and the child's mental health social services, education, corrections, vocational services, health services, and family community support services, and other service providers. The meetings may be conducted face-to-face or through conference telephone calls.

Subp. 10. **Case manager responsibility; crisis assistance.** An individual family community support plan developed by a case manager according to subpart 5 must specify any crisis assistance needed by the child including, if necessary and appropriate, crisis placement and respite. The crisis assistance must be based on the factors that may precipitate a crisis in the child, the behavior or

symptoms related to the child's crisis, the resources available to assist the child and the child's family when the child is in crisis and, if possible and appropriate, intervention strategies. Additionally, the case manager must review and update the crisis assistance components of a child's individual family community support plan when a child is discharged from a residential treatment facility, regional treatment center, or inpatient hospital to which the child was admitted for treatment of an emotional disturbance or becomes eligible for services for an adult with serious and persistent mental illness under *Minnesota Statutes*, sections 245.461 to 245.486, or when the child's parent or legal representative or, as appropriate, the child requests a review to determine whether the crisis assistance continues to meet the child's needs. To assure continuity of services as required under *Minnesota Statutes*, section 245.4876, subdivision 1, clause (7), the case manager must provide the information about crisis assistance to the providers of the child's other services.

Subp. 11. **Emergency services.** A case manager must inform a child's parent or legal representative or, as appropriate, the child about the availability of and how to access emergency services that are provided by the county board in accordance with *Minnesota Statutes*, section 245.4879.

Subp. 12. **Transition to case management services for persons with serious and persistent mental illness.** A case manager must inform a child who is age 17 and who is eligible for or receiving case management services under parts 9520.0900 to 9520.0926 [Emergency] about the availability of case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. No later than six months before the child attains age 18 and becomes ineligible for case management services under parts 9520.0900 to 9520.0926 [Emergency], the case manager must assess the child's need for continued case management and other mental health services. If the case manager determines that the child continues to be eligible for and needs case management and other mental health services, and if the child consents to accept the services, the case manager must identify with the child the services needed for a smooth transition to case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. The identified services must assist the child to make a transition to adult community support services or other adult services the child will need as an adult in areas of physical and mental health, housing, vocational, social recreational activities, and financial resources.

Subp. 13. **Case manager's records.** The case manager must keep the records required in *Minnesota Statutes*, section 245.4881, subdivision 3, paragraph (b).

Subp. 14. **Case management services for a child residing in a residential treatment facility or acute care hospital.** A case manager must maintain contact with a child residing in a residential treatment facility or acute care hospital for the treatment of emotional disturbance in a manner that assists the case manager to meet the requirements of *Minnesota Statutes*, sections 245.4881, subdivision 3, paragraph (a); 245.4882, subdivision 3; and 245.4883, subdivision 1, clause (5).

Subp. 15. **Case manager's provision of other mental health services.** A case manager shall not provide psychotherapy as defined in part 9505.0323, subpart 1, item T, day treatment services, or residential treatment services to a child or the family of a child for whom the case manager is providing case management services. Furthermore, a case manager shall not determine the child's need for a prescribed drug or evaluate the effectiveness of a drug prescribed in a child's individual treatment plan as defined in part 9505.0323, subpart 17, unless the case manager is also qualified as a physician or a nurse practitioner eligible to prescribe and administer drugs within the scope of practice defined under *Minnesota Statutes*, section 148.235. The case manager may directly provide, or assist a child and the child's family in accessing, services specified in items A to D to assist the child in remaining with the family, attending school, participating in leisure and recreational opportunities, finding or maintaining employment, and participating in age-appropriate relationships with the child's family and friends. The services are:

A. assisting the child with severe emotional disturbance or the child's family to access basic living needs and skills such as housing, food, medical care, and financial benefits;

B. crisis assistance;

C. assisting the child and the child's family to access mental health services by providing or arranging transportation; and

D. assisting the child to participate in leisure and recreational activities.

9520.0922 [Emergency] INFORMATION TO CHILD'S PARENT AND TO CHILD.

A case manager shall give to a child's parent or legal representative and to the child a copy of *Minnesota Statutes*, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and a statement that *Minnesota Statutes*, chapter 13, governs government protection of information on individuals when the case manager meets initially with the child's parent or legal representative and the child and annually thereafter while the child is receiving case management services.

9520.0924 [Emergency] TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a child according to parts 9520.0900 to 9520.0926 [Emergency] shall terminate when one of the events listed in items A to F occurs.

A. A mental health professional who has provided mental health services to the child and the child's family states in writing that the child no longer needs case management services.

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

Department of Human Services

Mental Health Division

Notice of Solicitation of Outside Information or Opinions Regarding Proposed Rules Governing Case Management Services to Children with Severe Emotional Disturbance

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 rules governing case management services to children with severe emotional disturbance.

The adoption of the rule is authorized by *Minnesota Statutes*, section 245.484 which permits the agency to adopt permanent rules availability of case management services, notification of case management eligibility, qualifications and duties of the case manager, staffing ratios to serve the needs of clients, billings for services, and coordination between the case manager and family community support and other mental health services for the child with severe emotional disturbance.

The State Department of Human Services requests information and opinions concerning the subject matter of the rule. 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 Division
Minnesota 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 by Eleanor Weber and in person at the above address.

All statements of information and opinions shall be accepted until further notice. 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 amendment of the rule is adopted.

Eleanor E. Weber
Assistant Director, Rules Division

Office of the Ombudsman for Mental Health and Mental Retardation

Notice of Meeting

The Ombudsman for Mental Health and Mental Retardation Advisory Committee will hold a general meeting at 9:00 a.m. on Friday, March 9, 1990. The meeting will be held at the Ombudsman Office, Suite 202, Metro Square Building on 7th and Robert Street, St. Paul.

Minnesota Public Utilities Commission

Notice of Intent to Solicit Outside Information or Opinion in Preparing to Amend the Rules Governing the Telephone Assistance Plan, *Minnesota Rules*, Parts 7817.0100 to 7817.1000, Docket No. P-999/R-90-86

NOTICE IS HEREBY GIVEN that the Minnesota Public Utilities Commission (Commission) is seeking information or opinions from sources outside the agency in preparing to propose the amendment of the rules governing the telephone assistance plan, *Minnesota Rules*, parts 7817.0100 to 7817.1000. The adoption of amendments to these rules is authorized by *Minnesota Statute* § 237.71 (1988) which requires the Commission to adopt rules governing the telephone assistance plan. The adoption of these amendments is also authorized by *Minnesota Statutes*, section 237.71 (1988) which permits the Commission to adopt emergency and permanent rules to implement statutory amendments to the telephone assistance plan which were enacted in 1988.

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 for Children with Severe Emotional Disturbance, Minnesota Rules, parts 9520.0900 to 9520.0926	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 for Children with Severe Emotional Disturbance, Minnesota Rules, parts 9520.0900 to 9520.0926

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 245.484 (*Laws of Minnesota 1991*, chapter 292, article 6 section 10). 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.

The proposed emergency mental health program rule sets program standards for case management services provided by counties, directly or under contract, to children with severe emotional disturbance and their families, and clarifies the requirements of the Minnesota Comprehensive Children's Mental Health Act, *Minnesota Statutes*, sections 245.487 to 245.4888. The rule: sets program standards for case management for children with severe emotional disturbance; defines eligible child as a person up to age 18 who has severe emotional disturbance; requires mental health providers, and permits other persons, to refer a child with severe emotional disturbance for case management services; requires the coordination of case management services with the child's other services; requires the case manager to work collaboratively with the child's other service providers; clarifies the obligation of the county board to make case management services available to all children with severe emotional disturbance and to approve or disapprove mental health services funded by community social service funds, and clarifies the right of the county board to deny services to eligible children under *Minnesota Statutes,* section 256E.081 (*Laws of Minnesota 1991*, chapter 94, section 19); permits a child's parent to request the establishment of an interagency

case management team and to choose an interagency services coordinator from among team members; specifies that the case manager may provide other services to the child such as assisting access to basic living needs and skills, crisis assistance, and providing transportation; and specifies the conditions under which the child or the child's parent may request a fair hearing.

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

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 for Children with Severe Emotional Disturbance, Minnesota Rules, parts 9520.0900 to 9520.0926

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

Department of Human Services

Proposed Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

Emergency Rules as Proposed (all new material)

9520.0900 [Emergency] SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 [Emergency] establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4887 and 256B.0625, subdivision 20. Parts 9520.0900 to 9520.0926 [Emergency] are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections 245.487 to 245.4888 and 256E.09, and chapter 256G, and parts 9505.2160 to 9505.2245.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under Minnesota Statutes, section 245.4881, and within the limits in Minnesota Statutes, sections 245.486 and 256E.081, and parts 9520.0900 to 9520.0926 [Emergency]. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under Minnesota Statutes, sections 256E.06 and 256E.07, title XX allocations under Minnesota Statutes, section 256E.07, and all other commonly available state and federal funding sources.

Subp. 3. **Availability and billing; medical assistance eligible children.** In providing case management services to medical assistance eligible children who are determined to have severe emotional disturbance, parts 9520.0900 to 9520.0926 [Emergency] must be read in conjunction with:

Approved by Revisor

A. parts 9505.0476 to 9505.0491;

B. title XIX of the Social Security Act;

C. Code of Federal Regulations, title 42, sections 430 to 456, as amended through October 1, 1990; and

D. Minnesota Statutes, chapters 256B and 256G.

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

9520.0902 [Emergency] DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who meets the qualifications specified in Minnesota Statutes, section 245.4871, subdivision 4, and who is employed by, or under contract to, or employed by an entity that is under contract to, the local agency to provide case management services under parts 9520.0900 to 9520.0926 [Emergency] for children with severe emotional disturbance and their families.

Subp. 3. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 4. **Case management services.** "Case management services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 3. Case management services are designed to:

A. reduce the complexity and fragmentation of service delivery to a child with severe emotional disturbance and the child's family by coordinating services provided by different agencies and delivery systems;

B. assure that services are child-centered and family-focused by maximizing the involvement of the child and the child's family, as appropriate, in case management services;

C. strengthen the functioning of the child and the

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by Revisor _____

child's family by empowering the child and the child's family to make informed choices about mental health services and act as the child's advocate;

D. assist the child and the child's family in gaining access to the full array of services appropriate to their needs, by facilitating the sharing of existing resources with local systems of care serving children and their families; and

E. assure that services are provided in a manner that is sensitive and responsive to cultural differences and the special needs of children and the families of children who are of minority race or minority ethnic heritage.

Subp. 5. **Child.** "Child" means a person under 18 years of age.

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

Subp. 7. **Clinical supervision.** "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 7.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 9. **County board.** "County board" means the county board of commissioners or a board established under the joint powers act, Minnesota Statutes, section 471.59, or the human services board act, Minnesota Statutes, sections 402.01 to 402.10.

Subp. 10. **Crisis assistance.** "Crisis assistance" means a family community support service as specified in Minnesota Statutes, section 245.4871, subdivision 17, clause (6), that is designed for a child with severe emotional disturbance and the child's family to avert placements that are more intensive than necessary by resolving the crisis in the least restrictive setting possible for the child. Crisis assistance services may be provided in the child's school or day care setting, or where the child lives. Crisis assistance is not an emergency service as defined in Minnesota Statutes, section 245.4871, subdivision

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14.

Subp. 11. **Day treatment services or day treatment program.** "Day treatment services" or "day treatment program" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 10.

Subp. 12. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 11.

Subp. 13. **Emergency services.** "Emergency services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 14.

Subp. 14. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 15. **Family.** "Family" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 16 or, in the case of an Indian child, means a relationship recognized as family within the context of the Minnesota Indian family preservation act, Minnesota Statutes, sections 257.35 to 257.3579.

Subp. 16. **Family community support services.** "Family community support services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 17.

Subp. 17. **Functional assessment.** "Functional assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 18.

Subp. 18. **Individual education program plan or IEP.** "Individual education program plan" or "IEP" means a written individualized educational plan developed for a pupil as defined in part 3525.0200, subpart 6a. It is based on an assessment of the pupil's performance utilizing licensed personnel, a determination of the pupil's needs in a team process, an identification of appropriate goals and objectives, a selection of teaching strategies designed to enhance learning, delivery of services in an environment conducive to learning, and periodic review and evaluation of the pupil's performance.

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

Subp. 20. **Individual treatment plan.** "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21.

Subp. 21. **Inpatient hospital.** "Inpatient hospital" means an acute care institution as defined in Minnesota Statutes, sections 144.696, subdivision 3, and licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 22. **Interagency case management team.** "Interagency case management team" means a group of persons that consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Any other persons or service providers requested by the child's parent to coordinate the child's services and to advocate on behalf of the child may be members of the interagency case management team.

Subp. 23. **Interagency service coordinator.** "Interagency service coordinator" means a person other than the child's case manager who is the member of the interagency case management team selected by the child's parent or legal representative or, as appropriate, the child according to part 9520.0918 [Emergency], subpart 4.

Subp. 24. **Legal representative.** "Legal representative" means a guardian or conservator authorized by the court to decide about services for a child or an Indian custodian as defined in Minnesota Statutes, section 257.351, subdivision 8.

Subp. 25. **Local agency.** "Local agency" means the county agency under the authority of the county board that is responsible for arranging and providing mental health services required under Minnesota Statutes, section 245.487 to 245.4888, as a component of community social services under Minnesota Statutes, chapter 256E.

Subp. 26. **Mental health practitioner.** "Mental health

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practitioner" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 26.

Subp. 27. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 28. **Mental health services.** "Mental health services" means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in Minnesota Statutes, sections 245.487 to 245.4887.

Subp. 29. **Minority race or minority ethnic heritage.** "Minority race" or "minority ethnic heritage" has the meaning given in part 9560.0020, subpart 9a.

Subp. 30. **Outpatient services.** "Outpatient services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 29.

Subp. 31. **Outreach services.** "Outreach services" refers to family community support services that are designed to locate a child within the community who may have a severe emotional disturbance. The services are for the purposes of informing the child and the child's parent of the potential benefits and availability of case management services, family community support services, and other mental health services and of assuring access by the child and the child's family to needed services by taking the service to the child and the child's family or by arranging for the transportation of the child or the child's family to the service, if necessary. Client outreach must attempt to reduce any barrier that precludes access to case management and other mental health services. Client outreach must:

A. be conducted throughout the calendar year;

B. occur where the child lives, spends leisure time, or is receiving an education;

C. be provided in a manner which involves the child and the child's family;

D. occur face-to-face with the child and the child's

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family, when appropriate and possible;

E. be coordinated with the early identification and intervention services required under Minnesota Statutes, section 245.4878; and

F. take into account the minority race or minority ethnic heritage of the child, to assure that mental health services are culturally-relevant and accepted by the minority race or minority ethnic heritage of which the child and the child's family are a part.

Subp. 32. **Parent.** "Parent" means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 33. **Professional home-based family treatment.** "Professional home-based family treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 31.

Subp. 34. **Residential treatment.** "Residential treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 32.

Subp. 35. **Screening.** "Screening" refers to the screening required under Minnesota Statutes, section 245.4885, subdivision 1.

Subp. 36. **Service provider.** "Service provider" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33.

Subp. 37. **Special mental health consultant.** "Special mental health consultant" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33a.

Subp. 38. **Therapeutic support of foster care.** "Therapeutic support of foster care" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 34.

9520.0904 [Emergency] REFERRAL FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Providers required to inform and refer.** A provider of mental health services must inform the parent or legal representative of a child and the child who has or is

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believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If consent is obtained as required in part 9520.0912 [Emergency], the provider of mental health services must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and requests case management services. The provider of mental health services must document the referral in the child's record.

Subp. 2. **Other persons who may refer child for case management services.** A physician, social worker, nurse, teacher, or other interested person may inform a child, as appropriate, or the parents, legal representative, or primary caregiver of a child who has or who is believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If the physician, social worker, nurse, teacher, or other interested person obtains the written consent required under part 9520.0912 [Emergency], the physician, social worker, teacher, or other interested person must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and request case management services.

Subp. 3. **Case management service request by parent, legal representative, or primary caregiver.** The parent, a member of the family, legal representative, or primary caregiver of a child may request case management services for a child if the parent, family member, legal representative, or primary caregiver believes the child has or may have severe emotional disturbance even if there has been no referral.

Subp. 4. **Referral.** The referral required under subparts 1 and 2 shall be a notice to the local agency in the county in which the child lives unless the child is in out-of-home placement. If the child is in out-of-home placement, the notice shall be sent to the county of financial responsibility. The notice must contain the names and addresses of the child and the child's parents.

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9520.0906 [Emergency] COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER SERVICES.

The case manager assigned by the local agency to a child who is referred for case management services under part 9520.0904 [Emergency] must coordinate the case management services provided to the child under parts 9520.0900 to 9520.0926 [Emergency] with the providers of other services the child is receiving and with the interagency service coordinator, if any. The case manager shall work with the child, the child's parent, and members of the interagency case management team, if any, to:

A. develop the individual family community support plan as required under Minnesota Statutes, section 245.4871, subdivision 19, and part 9520.0918 [Emergency], subpart 5;

B. arrange with providers of other services to the child if any, for consultation about the needs of the child and the child's family and review of the records related to the child's diagnosis and services;

C. complete a written functional assessment of the child. Members of the interagency case management team may assist in conducting the functional assessment if the case manager obtains the consent of the child's parent or the consent specified in part 9520.0912 [Emergency];

D. in the case of a child who is eligible for case management services under parts 9525.0015 to 9525.0165, assure that services provided under parts 9520.0900 to 0520.0926 [Emergency] are coordinated with services provided under parts 9525.0015 to 9525.0165 and other rules of the department;

E. coordinate, or assist the interagency service coordinator, if any, to coordinate, the meetings of the interagency case management team in a manner that encourages the participation of the child, members of the child's family, legal representative, or person advocating for the child;

F. assure that required meetings and actions take place within the time period specified for the meeting or action according to parts 9525.0015 to 9525.0165 and 9520.0900 to

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9520.0926 [Emergency] that permits the needs of the child and the child's family to be met; and

G. assure that the services specified in the child's individual family community support plan are consistent with the services needed to treat the symptoms and behaviors identified in the child's diagnostic assessment.

9520.0908 [Emergency] COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Duties of county board.** A county board shall:

A. by April 1, 1992, provide case management services to each child with severe emotional disturbance according to Minnesota Statutes, sections 245.486; 245.4871, subdivisions 3 and 4; 245.4874; and 245.4881, subdivisions 1, 3, and 5; and parts 9520.0900 to 9520.0926 [Emergency];

B. assure that special mental health consultants are used as necessary in assessing and providing appropriate services for a child of a minority race or minority ethnic heritage;

C. assure that case management services are delivered in a manner that integrates and coordinates case management services with the services of other agencies serving the child; and

D. assure that case management services provide outreach and coordination on behalf of the child and the child's family.

Subp. 2. **County board obligations for funding services.** The case management services provided by the county board must be provided according to items A to C.

A. A county board must approve or disapprove the mental health services that are paid for by social service funds allocated to a county under Minnesota Statutes, chapter 256E.

B. A county board must use its share of mental health and community social services act funds allocated by the commissioner to provide case management services according to a biennial children's mental health component of the community social services plan required under Minnesota Statutes, section

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245.4887, and approved by the commissioner.

C. A county board must seek and use all commonly available sources of funding as needed to develop and implement case management services under parts 9520.0900 to 9520.0926 [Emergency]. A county board shall not deny case management services to children with severe emotional disturbance who are not eligible for case management under medical assistance unless the county board demonstrates compliance with Minnesota Statutes, section 256E.081, subdivisions 2 and 3, and completes the documentation required under Minnesota Statutes, section 256E.081, subdivision 4.

9520.0910 [Emergency] LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Notice of availability.** As required under Minnesota Statutes, section 245.4881, subdivision 2, within five working days after receiving a request or referral for case management services for a child, the local agency must notify, in writing, as appropriate, the child, the child's parent, or the child's legal representative of the child's potential eligibility for case management services. If a notice is not sent to a child's parents or legal representative, the local agency must document the reason. The notice must be written in plain language and explain that the child may be eligible for case management services and family community support services. The notice also must state:

A. the names and telephone numbers of the case management providers in the county;

B. a brief description, and the potential benefits, of case management and family community support services;

C. the name and telephone number of the person designated by the county board to coordinate case management services who is available to meet with the child's parent or legal representative and, as appropriate, the child before the determination of the child's eligibility for case management services;

D. an explanation of how to obtain a diagnostic

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assessment if one is necessary to determine the child's eligibility for case management services;

E. information about contacting the local agency during business hours for assistance in obtaining a diagnostic assessment, if a diagnostic assessment is necessary;

F. an explanation of the appeal process if mental health services are denied, suspended, or terminated for a child with severe emotional disturbance; and

G. the name and telephone number and availability of a special mental health consultant who is available to assist the family of a child of a minority race or minority ethnic heritage in understanding the information about case management services.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the child and the child's parent or legal representative from the person making the referral under part 9520.0906 [Emergency], the local agency must make a reasonable attempt to locate the child for whom case management services have been requested and give the child's parent or legal representative or, as appropriate, the child notice of the availability of the case management services specified in subpart 1. The local agency must document the completed and attempted contacts.

Subp. 3. **Meeting between person designated by county board to coordinate case management services and child's parent and child.** Before a determination of the case management service eligibility of a child for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to meet with the child's parent or legal representative and the child no later than 15 working days after the local agency receives the referral or request under part 9520.0904 [Emergency]. At the meeting, the person designated by the county board to coordinate case management services must:

A. explain the availability and benefits to the child of case management, crisis assistance, family community support

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services, and other mental health services;

B. explain the need to obtain a diagnostic assessment of the child to determine the child's eligibility for case management services;

C. explain the right of the child's parent or legal representative or, as appropriate, the child to accept or reject case management services;

D. explain the eligibility of the child for mental health services even if case management is refused; and

E. assist the child's parent or legal representative or, as appropriate, the child, to make an informed choice about accepting case management, crisis assistance, family community support services, and other mental health services.

Subp. 4. **Follow-up notice of availability of case management services.** If the child's parent or legal representative or, as appropriate, the child notified under subparts 1 and 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the child's parent or legal representative or, as appropriate, the child. The local agency must document the local agency's attempt to contact the child, if appropriate, or the child's parent or legal representative, whether the contact was completed, the result of the contact, and whether case management was accepted.

Subp. 5. **Notice to child's parent or legal representative.** When notice to a parent or legal representative is required under parts 9520.0900 to 9520.0926 [Emergency], the local agency or case manager responsible for giving notice shall notify that person unless item A or B applies.

A. The parent or legal representative is hindering or impeding the child's access to mental health services or the child:

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

(2) is living separate and apart from the child's parents or legal guardian, and is managing the child's own

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financial affairs as specified in Minnesota Statutes, section 144.341;

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

(4) is at least 16, but under 18 years old, and for whom a county board has authorized independent living pursuant to a court order as specified in Minnesota Statutes, section 260.191, subdivision 1, paragraph (a), clause (4).

B. A petition has been filed under Minnesota Statutes, chapter 260, or a court order has been issued under Minnesota Statutes, section 260.133 or 260.135, and a guardian ad litem has been appointed.

If item A applies, the local agency or case manager, as appropriate, shall provide notice to the child.

If item B applies, the local agency or case manager, as appropriate, shall provide notice to the guardian ad litem.

Subp. 6. **Determination of case management eligibility and referral to case manager.** If a child's parent or legal representative or, as appropriate, the child consents to the child's assessment for eligibility for case management services and authorizes a release of information, the local agency must promptly determine whether the child meets a criterion in part 9505.0902, subpart 6. If a diagnostic assessment is needed to make the determination, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative to obtain an appointment for a diagnostic assessment. The local agency shall notify, in writing, the child's parent or legal representative or, as appropriate, the child of the eligibility determination. If the child is determined to be eligible for case management services, and if the child's parent or legal representative or, as appropriate, the child consents to the services, the local agency shall refer the child to the case management provider for case management services.

Subp. 7. **Refusal of case management services.** The parent

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or legal representative of a child referred for case management services or, as appropriate, the child may refuse case management services for the child. If the child has had a diagnostic assessment as required under subpart 8 and has been determined to have a severe emotional disturbance and if the child's parent or legal representative or, as appropriate, the child refuses case management services, the child and the child's family remain eligible for and may not be denied access to family community support services. In this event, the local agency must document the refusal to accept case management services and the reason for the refusal, if known, and must notify the child's parent or legal representative or, as appropriate, the child of the appeal process, and must offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 8. **Arranging a diagnostic assessment.** If the child's parent or legal representative or, as appropriate, the child accepts the local agency's offer to help in arranging for a diagnostic assessment, the local agency must inform the mental health professional chosen by the child's parent or legal representative or, as appropriate, the child of the child's need for a diagnostic assessment and must offer to help the child's parent or legal representative or, as appropriate, the child to make an appointment with the mental health professional.

Subp. 9. **Local agency responsibility; continuity of service.** A local agency must make a reasonable attempt to assure directly, or in its contract with a case management provider, that continuity of service is available to a child while the child remains eligible for case management services under parts 9520.0900 to 9520.0926 [Emergency]. When there is a change of case manager, steps must be taken to assure a smooth transition.

Subp. 10. **Local agency responsibility; referral of child with emotional disturbance to mental health and other service providers.** If a child who is referred to a local agency for

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case management services is determined to have an emotional disturbance, but not to have a severe emotional disturbance, the local agency shall offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 11. **Local agency responsibility; out-of-home placement.** The local agency shall assure coordination of a child's case management services with any permanency planning, placement prevention, and family reunification services provided under Minnesota Statutes, chapter 256F.

Subp. 12. **Local agency responsibility; coordination with family community support service providers.** The local agency must designate a person to, and implement procedures that, ensure ongoing contact and coordination between a child's case manager and providers of family community support services and other mental health services needed by the child.

Subp. 13. **Local agency responsibility; reasonable caseload.** A local agency shall assign to a case manager a reasonable caseload that assures the case manager is available to meet with the child and the child's family in the home, or school setting, attend pertinent meetings and staff conferences, coordinate and monitor the child's services, is able to meet the needs of the child and the child's family for case management services, and carry out the other responsibilities specified in part 9520.0918 [Emergency].

9520.0912 [Emergency] AUTHORIZATION TO RELEASE INFORMATION AND CONTACT CHILD'S FAMILY.

Notwithstanding that Minnesota Statutes, sections 245.487 to 245.4887, require a county board, within the limits of available resources, to make the mental health services specified in those sections available to a child residing in the county who needs the services, the county board shall not provide any services, either directly or by contract, unless consent to receive services is obtained as required under

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Minnesota Statutes, section 245.4876, subdivision 5.

9520.0914 [Emergency] DIAGNOSTIC ASSESSMENT.

Subpart 1. **Diagnostic assessment required.** A diagnostic assessment is required to determine a child's eligibility for case management services under parts 9520.0900 to 9520.0926 [Emergency] and in family community support services. A diagnostic assessment of a child completed no earlier than 180 days before the child was referred for or the child's parent, legal representative, or primary caregiver requested case management services must be reviewed and brought up to date by a mental health professional if the child's parent or legal representative or, as appropriate, the child wants case management services for the child. If the child has not had a diagnostic assessment within 180 days before the request or referral for case management services, a new diagnostic assessment must be obtained.

Subp. 2. **Assistance in obtaining a required diagnostic assessment.** If the child has not had a diagnostic assessment that meets the requirement of this part, a local agency or case manager, as appropriate, shall take the actions specified in items A to F to assist in obtaining a diagnostic assessment of the child as required under subpart 1:

A. inform the child's parent or legal representative or, as appropriate, the child about choosing a mental health professional to conduct a diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make an appointment for the diagnostic assessment;

C. explain to the child's parent or legal representative or, as appropriate, the child that the information about the child can only be released with the consent specified in part 9520.0912 [Emergency], or in Minnesota Statutes, section 245.4876, subdivision 5;

D. inform the mental health professional that the diagnostic assessment must comply with Minnesota Statutes,

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sections 245.4871, subdivision 11, and 245.4876, subdivision 2, and that a report of the findings must be provided to the local agency;

E. request the mental health professional identified under subpart 1 to complete the determination of whether the child meets the criteria of severe emotional disturbance within ten working days after the mental health professional has completed the diagnostic assessment; and

F. inform the mental health professional that the authorization of the child's parent or legal representative or, as appropriate, the child to release information must comply with the requirements of part 9520.0912 [Emergency].

Subp. 3. **Qualifications to provide a diagnostic assessment.** A diagnostic assessment required to receive case management services under parts 9520.0900 to 9520.0926 [Emergency] shall be conducted by a person specified in item A or B.

A. Except as provided in item B, a child's diagnostic assessment must be conducted by a mental health professional.

B. A mental health practitioner, with only a bachelor's degree, may conduct a child's diagnostic assessment under clinical supervision if the practitioner is qualified as specified in part 9505.0323, subpart 31.

Subp. 4. **Diagnostic assessment; general requirements.** The mental health professional or mental health practitioner conducting a child's diagnostic assessment must document that the mental health professional or mental health practitioner considered the child's need for referral for psychological testing, neurological examination, physical examination, and chemical dependency evaluation under part 9530.6615. The mental health professional or mental health practitioner must document in the report of the diagnostic assessment the inclusion of the child's parent or legal representative or family, or, if applicable, the reason why they were not included. The assessment must include:

A. a face-to-face interview of the child and, if clinically appropriate, the child's parent or parents or primary

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caregiver;

B. a mental status examination, and an examination of pertinent records related to services to the child. For purposes of this item, "mental status" means the description of the child's appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward the symptoms;

C. contact with the child's parent, legal representative or primary caregiver if clinically appropriate, and to the extent necessary and reasonable to complete the diagnostic assessment;

D. identification of the mental health services needed by the child; and

E. the child's diagnosis and a determination of whether the child meets at least one of the criteria of severe emotional disturbance.

Subp. 5. **Diagnostic assessment of child of a minority race or minority ethnic heritage.** If a mental health professional or mental health practitioner meeting the qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage and must use assessment tools and content that are appropriate to the child's racial and ethnic heritage. When the mental health professional or mental health practitioner is not skilled and knowledgeable in conducting a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural needs.

Subp. 6. **Diagnostic assessment; extension of time to complete a diagnostic assessment.** If a mental health professional or mental health practitioner meeting the

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qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child who has an emotional disturbance and who has a condition specified in part 9505.0323, subpart 5, item A, the mental health professional or mental health practitioner may have an extension of time to complete the diagnostic assessment in the same manner as allowed in part 9505.0323, subpart 5, items B to D, and subpart 6.

9520.0916 [Emergency] 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 mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Case manager; supervision.** Case managers who are not qualified as mental health professionals and who have at least 2,000 hours of supervised experience in the delivery of mental health services to children must meet in person with a mental health professional at least once each month to receive clinical supervision. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, must receive clinical supervision from a mental health professional who is skilled and knowledgeable about children with emotional disturbance at least once each week until the requirement of

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2,000 hours of experience is met. The mental health professional providing the clinical supervision must document the clinical supervision in the child's record. The local agency must provide or contract for clinical supervision required under this subpart.

Subp. 3. **Case manager; training requirements.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of children with severe emotional disturbance.

9520.0918 [Emergency] CASE MANAGER'S RESPONSIBILITIES; RELATION WITH INTERAGENCY CASE MANAGEMENT TEAM.

Subpart 1. **Responsibilities of case manager; child determined to meet criteria for case management services.** If a child is determined to meet the criteria for case management services and the child's parent or legal representative or, as appropriate, the child accepts case management services, the case manager must meet with the child's parent or legal representative or, as appropriate, the child as necessary to carry out the responsibilities specified in parts 9520.0900 to 9520.0926 [Emergency]. The case manager shall meet with the child and the child's parent or legal representative at places other than the case manager's office as necessary or appropriate to the child's need. Additionally, the case manager must:

A. assure that the child has timely access to the mental health services specified as needed in the child's diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make informed choices about case management and other mental health services needed by the child;

C. explain the potential benefits of an interagency case management team and the role of the parent or legal

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representative or, as appropriate, the child as partners of the team;

D. assist the child's parent or legal representative or, as appropriate, the child to decide whether to request an interagency case management team and explain the opportunity for choosing an interagency service coordinator;

E. if an interagency case management team is convened, work with the interagency service coordinator, if any, chosen from among members of the team according to subpart 2;

F. complete, or if an interagency case management team is convened, assure the completion of, the child's functional assessment;

G. develop the child's individual family community support plan according to subpart 5;

H. coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving, according to subpart 6;

I. review and revise the child's functional assessment and services according to subpart 7;

J. be available to meet the child at least once monthly;

K. be available to meet with the child's parent or legal representative upon the request of the parent or representative;

L. if the child has coverage through a third party payor, help the child's parent or legal representative or, as appropriate, the child access payment for mental health services;

M. before a child who is receiving case management services is admitted to a regional treatment center, residential treatment facility, or inpatient hospital for mental health services, assure that the child is screened as required under Minnesota Statutes, section 245.4885, subdivision 1;

N. if the child is in a residential treatment facility, regional treatment center, or inpatient hospital for

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mental health services, take part in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services;

O. as specified in subpart 12, at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative to assess the child's need for continued mental health services and case management service under parts 9505.0476 to 9505.0491; and

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

Subp. 2. Convening of interagency case management team. The case manager may establish an interagency case management team. The case manager may convene the interagency case management team on the manager's own initiative or upon the request of the child's parent or legal representative or, as appropriate, the child, or at the request of any other member of the team. When a team is established, the case manager and the members of the interagency case management team shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently at the request of the interagency service coordinator unless the child's parent or legal representative or, as appropriate, the child refuses further case management services or case management services are terminated as provided in part 9520.0924 [Emergency]. The interagency case management team shall carry out the duties specified in subpart 4.

Subp. 3. Interagency service coordinator. If an interagency case management team is established, the child's parent or legal representative or, as appropriate, the child may request that the child's services be coordinated by a member of the interagency case management team who is the representative

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of an agency other than the local agency that provides case management services to the child. If the child's parent or legal representative or, as appropriate, the child chooses a member of the interagency case management team other than the case manager as the interagency service coordinator and if the agency represented on the team by the person chosen as interagency service coordinator agrees, the interagency service coordinator shall convene the interagency case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the interagency service coordinator, must coordinate the child's mental health services with the interagency service coordinator, and must refer mental health service recommendations of the interagency case management team or the interagency service coordinator to the county board for the board's consideration according to part 9520.0910 [Emergency], subpart 2.

Subp. 4. **Duties of interagency case management team.** If an interagency case management team is established, the team must clarify and address the roles and responsibilities of the individual team members and the agencies they represent. The child's parent or legal representative or, as appropriate, the child must be asked to participate in the activities of the team. The team shall assist the case manager to:

A. complete the child's functional assessment as specified in subpart 7;

B. develop the child's individual family community support plan as specified in subpart 5;

C. revise the child's functional assessment and individual family community support plan according to subpart 7; and

D. identify resources to be used to fund the services specified in the child's individual family community support plan.

Subp. 5. **Development of child's individual family**

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community support plan. The development of the child's individual family community support plan must comply with Minnesota Statutes, section 245.4881, subdivision 4. The plan must incorporate the child's individual treatment plans. The case manager shall ask the child's parent or legal representative or, as appropriate, the child to sign the completed individual family community support plan as evidence that the case manager and the child's parent or legal representative or, as appropriate, the child agree with the plan.

Subp. 6. **Coordination of family community support plan with other service plans.** When a child receiving case management is also receiving special education services, the case manager together with the interagency service coordinator, if any, must coordinate the child's mental health services specified in the child's individual family community support plan with the child's individual education plan. If a child at age 16 is not receiving educational services, or the child receiving case management is not identified as needing special education services, the individual family community support plan must incorporate the goals related to the child's mental health needs from other service plans developed by the agencies providing services to the child. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan.

Subp. 7. **Review and revision of child's services.** With the consent of the child's parent or legal representative or, as appropriate, the child, the case manager, interagency service coordinator, if any, and other members of the interagency case management team shall review and revise a child's functional assessment, the child's individual family community support plan, and the child's and family's service needs. The review and, if necessary, revision shall occur at least once every 90 calendar days after the development of the child's first individual family community support plan. Insofar as possible,

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the review and revision must be coordinated with the review and revision of other plans when the child is in out-of-home placement.

Subp. 8. **Referral for neurological examination, psychological testing, and chemical evaluation.** Upon the request of the child's parent or legal representative or, as appropriate, the child, the case manager shall assist the child and the child's family, if recommended by a mental health professional, to obtain a neurological examination, psychological testing, or a chemical dependency evaluation as specified in part 9530.6615.

Subp. 9. **Coordination and monitoring of services.** The case manager shall monitor the provision of mental health services to the child to determine whether the goals of the child's individual family community support plan are being met, or appropriate progress toward the goals is taking place. If the case manager determines the goals are not being met, or progress toward the goals is not taking place, the case manager together with the child's parent or legal representative and, as appropriate, the child and the interagency case management team, if any, shall modify the child's individual family community support plan. The determination of whether the goals are being met or progress toward the goals is taking place shall be made through regular meetings between the case manager, the interagency service coordinator, if any, the interagency case management team, if any, the child's parent or legal representative and, as appropriate, the child and the child's mental health social services, education, corrections, vocational services, health services, and family community support services, and other service providers. The meetings may be conducted face-to-face or through conference telephone calls.

Subp. 10. **Case manager responsibility; crisis assistance.** An individual family community support plan developed by a case manager according to subpart 5 must specify any crisis assistance needed by the child including, if necessary and appropriate, crisis placement and respite. The crisis

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assistance must be based on the factors that may precipitate a crisis in the child, the behavior or symptoms related to the child's crisis, the resources available to assist the child and the child's family when the child is in crisis and, if possible and appropriate, intervention strategies. Additionally, the case manager must review and update the crisis assistance components of a child's individual family community support plan when a child is discharged from a residential treatment facility, regional treatment center, or inpatient hospital to which the child was admitted for treatment of an emotional disturbance or becomes eligible for services for an adult with serious and persistent mental illness under Minnesota Statutes, sections 245.461 to 245.486, or when the child's parent or legal representative or, as appropriate, the child requests a review to determine whether the crisis assistance continues to meet the child's needs. To assure continuity of services as required under Minnesota Statutes, section 245.4876, subdivision 1, clause (7), the case manager must provide the information about crisis assistance to the providers of the child's other services.

Subp. 11. **Emergency services.** A case manager must inform a child's parent or legal representative or, as appropriate, the child about the availability of and how to access emergency services that are provided by the county board in accordance with Minnesota Statutes, section 245.4879.

Subp. 12. **Transition to case management services for persons with serious and persistent mental illness.** A case manager must inform a child who is age 17 and who is eligible for or receiving case management services under parts 9520.0900 to 9520.0926 [Emergency] about the availability of case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. No later than six months before the child attains age 18 and becomes ineligible for case management services under parts 9520.0900 to 9520.0926 [Emergency], the case manager must assess the child's need for continued case management and other mental health services. If the case manager determines that the child

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continues to be eligible for and needs case management and other mental health services, and if the child consents to accept the services, the case manager must identify with the child the services needed for a smooth transition to case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. The identified services must assist the child to make a transition to adult community support services or other adult services the child will need as an adult in areas of physical and mental health, housing, vocational, social recreational activities, and financial resources.

Subp. 13. **Case manager's records.** The case manager must keep the records required in Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

Subp. 14. **Case management services for a child residing in a residential treatment facility or acute care hospital.** A case manager must maintain contact with a child residing in a residential treatment facility or acute care hospital for the treatment of emotional disturbance in a manner that assists the case manager to meet the requirements of Minnesota Statutes, sections 245.4881, subdivision 3, paragraph (a); 245.4882, subdivision 3; and 245.4883, subdivision 1, clause (5).

Subp. 15. **Case manager's provision of other mental health services.** A case manager shall not provide psychotherapy as defined in part 9505.0323, subpart 1, item T, day treatment services, or residential treatment services to a child or the family of a child for whom the case manager is providing case management services. Furthermore, a case manager shall not determine the child's need for a prescribed drug or evaluate the effectiveness of a drug prescribed in a child's individual treatment plan as defined in part 9505.0323, subpart 17, unless the case manager is also qualified as a physician or a nurse practitioner eligible to prescribe and administer drugs within the scope of practice defined under Minnesota Statutes, section 148.235. The case manager may directly provide, or assist a child and the child's family in accessing, services specified in

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items A to D to assist the child in remaining with the family, attending school, participating in leisure and recreational opportunities, finding or maintaining employment, and participating in age-appropriate relationships with the child's family and friends. The services are:

A. assisting the child with severe emotional disturbance or the child's family to access basic living needs and skills such as housing, food, medical care, and financial benefits;

B. crisis assistance;

C. assisting the child and the child's family to access mental health services by providing or arranging transportation; and

D. assisting the child to participate in leisure and recreational activities.

9520.0922 [Emergency] INFORMATION TO CHILD'S PARENT AND TO CHILD.

A case manager shall give to a child's parent or legal representative and to the child a copy of Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and a statement that Minnesota Statutes, chapter 13, governs government protection of information on individuals when the case manager meets initially with the child's parent or legal representative and the child and annually thereafter while the child is receiving case management services.

9520.0924 [Emergency] TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a child according to parts 9520.0900 to 9520.0926 [Emergency] shall terminate when one of the events listed in items A to F occurs.

A. A mental health professional who has provided mental health services to the child and the child's family states in writing that the child no longer needs case management services.

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.

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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;

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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.

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9520

The attached rules are approved for publication in the State Register

Harry M. Walsh
Deputy Revisor

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICES EMERGENCY RULES RELATING TO CASE MANAGEMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE AND THEIR FAMILIES, MINNESOTA RULES, PARTS 9520.0900 [EMERGENCY] to 9520.0926 [EMERGENCY]

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING EMERGENCY RULES

(1) Notice of the Commissioner's intent to adopt the above entitled emergency rule was published in the State Register on October 14, 1991 and was also sent by United States 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.

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

General comment

The Department received many written comments in the course of developing the proposed emergency rules. These comments were carefully considered and many drafts were prepared and reviewed by Department staff, members of the Rule Advisory Committee, and County Human Service Directors. Many of the suggestions made in these comments were accepted by the Department and are part of the proposed rules. Therefore, the Findings of Fact only address written comments that were received after the proposed emergency rules were published in the State Register. As required by the Administrative Procedure Act, a copy of all written comments accompanies the Findings for purposes of the record.

General comment

The Minnesota Social Service Association (MSSA) submitted to the Department a resolution that requested reconsideration of the proposed emergency rules, parts 9520.0900 to 9520.0926 and promulgation of an emergency rule "that meets but does not exceed the minimum statutory requirements for providing case management services to children with severe emotional disturbance." MSSA stated its belief that the proposed emergency rule goes beyond the requirements of the statute.

Department response

The Department agrees that rules should set minimum standards but reasonable people may disagree about determining the minimum standard. Various stakeholders in the rulemaking process differ about how to determine the minimum standard. Considerations include the level of statutory direction, the vulnerability of the clients affected by the standard, the resources available to pay for the services, professional standards, and recognized service models. The Department

has attempted to balance all of these considerations in preparing the proposed emergency rules in a manner that complies with the requirements of the Comprehensive Children's Mental Health Act. Thus parts 9520.0900 to 9520.0926 propose a case management model that embodies the mission of the children's mental health service system to assure access to a continuum of services, coordination of services needed by the child and the child's family, and includes the child and the child's parents as members of the team in planning the child's program of mental health services, unless their inclusion is clinically inappropriate. At the same time, the Department believes that parts 9520.0900 to 9520.0926 meet the test of minimum standards.

The Department declines to modify the proposed rules.

Part 9520.0900, Subpart 2; page 1, lines 24 to 30

Mr. Kevin Kenney, Associate County Administrator, Hennepin County Bureau of Social Services, requested deletion of lines 24 to 30 on the basis that references to funding sources are not necessary in this rule.

Department response

The information in lines 24 to 30 informs counties and other affected persons of funding sources that are available to pay for case management services provided in accordance with parts 9520.0900 to 9520.0926. The Department declines to modify the rule.

Part 9520.0900, Subpart 3; page 1, lines 31 to 35 and page 2, lines 1 to 9.

Mr. Kenney requested deletion of this subpart.

Department response

The information in this subpart informs counties and other affected persons of related rules and statutes applicable to case management services. It is reasonable to provide affected persons information about services they are providing or need so they have the information necessary to comply or to make informed choices. The Department declines to modify the rule.

Part 9520.0902, Subpart 22; page 5, lines 11 to 19.

Ms. Patty Larson, Family and Children's Service of the Minneapolis Metro Area, suggested that the defined term be modified to "case management team" and that the definition be modified to include "service providers from other agencies".

Department response

The Department thanks Ms. Larson for her suggestion. In considering it, the Department reviewed not only the term and its definition but also the use of the term in other rule provisions. The term appears throughout part 9520.0918. The Department believes that studying the possible consequence of the change requires more time than is available in this emergency rule adoption procedure. However, the Department will review the suggestion carefully in developing the

permanent rule.

The Department declines to modify the rule.

Part 9520.0910, Subpart 1, Item G; page 12, lines 9 to 13.

Mr. Joel Churness, Director, Family Service Center, Lac Qui Parle County, questioned where to find a special mental health consultant in Region VI of West Central Minnesota.

Department response

Minnesota Statutes, section 245.4874, clause (13) requires the county board "to assure that special mental health consultants are used as necessary to assist the county board in assessing and providing appropriate treatment for children of cultural or racial minority heritage." Minnesota Statutes, section 245.4876, subdivision 1, clause (2) requires children's mental health services to "be based on individual clinical, cultural, and ethnic needs....." The Department is collecting information that will be disseminated in an informational bulletin to assist counties to access special mental health consultants throughout the state.

The Department declines to modify the proposed rule.

Mr. Kenney requested modification of this subpart so it would include only the sections required in statute.

Department response

The provisions of proposed subpart 1 are derived from the statutes, Minnesota Statutes, section 245.4881, subpart 2 and additionally contain the specificity needed to implement the statute in a reasonable manner. For example, the statute does not require the notice to contain the names and telephone numbers of the case management providers in the county (item A) but such information is necessary to enable the child's family to know who is available to provide the service and to choose the provider. Item C is consistent with the requirement of outreach, a component of the family community support services required under Minnesota Statutes, sections 245.4871, subdivision 17, 245.4874, 245.4875, and 245.4881. The requirement to document the reason that the notice is not sent to the child's parent's parents or legal representative is not in section 245.4881 but is included in the rule as it provides evidence needed to a protect a county against a possible allegation that the county has not notified the child's parent or legal representative as required in paragraph (b) of subdivision 2 of section 245.4881. Finally, items E and F are not required by section 245.4881 but provide parents information that will assist their access to services for which their children may be eligible.

The Department declines to modify the rule.

Part 9520.0910, Subpart 3; page 12, lines 24 to 36 and page 13, lines 1 to 24.

Mr. Kenney commented that requiring a meeting prior to the determination of eligibility for case management is unnecessary. He also commented that the 15-

day requirement is not in statute. Therefore, he requested deletion of the entire subpart.

Department response

Department staff who have worked as county case managers report that parents are often reluctant to accept a service, especially a mental health service, if they do not understand how these services will benefit their children. This proposed subpart requires an outreach service on the part of the county. See the Department response above for subpart 1 of part 9520.0910. Parents are not able to make informed choices about services for their children without the necessary information. Minnesota Statutes, section 245.4881, subdivision 2, paragraph (c) requires the county board to "promptly" determine whether a child meets the criteria of eligibility for case management services. The Department, in response to testimony from advocates, chose 15 working days as a reasonable interpretation of "promptly" that balances the possible workload of county staff and the need for a prompt determination.

The Department declines to modify the rule.

Part 9520.0910, Subpart 4; page 13, lines 14 to 24.

Mr. Churness questioned the basis for pursuing a referral with a follow-up notice unless eligibility has been established. Mr. Kenney commented, "This subpart includes requirements that are particularly invasive and disrespectful to parents. This should be deleted."

Department response

Department staff who have provided county case management services report that family members of a child who may be eligible for case management have said that no one tried to reach them to explain the nature of and offer the services. The Department believes that it is important families receive information that a child may be eligible for case management services and how to access the services. Furthermore, because the eligibility of the child for case management services is determined by the case manager, it is necessary for the case manager to have contact with the child and the child's parent. This subpart requires the local agency to make a "reasonable attempt" to contact the child's parent or legal representative or, as appropriate, the child. Thus the local agency may define for itself how to carry out the follow-up. The requirement is consistent with Minnesota Statutes, section 245.4871, subdivision 17, which defines client outreach to each child with severe emotional disturbance as a part of the family community support service program that a county must develop. The requirement also is consistent with Minnesota Statutes, section 245.4877 which states that education and prevention services must be available to all children residing in the county and must be designed to convey information about emotional disturbances, mental health needs, and treatment resources.

The Department declines to modify the rule.

Part 9520.0910, Subpart 6; page 14, lines 18 to 35.

Mr. Kenney commented that "[l]ines 24 to 28 are not in statute. The time-lines for obtaining a diagnostic assessment are unnecessary and should be left to the discretion of the case manager. These lines should be deleted."

Department response

Minnesota Statutes, section 245.4881, subdivision 2, paragraph (c) requires the county board to "promptly" determine whether a child is eligible for case management services and to "offer to assist the child and the child's family" in obtaining a diagnostic assessment if one is necessary to make the determination. The rule does not set a time-line for getting a diagnostic assessment but only for the case manager's offer of assistance in getting one. Ten working days was chosen as a reasonable time within which to make the offer of assistance as it balances county workloads and the statutory requirement of a prompt determination.

The Department declines to modify the rule.

Part 9520.0916, Subpart 3; page 21, lines 6 to 12.

Mr. Churness commented that training of case managers "has always been on the job related training in the past with a trial and error method." He questioned whether the state would provide the training.

Department response

Minnesota Statutes, section 245.4871, subdivision 4 requires a case manager with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance to begin 40 hours of training approved by the commissioner in case management skills and the characteristics of children with severe emotional disturbance before beginning to provide case management services and to receive clinical supervision until the 2,000 hours of required experience is completed. The proposed emergency rule only specifies the broad components and the commissioner's approval of the training as required by statute. Therefore, the county has the flexibility to develop training, including on the job training, that is consistent with county resources and the needs of employees who are case managers.

The Department declines to modify the rule.

Part 9520.0918, Subpart 1; page 21, lines 13 to 35; page 22, lines 1 to 36; and page 24, lines 1 to 15.

Mr. Kenney argued that this subpart is "far too prescriptive" and requested deletion of the entire subpart except a, f, g, o, and p.

Mr. Churness questioned the "basis for explaining the opportunity for choosing an interagency service coordinator if the county chooses not to establish an interagency case management team..."

Department response

In response to Mr. Kenney, the Department notes that Minnesota Statutes, section 245.4881, subdivision 3 specifies the duties of a case manager only in a general manner. The specified duties are to complete a written functional assessment, complete an individual family community support plan, review the child's progress, and monitor provision of services. Minnesota Statutes, section 245.4874, clause (6) requires the county to "assure that mental health services delivered according to sections 245.487 to 245.4888 are delivered expeditiously..." County boards have delegated to case managers the responsibility to carry out the duties of the county board. Item B assists the child's parent to make informed choices about case management and other mental health services. Parents are not able to participate in a meaningful way as members of the case management team without information about services.

Items C, D, and E. The basic members of the team are the county case manager, child, and child's parent, or legal representative. Minnesota Statutes, section 245.4881, subdivision 4 requires the involvement "to the extent appropriate" of the child's family, advocates, service providers and significant others in all phases of development and implementation of the child's individual family community support plan. It is necessary therefore that the child's parent be aware of this requirement so that the child's parent may make an informed choice. The model of an interagency case management team and an interagency service coordinator implements the statute.

The Department declines to modify the rule.

Part 9520.0918, Subpart 2; page 23, lines 22-26.

Ms. Larson suggested language to clarify that the parent is a member of the interagency case management team unless it would be clinically inappropriate for the parent to be on the team.

Department response

The Department accepts Ms. Larson's request and modifies the rule as follows:

When a team is established, the case manager, the parent, unless clinically inappropriate and the members of the interagency case management team shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently at the request of the interagency service coordinator or the child's parent...[remainder without change.]

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

Part 9520.0918, Subpart 8; page 26, lines 4 to 11.

Mr. Kenney requested clarification of this subpart and recommended language.
Department response

The Department agrees with Mr. Kenney that subpart 8 needs to be clarified. The Department modifies the proposed rule as follows:

beginning at line 8, and the child's family~~, if recommended by a mental health~~

~~professional,~~ to obtain a neurological examination, psychological testing, or a chemical dependency evaluation as specified in part 9530.6615 when the examination, testing, or evaluation is recommended by a mental health professional as necessary to complete the child's diagnostic assessment.

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

Part 9520.0918, Subpart 10; page 26, lines 32 to 36 and page 27, lines 1 to 19.

Mr. Churness questioned the legal basis for requiring through administrative rule that crisis services be planned for each individual child. He commented that an "I.C.S.P. [sic] does not appear to be the most appropriate format for inclusion of this plan in that it already incorporates the I.T.P and should be designed to prevent [sic] crisis situations from occurring in the first place. Acknowledging the need for a crisis plan means you do not [sic] have any confidence in the quality of your plan for stabilization as I interpret this as the purpose of an ICSP."
Department response

Crisis assistance including crisis placement and respite is specified as a family community support service in Minnesota Statutes, section 245.4871, subdivision 17, clause (6). A child and the child's family may from time to time experience a crisis related to the child's daily activities in school and the community. If assistance in resolving the crisis is not available, the crisis may lead to a an emergency and a need for intensive mental health services, including the child's out of home placement. The crisis assistance available to a child must be considered in light of all the services needed by and available to the child and should not be separate from but a component of the coordinated plan.. Therefore, in developing the child's individual family community support plan, it is reasonable to include the crisis assistance that a child may need in order to remain and function in the community. It should be noted that the I.T.P.[sic] mentioned by Mr. Churness is not written by a county case manager but by the child's service provider.

The Department declines to modify the rule.

Part 9520.0918, Subpart 13; page 28, lines 12 to 14.

Ms. Larson commented that "good business practice dictates that more comprehensive records be kept on children" than those required in Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

Department response

The Department notes that these proposed rules do not set standards for medical assistance reimbursement. Therefore in citing the statute about record keeping, the Department attempted to provide the counties flexibility and hold mandates about recordkeeping to a minimum. A county may keep such additional records as it decides are necessary and appropriate.

The Department declines to modify the rule.

Part 9520.0918, Subpart 14; page 28, lines 15 to 22.

Mr. Churness commented that contact between the case manager and the child while the child is in placement seems to be in conflict with subpart 15 which prohibits the case manager's involvement with residential services provided to the child.

Department response

The Department notes that citations appropriate to Mr. Churness's comment are subparts 14 and 15. The Department believes Mr. Churness may have been reviewing a draft that preceded the publication of the proposed emergency rule. The Department modified subpart 14 about contact between the case manager and a child who is in residential treatment in response to comments from advisory committee members before the proposed rule was approved for publication in the State Register so that subpart 14 specifies compliance with the applicable statutes.

Part 9520.0918, Subpart 15; page 28, lines 23 to 36 and page 29, lines 1 to 29.

Mr. Churness questioned the legal basis for denying a case manager, if licensed as a social worker, the right to provide co-therapy with other licensed professionals.

Department response

The rule restricts the child's case manager, if he or she is qualified as a mental health professional, from treating the child's mental health needs by providing psychotherapy. However, such a case manager may provide psychotherapy to children for whom the case manager does not provide case management services. This rule does permit the case manager to provide certain family community support services to a child for whom the case manager is providing case management services. Thus, this rule differs from case management services under the medical assistance program.

The Department declines to modify the rule.

Part 9520.0918, Subpart 6; page 25, lines 10 to 26.

Mr. Churness questioned why the State Department of Education through the State Children's Coordinating Council in cooperation with the State Department of Human Services has not "created a mutual ICSP-IEP format that would automatically provide for this coordination."

Department response

The Department shares Mr. Churness' concern about redundant or overlapping planning processes and plans. The rule recognizes that a child may have plans developed by case managers of other services or agencies and permits a service plan of another agency to substitute for the child's individual family community

support plan if the other service plan meets the requirement for an individual family community support plan. The Department will seek other ways, including the development of a plan by the State Interagency Committee, to reduce the number of required service plans for a child to a single document. This effort requires careful consideration of the required content of present plans and who is responsible for them. It also requires cooperation of all the agencies which are mandated to plan. Statutory amendments may be necessary to accomplish this goal because some plans are mandated by statute. For example, see Minnesota Statutes, sections 245.4881, subdivision 4.

The Department declines to modify the rule.

(5) NOW, THEREFORE, IT IS ORDERED that the rule identified as Minnesota Rules, Parts 9520.0900 [Emergency] to 9520.0926 [Emergency] as modified is adopted this 4th day of December 1991, pursuant to authority vested in me by Minnesota Statutes 1991, section 245.484.

for NATALIE HAAS STEFFEN
Commissioner

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

November 8, 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 Children with Severe Emotional Disturbance - Minnesota Rules, parts 9520.0900 to 9520.0926

Dear Ms. Weber:

Attached are a number of specific comments related to Rule 77 and its relationship with Rule 74. These comments, drafted by Bureau staff, are included as examples of subparts of the rule that we feel should be amended or deleted.

My concern with Rule 77 as published is its overprescriptiveness with administrative procedures which will lead to increased paperwork and administrative costs while allowing less direct service to severely emotionally disturbed children and their families. This is particularly problematic in that Rule 77 is a program standards rule while Rule 74 will continue as the medical assistance reimbursement rule for the service. As a result, the county will be forced to create two tracks of service, each with differing program standards depending on whether a child is eligible for medical assistance or not.

We are pleased that increased funding for case management services for children with severe emotional disturbance will be available through amendments in Rule 74 and through grants to counties with the implementation of Rule 78. However, funding will not be available through Rule 77, and the total amount of increased funding through Rules 74 and 78 will not be sufficient to allow counties to recover actual expenses, particularly if the proposed Rule 77 requirements are imposed. It would be best to reduce the prescriptiveness present in Rule 77 to allow counties greater flexibility in meeting the case management needs of severely emotionally disturbed children and their families.

Sincerely,

Kevin P. Kenney
Associate County Administrator

cc: David Sanders
Michael Weber

Attachment

Hennepin County Comments on Proposed DHS Rule 77

9520.0900 Scope and Availability

Subp. 2 Availability; general.

Lines 24 through 30 should be deleted. References to the funding sources are not necessary in this rule.

Subp. 3 Availability and billing; medical assistance eligible children.

This subpart should be deleted. Key sections are already included in legislation. References to billing are already included in Rule 74.

9520.0910 Local Agency Responsibilities

This entire section is far too prescriptive and most of the overly prescriptive requirements are not included in legislation. The following subparts should be deleted entirely.

Subp. 1 Notice of availability.

Include only the sections required in legislation.

Subp. 3 Meeting between person designated by County Board to coordinate case management services and child's parent and child.

The requirement of a meeting prior to the determination of eligibility for case management is unnecessary as a requirement in this rule. This determination should be made on a case by case basis. The 15-day requirement is not in legislation and is in addition to other time-lines mandated in legislation. This entire subpart should be deleted.

Subp. 4 Follow-up notice of availability of Case Management Services.

This subpart includes requirements that are particularly invasive and disrespectful to parents. This should be deleted.

Subp. 6 Determination of case management eligibility and referral to case manager.

Lines 24 through 28 are not in statute. The time-lines for obtaining a diagnostic assessment are unnecessary and should be

left to the discretion of the case manager. These lines should be deleted.

9520.0918 Case Manager's Responsibilities, relation with interagency case management team

Subp. 1 Responsibilities of case manager; child determined to meet criteria for case management services.

This subpart includes 17 "musts" for case managers and is far too prescriptive. The entire subpart should be deleted with the exception of a, f, g, o and p. The remainder includes wording that is either too vague, is not in statute or far too prescriptive.

Subp. 8 Referral for neurological examination, psychological testing and chemical evaluation.

The wording in this subpart suggests that these can only be sought if recommended by a mental health professional. The wording in lines 8 and 9 should be changed from "if recommended by a mental health professional" to "if clinically appropriate".

LAC QUI PARLE COUNTY

FAMILY SERVICE CENTER

Tel. (612) 598-7594

P. O. BOX 7
MADISON, MINNESOTA
56256



September 4, 1991

Ms. Sharon Silkwood, Program Advisor
Children's Mental Health
Minnesota Department of Human Services
Human Services Building
444 Lafayette Road
St. Paul, Mn. 55155-3804

Re: Case management Rule 77 Draft

Dear Sharon:

I have read the 7th draft of Rule 77, and need clarification on certain items that are unfamiliar to me from my understanding of current statute. Any explanation of rationale or statutory basis for these items would be greatly appreciated.

Just a general comment to begin with, it is very difficult to read this rule because of all the cross-references to other rule parts both in the definitions section and under local agency responsibilities. If one has to continually refer to other rule parts to ascertain the meaning of this rule, few case managers will bother to read or refer to it unless challenged.

Areas that administratively I have problems with are as follows:

Page 15- 9520.0910, item 1G: Where do I find a special mental health consultant in Region VI of West Central Minnesota?

Page 16- 9520.0910, Subp. 4: What basis do we have for pursuing a referral with a follow-up notice unless eligibility has been established?

Page 25- 9520.0914, Subp. 5: We have no interpreter qualified to do an assessment, and do not know of any special mental health consultants in our region. Schools use teachers with English as a second language. Can they do the assessments required? Individuals that we suggested include Ms. Ilene Wooster of ECSU and Ms. Guadalupe Castillo of W.C.C.S.C., Inc. as hispanic outreach workers. There appears to be tests available in spanish, but it is difficult to include the cultural background in the interpretation of these tests. The norm in the mexican population depends on geographical region they come from, and can vary widely depending on which of the five major sub-groups they come from.

Page 27- 9520.0916, Subp. 3: We know of no state training that offers 40 hours of case management training. Where are we to send these workers for instruction? This has always been on the job related training in the past with a trial and error method. What has changed?

Page 29- 9520.0918, Subp. 1D: What is the basis for explaining the opportunity for choosing an interagency service coordinator if the county chooses not to establish an interagency case management team, which appears discretionary under Rule part 9520.0918, subparts 2,3, and 4 ?

Page 35-9520.0918, Subp. 10: The statute provides for and the CSSA Plan delivers a means of addressing crisis service needs of children. What legal basis is there for continuing to require through administrative rule that crisis services be planned for each individual child. Why is a S.E.D. child singled out as requiring additional planning that a child with E.D. would not get? In addition, the I.C.S.P. does not appear to be the most appropriate format for inclusion of this plan in that it already incorporates the I.T.P. and should be designed to prevent crisis situations from occuring in the first place. Acknowledging the need for a crisis plan means you do not have any confidence in the quality of your plan for stabilization as I interpret this as the purpose of an I.C.S.P.

Page 38- 9520.0918, Subp 15: The requirement to have the case manager contact the child while in placement on a monthly basis appears to be in conflict with the requirement of case managers under Subp. 19 prohibiting their involvement with residential services provided to the child. It would appear to be more appropriate to let the I. T. P. dictate the amount, duration, and frequency of these contacts rather than a blanket policy of monthly contacts, when no specific purpose of these contacts is given.

Page 41- 9520.0918, Subp. 19: If Case managers are licensed social workers, what legal basis is there to deny social workers the right to provide Co-therapy with other licensed professionals. If Rule 77 is not related to MA reimbursement, this restriction appears to be unfounded in origin.

Page 34- 9520.0918, Subp. 6: Why hasn't the State Dept. of Education through the State Children's Coordinating Council in cooperation with the State Dept. of Human Services created a mutual ICSP-IEP format that would automatically provide for this coordination. So far we have heard nothing at the state level to show that interagency cooperation is working. Requiring the status quo to continue in rule form perpetuates this division of labor unnecessarily, and is counterproductive.

Sharon, please share these concerns with Eleanor Weber, and advise me if there is time to change any of these rule components before they are submitted to the Attorney General's Office. I would like your response before we chase these problems any further with adoption of these emergency rules as proposed.

Sincerely,

Joel E. Churness

Joel E. Churness
Director

MINNESOTA SOCIAL SERVICE ASSOCIATION

Received
10-29-91 EW

TO: Eleanor Weber, DHS/Rules
Sharon Silkwood, DHS/MH

FROM: Virginia Watkins, Executive Director

DATE: October 25, 1991

RE: Rule 77

The MSSA Legislative Commission passed the enclosed resolution about Rule 77. I am forwarding this information to you for your consideration. It is our hope that Emergency Rule 77 can be changed to follow statute requirements only.

If you need further information about our position I would be happy to meet with you on this subject.

GRIGGS MIDWAY BUILDING #S-141 • 1821 UNIVERSITY AVENUE • SAINT PAUL, MINNESOTA 55104 • (612) 644-0556

MSSA

MINNESOTA SOCIAL SERVICE ASSOCIATION

MSSA Resolution

RECONSIDERATION OF PROPOSED EMERGENCY RULES FOR CASE MANAGEMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE AND THEIR FAMILIES 9520.0900 TO 9520.0926 (RULE 77)

WHEREAS, Minnesota Statutes, sections 245.487 to 245.4887 establishes standards and procedures for providing case management services to children with severe emotional disturbance; and

WHEREAS, the Commissioner of the Department of Human Services is charged with promulgating an emergency rule by December 31, 1991; and

WHEREAS, the permanent rule is to be promulgated by December 31, 1992; and

WHEREAS, the Commissioner of the Department of Human Services has stated that one of her goals is to simplify rules promulgated by the Department; and

WHEREAS, the proposed emergency rule goes beyond the requirements of the Statute;

WHEREAS, there is general consensus that Minnesota Rules Parts 9505.0476 to 9595.0490 (Rule 74) is overly prescriptive and administratively burdensome; and

WHEREAS, the permanent rule making process provides time for more comprehensive development of rules.

THEREFORE BE IT RESOLVED that the Commissioner of the Department of Human Services is hereby requested to promulgate an emergency and permanent rule that meets but does not exceed the minimum statutory requirements for providing case management services to children with severe emotional disturbance.

GRIGGS MIDWAY BUILDING #S-141 • 1821 UNIVERSITY AVENUE • SAINT PAUL, MINNESOTA 55104 • (612) 644-0556

Family & Children's Service

Fax Transmittal Sheet

Date: 11-8-91

To: Eleanor Weber

Fax #: 296-6244

From: Patty Larson

Fax #: 612-340-7620

Re: Rule 77

Page 1 of 3 total pages

Richard P. Teske
Chairperson

Terrence J. Steeno,
President

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Eric C. Stol
Dr. [illegible]

Life Members:
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Betty M. Berger
George A. Jame
Dorothy Jones

Family & Children's Service
OF THE MINNEAPOLIS METRO AREA

TO: Eleanor Weber - DHS Rules
FROM: Patty Larson - FCS
DATE: November 7, 1991
RE: Rule 77, Draft dated 10/2/91

David Sanders
Chairperson

Terrence J. Steeno
President

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James I. Doudiet
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Omar Schmidt
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David L. Wilbur, Jr.

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Orem O. Robbins

The definition of the interagency case management team lacks clarity. While defined as an interagency case management team, 9520.0902, Subp.22 does not contain any interagency component. As it stands now, it would be more appropriate to simply entitle it "case management team."

I suggest adding the following language to p.5, 1.15-16 "Any other persons or service providers <u>from other agencies</u> requested by the child's parent..."

A related issue is found in 9520.0918, Subp.2 regarding the convening of the interagency case management team. The way the rule reads now, the case manager and other members of the interagency team, and, as appropriate, the parents must meet quarterly with the child. But, by definition (9520.0902, Subp.22) parents are part of the interagency team and in some cases they and the case managers may be the only members. Therefore, according to your language, they "<u>shall</u>" (shall being mandatory language) meet quarterly. Yet the second part of the sentence, by using the word "<u>and</u>, as appropriate, the child's parents" implies the parents are distinct from the interagency team, and are not required to meet quarterly with the child.

Perhaps clearer language would read as follows: (p.23, 1.22-26) "When a team is established, the case manager, <u>the parent(s), unless clinically inappropriate</u>, and <u>other</u> members of the interagency case management team shall meet face-to-face with the child at least once quarterly or more frequently at the request of the interagency service coordinator <u>or parent(s)</u>..."

The last part of this sentence addresses the right parent(s) should have in requesting a meeting.

One final concern with this draft is regarding 9520.0918, Subp.13 Case Managers Records. The statutory cite referenced in this part merely states that the case manager must <u>note in the child's record</u> the services needed by the child and family, the services requested by the family, the services unavailable, and unmet needs of the child and

A United Way Agency

these are the only items to be included in a child's record, but instead implies that a record exists in which these notations must be made. Good business practice dictates that more comprehensive records be kept on children.

Perhaps one source to draw on is the M. A. rule which requires an ogoing record of all contacts made with the child and family and all other persons interested in the child. The rules for record keeping under Rule 77 needn't be as prescriptive as the M. A. rules, however, at a minimum, a record should be kept of contacts with the child and family and the outcome, if any, of these contacts.

In the Matter of the Adoption
of Emergency Rules of the Department of Human
Services Relating to Case Management for Children
with Severe Emotional Disturbance, Minnesota
Rules, Parts 9520.0900 to 9520.0926 [Emergency]

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-H389-0873

Deborah L. Huskins

Special Assistant
Attorney General

Dated: December 5, 1991

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Emergency Rule of the State Department of Human Services Relating to Case Management for Children with Severe Emotional Disturbance and Their Families, Minnesota Rules, Parts 9520.0900 to 9520.0926 [Emergency]

AFFIDAVIT OF MAILING THE NOTICE OF SUBMISSION OF RULE ADOPTED WITHOUT PUBLIC HEARING TO THE ATTORNEY GENERAL

STATE OF MINNESOTA

COUNTY OF RAMSEY

Nancy Bishop, being sworn, says:

That on the 5th day of December, 1991, in the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Submission to the Attorney General 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 who requested notice that the rule in the above-entitled matter has been submitted to the Attorney General.

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

Nancy L. Bishop
Rules & Bulletins Division

Subscribed and sworn to before me this 5th day of December, 1991.

Kathy Ann McDonough

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Emergency Rules of the State Department of Human Services Relating to Case Management Minnesota Rules, Parts 9520.0900 to 9520.0926 [Emergency]

NOTICE OF SUBMISSION OF EMERGENCY RULE TO THE ATTORNEY GENERAL

Pursuant to your request and in accordance with Minnesota Statutes, section 14.32:

PLEASE TAKE NOTICE that the above-captioned emergency rule as adopted has been submitted to the Office of the Attorney General on the date of this notice, December 5, 1991, for review as to legality and form to the extent form relates to legality. The proposed emergency rule, the rule as adopted, all notices, all written comments received and other required documents also have been submitted to the attorney general.

The proposed emergency rule which was published in the State Register and made available to the public on October 14, 1991, has been modified. A copy of the rule as modified is enclosed with this notice.

The rule must be approved or disapproved by the Attorney General on the tenth working day following date of receipt of the rule. You may submit written comments to the Attorney General. Any written comments must be submitted within seven working days of the date of this notice. Your comments must address only the issue of legality of the rule or the legality of the specific parts or subparts of the rule. The attorney general standards for review are set forth in Minnesota Rules, part 2010.1000. You may receive a copy of the attorney general decision upon written request to the attorney general. Your comments or requests for the decision must be directed to:

The Office of the Attorney General
Public Finance Division
Capitol Office Building
525 Park
St. Paul, MN 55155
Telephone: (612) 296-1288

Any written comments submitted to the Attorney General must be submitted simultaneously to Eleanor Weber, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155-3816.

Dated: December 5, 1991

Eleanor Weber

Eleanor Weber, Assistant Director
Rules and Bulletins Division

Arc Ramsey County

Advocacy and support for people with developmental disabilities and their families

Received
10-22-91 EW

October 18, 1991

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

Dear Ms. Weber:

Thank you for sending me a copy of the Proposed Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance and Their Families. I am now writing to request that you notify me of the submission of that material to the Attorney General and to receive a copy of the adopted rule. I thank you in advance for your assistance with this matter.

Sincerely,

Jacki McCormack
Family Services Coordinator

425 Etna Street
Suite 35
St. Paul, MN 55106-5800
612 778-1414 TDD 612 778-0738

United Way

Department of Human Services

Adopted Emergency Rules Relating to Case Management for Children with Severe Emotional Disturbance and Their Families

Emergency Rules as Adopted

9520.0900 [Emergency] SCOPE AND AVAILABILITY.

Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926 [Emergency] establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections 245.487 to 245.4887 and 256B.0625, subdivision 20. Parts 9520.0900 to 9520.0926 [Emergency] are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections 245.487 to 245.4888 and 256E.09, and chapter 256G, and parts 9505.2160 to 9505.2245.

Subp. 2. **Availability; general.** The county board shall make case management services available to all children with severe emotional disturbance and their families who are residents of the county and who request or consent to the services under Minnesota Statutes, section 245.4881, and within the limits in Minnesota Statutes, sections 245.486 and 256E.081, and parts 9520.0900 to 9520.0926 [Emergency]. In making case management services available to children with severe emotional disturbance, a local agency shall use grants to counties for services to children with severe emotional disturbance, funds made available to counties for community social services under Minnesota Statutes, sections 256E.06 and 256E.07, title XX allocations under Minnesota Statutes, section 256E.07, and all other commonly available state and federal funding sources.

Subp. 3. **Availability and billing; medical assistance eligible children.** In providing case management services to medical assistance eligible children who are determined to have severe emotional disturbance, parts 9520.0900 to 9520.0926 [Emergency] must be read in conjunction with:

Approved by Revisor HMW/CA

A. parts 9505.0476 to 9505.0491;

B. title XIX of the Social Security Act;

C. Code of Federal Regulations, title 42, sections 430 to 456, as amended through October 1, 1990; and

D. Minnesota Statutes, chapters 256B and 256G.

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

9520.0902 [Emergency] DEFINITIONS.

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

Subp. 2. **Case manager.** "Case manager" means an individual who meets the qualifications specified in Minnesota Statutes, section 245.4871, subdivision 4, and who is employed by, or under contract to, or employed by an entity that is under contract to, the local agency to provide case management services under parts 9520.0900 to 9520.0926 [Emergency] for children with severe emotional disturbance and their families.

Subp. 3. **Case management provider.** "Case management provider" means a local agency that provides case management services or an entity that is under contract with the local agency to provide case management services.

Subp. 4. **Case management services.** "Case management services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 3. Case management services are designed to:

A. reduce the complexity and fragmentation of service delivery to a child with severe emotional disturbance and the child's family by coordinating services provided by different agencies and delivery systems;

B. assure that services are child-centered and family-focused by maximizing the involvement of the child and the child's family, as appropriate, in case management services;

C. strengthen the functioning of the child and the

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by Revisor _____

child's family by empowering the child and the child's family to make informed choices about mental health services and act as the child's advocate;

D. assist the child and the child's family in gaining access to the full array of services appropriate to their needs, by facilitating the sharing of existing resources with local systems of care serving children and their families; and

E. assure that services are provided in a manner that is sensitive and responsive to cultural differences and the special needs of children and the families of children who are of minority race or minority ethnic heritage.

Subp. 5. **Child.** "Child" means a person under 18 years of age.

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

Subp. 7. **Clinical supervision.** "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 7.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 9. **County board.** "County board" means the county board of commissioners or a board established under the joint powers act, Minnesota Statutes, section 471.59, or the human services board act, Minnesota Statutes, sections 402.01 to 402.10.

Subp. 10. **Crisis assistance.** "Crisis assistance" means a family community support service as specified in Minnesota Statutes, section 245.4871, subdivision 17, clause (6), that is designed for a child with severe emotional disturbance and the child's family to avert placements that are more intensive than necessary by resolving the crisis in the least restrictive setting possible for the child. Crisis assistance services may be provided in the child's school or day care setting, or where the child lives. Crisis assistance is not an emergency service as defined in Minnesota Statutes, section 245.4871, subdivision

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14.

Subp. 11. **Day treatment services or day treatment program.** "Day treatment services" or "day treatment program" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 10.

Subp. 12. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 11.

Subp. 13. **Emergency services.** "Emergency services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 14.

Subp. 14. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 15. **Family.** "Family" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 16 or, in the case of an Indian child, means a relationship recognized as family within the context of the Minnesota Indian family preservation act, Minnesota Statutes, sections 257.35 to 257.3579.

Subp. 16. **Family community support services.** "Family community support services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 17.

Subp. 17. **Functional assessment.** "Functional assessment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 18.

Subp. 18. **Individual education program plan or IEP.** "Individual education program plan" or "IEP" means a written individualized educational plan developed for a pupil as defined in part 3525.0200, subpart 6a. It is based on an assessment of the pupil's performance utilizing licensed personnel, a determination of the pupil's needs in a team process, an identification of appropriate goals and objectives, a selection of teaching strategies designed to enhance learning, delivery of services in an environment conducive to learning, and periodic review and evaluation of the pupil's performance.

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by Revisor _____

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

Subp. 20. **Individual treatment plan.** "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21.

Subp. 21. **Inpatient hospital.** "Inpatient hospital" means an acute care institution as defined in Minnesota Statutes, sections 144.696, subdivision 3, and licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 22. **Interagency case management team.** "Interagency case management team" means a group of persons that consists of the child, the child's parent or foster parent, or other significant adult with whom the child is living, the child's legal representative, if any, and the child's case manager. Any other persons or service providers requested by the child's parent to coordinate the child's services and to advocate on behalf of the child may be members of the interagency case management team.

Subp. 23. **Interagency service coordinator.** "Interagency service coordinator" means a person other than the child's case manager who is the member of the interagency case management team selected by the child's parent or legal representative or, as appropriate, the child according to part 9520.0918 [Emergency], subpart 4.

Subp. 24. **Legal representative.** "Legal representative" means a guardian or conservator authorized by the court to decide about services for a child or an Indian custodian as defined in Minnesota Statutes, section 257.351, subdivision 8.

Subp. 25. **Local agency.** "Local agency" means the county agency under the authority of the county board that is responsible for arranging and providing mental health services required under Minnesota Statutes, section 245.487 to 245.4888, as a component of community social services under Minnesota Statutes, chapter 256E.

Subp. 26. **Mental health practitioner.** "Mental health

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practitioner" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 26.

Subp. 27. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 28. **Mental health services.** "Mental health services" means at least all of the treatment services and case management activities that are provided to children with emotional disturbances and specified in Minnesota Statutes, sections 245.487 to 245.4887.

Subp. 29. **Minority race or minority ethnic heritage.** "Minority race" or "minority ethnic heritage" has the meaning given in part 9560.0020, subpart 9a.

Subp. 30. **Outpatient services.** "Outpatient services" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 29.

Subp. 31. **Outreach services.** "Outreach services" refers to family community support services that are designed to locate a child within the community who may have a severe emotional disturbance. The services are for the purposes of informing the child and the child's parent of the potential benefits and availability of case management services, family community support services, and other mental health services and of assuring access by the child and the child's family to needed services by taking the service to the child and the child's family or by arranging for the transportation of the child or the child's family to the service, if necessary. Client outreach must attempt to reduce any barrier that precludes access to case management and other mental health services. Client outreach must:

A. be conducted throughout the calendar year;

B. occur where the child lives, spends leisure time, or is receiving an education;

C. be provided in a manner which involves the child and the child's family;

D. occur face-to-face with the child and the child's

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family, when appropriate and possible;

E. be coordinated with the early identification and intervention services required under Minnesota Statutes, section 245.4878; and

F. take into account the minority race or minority ethnic heritage of the child, to assure that mental health services are culturally-relevant and accepted by the minority race or minority ethnic heritage of which the child and the child's family are a part.

Subp. 32. **Parent.** "Parent" means the birth or adoptive mother or father of a child. This definition does not apply to a person whose parental rights in relation to the child have been terminated by a court.

Subp. 33. **Professional home-based family treatment.** "Professional home-based family treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 31.

Subp. 34. **Residential treatment.** "Residential treatment" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 32.

Subp. 35. **Screening.** "Screening" refers to the screening required under Minnesota Statutes, section 245.4885, subdivision 1.

Subp. 36. **Service provider.** "Service provider" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33.

Subp. 37. **Special mental health consultant.** "Special mental health consultant" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 33a.

Subp. 38. **Therapeutic support of foster care.** "Therapeutic support of foster care" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 34.

9520.0904 [Emergency] REFERRAL FOR CASE MANAGEMENT SERVICES.

Subpart 1. **Providers required to inform and refer.** A provider of mental health services must inform the parent or legal representative of a child and the child who has or is

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by Revisor _____

believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If consent is obtained as required in part 9520.0912 [Emergency], the provider of mental health services must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and requests case management services. The provider of mental health services must document the referral in the child's record.

Subp. 2. **Other persons who may refer child for case management services.** A physician, social worker, nurse, teacher, or other interested person may inform a child, as appropriate, or the parents, legal representative, or primary caregiver of a child who has or who is believed to have severe emotional disturbance of the availability and potential benefits to the child of case management. If the physician, social worker, nurse, teacher, or other interested person obtains the written consent required under part 9520.0912 [Emergency], the physician, social worker, teacher, or other interested person must refer the child to the local agency in the county in which the child lives unless the child is in out-of-home placement and request case management services.

Subp. 3. **Case management service request by parent, legal representative, or primary caregiver.** The parent, a member of the family, legal representative, or primary caregiver of a child may request case management services for a child if the parent, family member, legal representative, or primary caregiver believes the child has or may have severe emotional disturbance even if there has been no referral.

Subp. 4. **Referral.** The referral required under subparts 1 and 2 shall be a notice to the local agency in the county in which the child lives unless the child is in out-of-home placement. If the child is in out-of-home placement, the notice shall be sent to the county of financial responsibility. The notice must contain the names and addresses of the child and the child's parents.

Approved
by Revisor _____

9520.0906 [Emergency] COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER SERVICES.

The case manager assigned by the local agency to a child who is referred for case management services under part 9520.0904 [Emergency] must coordinate the case management services provided to the child under parts 9520.0900 to 9520.0926 [Emergency] with the providers of other services the child is receiving and with the interagency service coordinator, if any. The case manager shall work with the child, the child's parent, and members of the interagency case management team, if any, to:

A. develop the individual family community support plan as required under Minnesota Statutes, section 245.4871, subdivision 19, and part 9520.0918 [Emergency], subpart 5;

B. arrange with providers of other services to the child if any, for consultation about the needs of the child and the child's family and review of the records related to the child's diagnosis and services;

C. complete a written functional assessment of the child. Members of the interagency case management team may assist in conducting the functional assessment if the case manager obtains the consent of the child's parent or the consent specified in part 9520.0912 [Emergency];

D. in the case of a child who is eligible for case management services under parts 9525.0015 to 9525.0165, assure that services provided under parts 9520.0900 to 0520.0926 [Emergency] are coordinated with services provided under parts 9525.0015 to 9525.0165 and other rules of the department;

E. coordinate, or assist the interagency service coordinator, if any, to coordinate, the meetings of the interagency case management team in a manner that encourages the participation of the child, members of the child's family, legal representative, or person advocating for the child;

F. assure that required meetings and actions take place within the time period specified for the meeting or action according to parts 9525.0015 to 9525.0165 and 9520.0900 to

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9520.0926 [Emergency] that permits the needs of the child and the child's family to be met; and

G. assure that the services specified in the child's individual family community support plan are consistent with the services needed to treat the symptoms and behaviors identified in the child's diagnostic assessment.

9520.0908 [Emergency] COUNTY BOARD RESPONSIBILITIES.

Subpart 1. **Duties of county board.** A county board shall:

A. by April 1, 1992, provide case management services to each child with severe emotional disturbance according to Minnesota Statutes, sections 245.486; 245.4871, subdivisions 3 and 4; 245.4874; and 245.4881, subdivisions 1, 3, and 5; and parts 9520.0900 to 9520.0926 [Emergency];

B. assure that special mental health consultants are used as necessary in assessing and providing appropriate services for a child of a minority race or minority ethnic heritage;

C. assure that case management services are delivered in a manner that integrates and coordinates case management services with the services of other agencies serving the child; and

D. assure that case management services provide outreach and coordination on behalf of the child and the child's family.

Subp. 2. **County board obligations for funding services.** The case management services provided by the county board must be provided according to items A to C.

A. A county board must approve or disapprove the mental health services that are paid for by social service funds allocated to a county under Minnesota Statutes, chapter 256E.

B. A county board must use its share of mental health and community social services act funds allocated by the commissioner to provide case management services according to a biennial children's mental health component of the community social services plan required under Minnesota Statutes, section

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245.4887, and approved by the commissioner.

C. A county board must seek and use all commonly available sources of funding as needed to develop and implement case management services under parts 9520.0900 to 9520.0926 [Emergency]. A county board shall not deny case management services to children with severe emotional disturbance who are not eligible for case management under medical assistance unless the county board demonstrates compliance with Minnesota Statutes, section 256E.081, subdivisions 2 and 3, and completes the documentation required under Minnesota Statutes, section 256E.081, subdivision 4.

9520.0910 [Emergency] LOCAL AGENCY RESPONSIBILITIES.

Subpart 1. **Notice of availability.** As required under Minnesota Statutes, section 245.4881, subdivision 2, within five working days after receiving a request or referral for case management services for a child, the local agency must notify, in writing, as appropriate, the child, the child's parent, or the child's legal representative of the child's potential eligibility for case management services. If a notice is not sent to a child's parents or legal representative, the local agency must document the reason. The notice must be written in plain language and explain that the child may be eligible for case management services and family community support services. The notice also must state:

A. the names and telephone numbers of the case management providers in the county;

B. a brief description, and the potential benefits, of case management and family community support services;

C. the name and telephone number of the person designated by the county board to coordinate case management services who is available to meet with the child's parent or legal representative and, as appropriate, the child before the determination of the child's eligibility for case management services;

D. an explanation of how to obtain a diagnostic

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assessment if one is necessary to determine the child's eligibility for case management services;

E. information about contacting the local agency during business hours for assistance in obtaining a diagnostic assessment, if a diagnostic assessment is necessary;

F. an explanation of the appeal process if mental health services are denied, suspended, or terminated for a child with severe emotional disturbance; and

G. the name and telephone number and availability of a special mental health consultant who is available to assist the family of a child of a minority race or minority ethnic heritage in understanding the information about case management services.

Subp. 2. **Notice when there is no known address.** If the local agency does not receive the address of the child and the child's parent or legal representative from the person making the referral under part 9520.0906 [Emergency], the local agency must make a reasonable attempt to locate the child for whom case management services have been requested and give the child's parent or legal representative or, as appropriate, the child notice of the availability of the case management services specified in subpart 1. The local agency must document the completed and attempted contacts.

Subp. 3. **Meeting between person designated by county board to coordinate case management services and child's parent and child.** Before a determination of the case management service eligibility of a child for whom case management services have been requested, the person designated by the county board to coordinate case management services shall attempt to meet with the child's parent or legal representative and the child no later than 15 working days after the local agency receives the referral or request under part 9520.0904 [Emergency]. At the meeting, the person designated by the county board to coordinate case management services must:

A. explain the availability and benefits to the child of case management, crisis assistance, family community support

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services, and other mental health services;

B. explain the need to obtain a diagnostic assessment of the child to determine the child's eligibility for case management services;

C. explain the right of the child's parent or legal representative or, as appropriate, the child to accept or reject case management services;

D. explain the eligibility of the child for mental health services even if case management is refused; and

E. assist the child's parent or legal representative or, as appropriate, the child, to make an informed choice about accepting case management, crisis assistance, family community support services, and other mental health services.

Subp. 4. **Follow-up notice of availability of case management services.** If the child's parent or legal representative or, as appropriate, the child notified under subparts 1 and 2 does not respond within 30 calendar days after the local agency gives the required notice, the local agency must make a reasonable attempt to contact the child's parent or legal representative or, as appropriate, the child. The local agency must document the local agency's attempt to contact the child, if appropriate, or the child's parent or legal representative, whether the contact was completed, the result of the contact, and whether case management was accepted.

Subp. 5. **Notice to child's parent or legal representative.** When notice to a parent or legal representative is required under parts 9520.0900 to 9520.0926 [Emergency], the local agency or case manager responsible for giving notice shall notify that person unless item A or B applies.

A. The parent or legal representative is hindering or impeding the child's access to mental health services or the child:

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

(2) is living separate and apart from the child's parents or legal guardian, and is managing the child's own

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financial affairs as specified in Minnesota Statutes, section 144.341;

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

(4) is at least 16, but under 18 years old, and for whom a county board has authorized independent living pursuant to a court order as specified in Minnesota Statutes, section 260.191, subdivision 1, paragraph (a), clause (4).

B. A petition has been filed under Minnesota Statutes, chapter 260, or a court order has been issued under Minnesota Statutes, section 260.133 or 260.135, and a guardian ad litem has been appointed.

If item A applies, the local agency or case manager, as appropriate, shall provide notice to the child.

If item B applies, the local agency or case manager, as appropriate, shall provide notice to the guardian ad litem.

Subp. 6. **Determination of case management eligibility and referral to case manager.** If a child's parent or legal representative or, as appropriate, the child consents to the child's assessment for eligibility for case management services and authorizes a release of information, the local agency must promptly determine whether the child meets a criterion in part 9505.0902, subpart 6. If a diagnostic assessment is needed to make the determination, the local agency must offer, within ten working days of the consent, to assist the child and the child's parent or legal representative to obtain an appointment for a diagnostic assessment. The local agency shall notify, in writing, the child's parent or legal representative or, as appropriate, the child of the eligibility determination. If the child is determined to be eligible for case management services, and if the child's parent or legal representative or, as appropriate, the child consents to the services, the local agency shall refer the child to the case management provider for case management services.

Subp. 7. **Refusal of case management services.** The parent

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or legal representative of a child referred for case management services or, as appropriate, the child may refuse case management services for the child. If the child has had a diagnostic assessment as required under subpart 8 and has been determined to have a severe emotional disturbance and if the child's parent or legal representative or, as appropriate, the child refuses case management services, the child and the child's family remain eligible for and may not be denied access to family community support services. In this event, the local agency must document the refusal to accept case management services and the reason for the refusal, if known, and must notify the child's parent or legal representative or, as appropriate, the child of the appeal process, and must offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 8. **Arranging a diagnostic assessment.** If the child's parent or legal representative or, as appropriate, the child accepts the local agency's offer to help in arranging for a diagnostic assessment, the local agency must inform the mental health professional chosen by the child's parent or legal representative or, as appropriate, the child of the child's need for a diagnostic assessment and must offer to help the child's parent or legal representative or, as appropriate, the child to make an appointment with the mental health professional.

Subp. 9. **Local agency responsibility; continuity of service.** A local agency must make a reasonable attempt to assure directly, or in its contract with a case management provider, that continuity of service is available to a child while the child remains eligible for case management services under parts 9520.0900 to 9520.0926 [Emergency]. When there is a change of case manager, steps must be taken to assure a smooth transition.

Subp. 10. **Local agency responsibility; referral of child with emotional disturbance to mental health and other service providers.** If a child who is referred to a local agency for

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case management services is determined to have an emotional disturbance, but not to have a severe emotional disturbance, the local agency shall offer to refer the child to a mental health provider or other appropriate service provider and to assist the child to make an appointment with the provider of the child's choice.

Subp. 11. **Local agency responsibility; out-of-home placement.** The local agency shall assure coordination of a child's case management services with any permanency planning, placement prevention, and family reunification services provided under Minnesota Statutes, chapter 256F.

Subp. 12. **Local agency responsibility; coordination with family community support service providers.** The local agency must designate a person to, and implement procedures that, ensure ongoing contact and coordination between a child's case manager and providers of family community support services and other mental health services needed by the child.

Subp. 13. **Local agency responsibility; reasonable caseload.** A local agency shall assign to a case manager a reasonable caseload that assures the case manager is available to meet with the child and the child's family in the home, or school setting, attend pertinent meetings and staff conferences, coordinate and monitor the child's services, is able to meet the needs of the child and the child's family for case management services, and carry out the other responsibilities specified in part 9520.0918 [Emergency].

9520.0912 [Emergency] AUTHORIZATION TO RELEASE INFORMATION AND CONTACT CHILD'S FAMILY.

Notwithstanding that Minnesota Statutes, sections 245.487 to 245.4887, require a county board, within the limits of available resources, to make the mental health services specified in those sections available to a child residing in the county who needs the services, the county board shall not provide any services, either directly or by contract, unless consent to receive services is obtained as required under

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Minnesota Statutes, section 245.4876, subdivision 5.

9520.0914 [Emergency] DIAGNOSTIC ASSESSMENT.

Subpart 1. **Diagnostic assessment required.** A diagnostic assessment is required to determine a child's eligibility for case management services under parts 9520.0900 to 9520.0926 [Emergency] and in family community support services. A diagnostic assessment of a child completed no earlier than 180 days before the child was referred for or the child's parent, legal representative, or primary caregiver requested case management services must be reviewed and brought up to date by a mental health professional if the child's parent or legal representative or, as appropriate, the child wants case management services for the child. If the child has not had a diagnostic assessment within 180 days before the request or referral for case management services, a new diagnostic assessment must be obtained.

Subp. 2. **Assistance in obtaining a required diagnostic assessment.** If the child has not had a diagnostic assessment that meets the requirement of this part, a local agency or case manager, as appropriate, shall take the actions specified in items A to F to assist in obtaining a diagnostic assessment of the child as required under subpart 1:

A. inform the child's parent or legal representative or, as appropriate, the child about choosing a mental health professional to conduct a diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make an appointment for the diagnostic assessment;

C. explain to the child's parent or legal representative or, as appropriate, the child that the information about the child can only be released with the consent specified in part 9520.0912 [Emergency], or in Minnesota Statutes, section 245.4876, subdivision 5;

D. inform the mental health professional that the diagnostic assessment must comply with Minnesota Statutes,

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sections 245.4871, subdivision 11, and 245.4876, subdivision 2, and that a report of the findings must be provided to the local agency;

E. request the mental health professional identified under subpart 1 to complete the determination of whether the child meets the criteria of severe emotional disturbance within ten working days after the mental health professional has completed the diagnostic assessment; and

F. inform the mental health professional that the authorization of the child's parent or legal representative or, as appropriate, the child to release information must comply with the requirements of part 9520.0912 [Emergency].

Subp. 3. **Qualifications to provide a diagnostic assessment.** A diagnostic assessment required to receive case management services under parts 9520.0900 to 9520.0926 [Emergency] shall be conducted by a person specified in item A or B.

A. Except as provided in item B, a child's diagnostic assessment must be conducted by a mental health professional.

B. A mental health practitioner, with only a bachelor's degree, may conduct a child's diagnostic assessment under clinical supervision if the practitioner is qualified as specified in part 9505.0323, subpart 31.

Subp. 4. **Diagnostic assessment; general requirements.** The mental health professional or mental health practitioner conducting a child's diagnostic assessment must document that the mental health professional or mental health practitioner considered the child's need for referral for psychological testing, neurological examination, physical examination, and chemical dependency evaluation under part 9530.6615. The mental health professional or mental health practitioner must document in the report of the diagnostic assessment the inclusion of the child's parent or legal representative or family, or, if applicable, the reason why they were not included. The assessment must include:

A. a face-to-face interview of the child and, if clinically appropriate, the child's parent or parents or primary

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caregiver;

B. a mental status examination, and an examination of pertinent records related to services to the child. For purposes of this item, "mental status" means the description of the child's appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward the symptoms;

C. contact with the child's parent, legal representative or primary caregiver if clinically appropriate, and to the extent necessary and reasonable to complete the diagnostic assessment;

D. identification of the mental health services needed by the child; and

E. the child's diagnosis and a determination of whether the child meets at least one of the criteria of severe emotional disturbance.

Subp. 5. **Diagnostic assessment of child of a minority race or minority ethnic heritage.** If a mental health professional or mental health practitioner meeting the qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage and must use assessment tools and content that are appropriate to the child's racial and ethnic heritage. When the mental health professional or mental health practitioner is not skilled and knowledgeable in conducting a diagnostic assessment of a child of a minority race or minority ethnic heritage, the mental health professional or mental health practitioner conducting the diagnostic assessment must consult a special mental health consultant to assure that the diagnostic assessment is relevant, culturally-specific, and sensitive to the child's cultural needs.

Subp. 6. **Diagnostic assessment; extension of time to complete a diagnostic assessment.** If a mental health professional or mental health practitioner meeting the

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qualifications in subpart 3, item A or B, conducts a diagnostic assessment of a child who has an emotional disturbance and who has a condition specified in part 9505.0323, subpart 5, item A, the mental health professional or mental health practitioner may have an extension of time to complete the diagnostic assessment in the same manner as allowed in part 9505.0323, subpart 5, items B to D, and subpart 6.

9520.0916 [Emergency] 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 mental health services to children with emotional disturbance, be skilled in identifying and appraising the child's needs, and be knowledgeable about local community resources and how to use the resources for the benefit of the child and the child's family. A person who is from any professional discipline that is part of the local system of care serving children or who is employed by or under contract to the local agency is eligible to serve as a case manager for children with severe emotional disturbance if the person meets the qualifications of this part.

Subp. 2. **Case manager; supervision.** Case managers who are not qualified as mental health professionals and who have at least 2,000 hours of supervised experience in the delivery of mental health services to children must meet in person with a mental health professional at least once each month to receive clinical supervision. Case managers who have a bachelor's degree in one of the behavioral sciences or a related field from an accredited college or university but who do not have 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbance, must receive clinical supervision from a mental health professional who is skilled and knowledgeable about children with emotional disturbance at least once each week until the requirement of

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2,000 hours of experience is met. The mental health professional providing the clinical supervision must document the clinical supervision in the child's record. The local agency must provide or contract for clinical supervision required under this subpart.

Subp. 3. **Case manager; training requirements.** Case managers with a bachelor's degree but without 2,000 hours of supervised experience in the delivery of services to children with severe emotional disturbance must complete 40 hours of training approved by the department in case management skills and in the characteristics and needs of children with severe emotional disturbance.

9520.0918 [Emergency] CASE MANAGER'S RESPONSIBILITIES; RELATION WITH INTERAGENCY CASE MANAGEMENT TEAM.

Subpart 1. **Responsibilities of case manager; child determined to meet criteria for case management services.** If a child is determined to meet the criteria for case management services and the child's parent or legal representative or, as appropriate, the child accepts case management services, the case manager must meet with the child's parent or legal representative or, as appropriate, the child as necessary to carry out the responsibilities specified in parts 9520.0900 to 9520.0926 [Emergency]. The case manager shall meet with the child and the child's parent or legal representative at places other than the case manager's office as necessary or appropriate to the child's need. Additionally, the case manager must:

A. assure that the child has timely access to the mental health services specified as needed in the child's diagnostic assessment;

B. assist the child's parent or legal representative or, as appropriate, the child to make informed choices about case management and other mental health services needed by the child;

C. explain the potential benefits of an interagency case management team and the role of the parent or legal

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representative or, as appropriate, the child as partners of the team;

D. assist the child's parent or legal representative or, as appropriate, the child to decide whether to request an interagency case management team and explain the opportunity for choosing an interagency service coordinator;

E. if an interagency case management team is convened, work with the interagency service coordinator, if any, chosen from among members of the team according to subpart 2;

F. complete, or if an interagency case management team is convened, assure the completion of, the child's functional assessment;

G. develop the child's individual family community support plan according to subpart 5;

H. coordinate family community support services needed by the child and the child's family with other services that the child and the child's family are receiving, according to subpart 6;

I. review and revise the child's functional assessment and services according to subpart 7;

J. be available to meet the child at least once monthly;

K. be available to meet with the child's parent or legal representative upon the request of the parent or representative;

L. if the child has coverage through a third party payor, help the child's parent or legal representative or, as appropriate, the child access payment for mental health services;

M. before a child who is receiving case management services is admitted to a regional treatment center, residential treatment facility, or inpatient hospital for mental health services, assure that the child is screened as required under Minnesota Statutes, section 245.4885, subdivision 1;

N. if the child is in a residential treatment facility, regional treatment center, or inpatient hospital for

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mental health services, take part in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's home or foster home, school, and community-based services;

O. as specified in subpart 12, at least six months before the child's 18th birthday, assist the child and, as appropriate, the child's parent or legal representative to assess the child's need for continued mental health services and case management service under parts 9505.0476 to 9505.0491; and

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

Subp. 2. **Convening of interagency case management team.** The case manager may establish an interagency case management team. The case manager may convene the interagency case management team on the manager's own initiative or upon the request of the child's parent or legal representative or, as appropriate, the child, or at the request of any other member of the team. When a team is established, the case manager, the parent unless clinically inappropriate, and the members of the interagency case management team shall meet face-to-face with the child and, as appropriate, the child's parents at least once quarterly or more frequently at the request of the interagency service coordinator or the child's parent unless the child's parent or legal representative or, as appropriate, the child refuses further case management services or case management services are terminated as provided in part 9520.0924 [Emergency]. The interagency case management team shall carry out the duties specified in subpart 4.

Subp. 3. **Interagency service coordinator.** If an interagency case management team is established, the child's parent or legal representative or, as appropriate, the child may request that the child's services be coordinated by a member of

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the interagency case management team who is the representative of an agency other than the local agency that provides case management services to the child. If the child's parent or legal representative or, as appropriate, the child chooses a member of the interagency case management team other than the case manager as the interagency service coordinator and if the agency represented on the team by the person chosen as interagency service coordinator agrees, the interagency service coordinator shall convene the interagency case management team and, to the extent possible, coordinate the services provided to the child and the child's family among the local system of care serving the child and the child's family. In this event, the case manager must work with the interagency service coordinator, must coordinate the child's mental health services with the interagency service coordinator, and must refer mental health service recommendations of the interagency case management team or the interagency service coordinator to the county board for the board's consideration according to part 9520.0910 [Emergency], subpart 2.

Subp. 4. **Duties of interagency case management team.** If an interagency case management team is established, the team must clarify and address the roles and responsibilities of the individual team members and the agencies they represent. The child's parent or legal representative or, as appropriate, the child must be asked to participate in the activities of the team. The team shall assist the case manager to:

A. complete the child's functional assessment as specified in subpart 7;

B. develop the child's individual family community support plan as specified in subpart 5;

C. revise the child's functional assessment and individual family community support plan according to subpart 7; and

D. identify resources to be used to fund the services specified in the child's individual family community support plan.

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Subp. 5. **Development of child's individual family community support plan.** The development of the child's individual family community support plan must comply with Minnesota Statutes, section 245.4881, subdivision 4. The plan must incorporate the child's individual treatment plans. The case manager shall ask the child's parent or legal representative or, as appropriate, the child to sign the completed individual family community support plan as evidence that the case manager and the child's parent or legal representative or, as appropriate, the child agree with the plan.

Subp. 6. **Coordination of family community support plan with other service plans.** When a child receiving case management is also receiving special education services, the case manager together with the interagency service coordinator, if any, must coordinate the child's mental health services specified in the child's individual family community support plan with the child's individual education plan. If a child at age 16 is not receiving educational services, or the child receiving case management is not identified as needing special education services, the individual family community support plan must incorporate the goals related to the child's mental health needs from other service plans developed by the agencies providing services to the child. Any other service plan developed by an agency providing services to the child may substitute for the child's individual family community support plan if the other service plan meets the requirements for an individual family community support plan.

Subp. 7. **Review and revision of child's services.** With the consent of the child's parent or legal representative or, as appropriate, the child, the case manager, interagency service coordinator, if any, and other members of the interagency case management team shall review and revise a child's functional assessment, the child's individual family community support plan, and the child's and family's service needs. The review and, if necessary, revision shall occur at least once every 90 calendar days after the development of the child's first

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individual family community support plan. Insofar as possible, the review and revision must be coordinated with the review and revision of other plans when the child is in out-of-home placement.

Subp. 8. **Referral for neurological examination, psychological testing, and chemical evaluation.** Upon the request of the child's parent or legal representative or, as appropriate, the child, the case manager shall assist the child and the child's family~~, if recommended by a mental health professional,~~ to obtain a neurological examination, psychological testing, or a chemical dependency evaluation as specified in part 9530.6615 when the examination, testing, or evaluation is recommended by a mental health professional as necessary to complete the child's diagnostic assessment.

Subp. 9. **Coordination and monitoring of services.** The case manager shall monitor the provision of mental health services to the child to determine whether the goals of the child's individual family community support plan are being met, or appropriate progress toward the goals is taking place. If the case manager determines the goals are not being met, or progress toward the goals is not taking place, the case manager together with the child's parent or legal representative and, as appropriate, the child and the interagency case management team, if any, shall modify the child's individual family community support plan. The determination of whether the goals are being met or progress toward the goals is taking place shall be made through regular meetings between the case manager, the interagency service coordinator, if any, the interagency case management team, if any, the child's parent or legal representative and, as appropriate, the child and the child's mental health social services, education, corrections, vocational services, health services, and family community support services, and other service providers. The meetings may be conducted face-to-face or through conference telephone calls.

Subp. 10. **Case manager responsibility; crisis assistance.** An individual family community support plan developed by a case

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manager according to subpart 5 must specify any crisis assistance needed by the child including, if necessary and appropriate, crisis placement and respite. The crisis assistance must be based on the factors that may precipitate a crisis in the child, the behavior or symptoms related to the child's crisis, the resources available to assist the child and the child's family when the child is in crisis and, if possible and appropriate, intervention strategies. Additionally, the case manager must review and update the crisis assistance components of a child's individual family community support plan when a child is discharged from a residential treatment facility, regional treatment center, or inpatient hospital to which the child was admitted for treatment of an emotional disturbance or becomes eligible for services for an adult with serious and persistent mental illness under Minnesota Statutes, sections 245.461 to 245.486, or when the child's parent or legal representative or, as appropriate, the child requests a review to determine whether the crisis assistance continues to meet the child's needs. To assure continuity of services as required under Minnesota Statutes, section 245.4876, subdivision 1, clause (7), the case manager must provide the information about crisis assistance to the providers of the child's other services.

Subp. 11. **Emergency services.** A case manager must inform a child's parent or legal representative or, as appropriate, the child about the availability of and how to access emergency services that are provided by the county board in accordance with Minnesota Statutes, section 245.4879.

Subp. 12. **Transition to case management services for persons with serious and persistent mental illness.** A case manager must inform a child who is age 17 and who is eligible for or receiving case management services under parts 9520.0900 to 9520.0926 [Emergency] about the availability of case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. No later than six months before the child attains age 18 and becomes ineligible for case management services under parts 9520.0900 to

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9520.0926 [Emergency], the case manager must assess the child's need for continued case management and other mental health services. If the case manager determines that the child continues to be eligible for and needs case management and other mental health services, and if the child consents to accept the services, the case manager must identify with the child the services needed for a smooth transition to case management services for persons with serious and persistent mental illness under parts 9505.0476 to 9505.0491. The identified services must assist the child to make a transition to adult community support services or other adult services the child will need as an adult in areas of physical and mental health, housing, vocational, social recreational activities, and financial resources.

Subp. 13. **Case manager's records.** The case manager must keep the records required in Minnesota Statutes, section 245.4881, subdivision 3, paragraph (b).

Subp. 14. **Case management services for a child residing in a residential treatment facility or acute care hospital.** A case manager must maintain contact with a child residing in a residential treatment facility or acute care hospital for the treatment of emotional disturbance in a manner that assists the case manager to meet the requirements of Minnesota Statutes, sections 245.4881, subdivision 3, paragraph (a); 245.4882, subdivision 3; and 245.4883, subdivision 1, clause (5).

Subp. 15. **Case manager's provision of other mental health services.** A case manager shall not provide psychotherapy as defined in part 9505.0323, subpart 1, item T, day treatment services, or residential treatment services to a child or the family of a child for whom the case manager is providing case management services. Furthermore, a case manager shall not determine the child's need for a prescribed drug or evaluate the effectiveness of a drug prescribed in a child's individual treatment plan as defined in part 9505.0323, subpart 17, unless the case manager is also qualified as a physician or a nurse practitioner eligible to prescribe and administer drugs within

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the scope of practice defined under Minnesota Statutes, section 148.235. The case manager may directly provide, or assist a child and the child's family in accessing, services specified in items A to D to assist the child in remaining with the family, attending school, participating in leisure and recreational opportunities, finding or maintaining employment, and participating in age-appropriate relationships with the child's family and friends. The services are:

A. assisting the child with severe emotional disturbance or the child's family to access basic living needs and skills such as housing, food, medical care, and financial benefits;

B. crisis assistance;

C. assisting the child and the child's family to access mental health services by providing or arranging transportation; and

D. assisting the child to participate in leisure and recreational activities.

9520.0922 [Emergency] INFORMATION TO CHILD'S PARENT AND TO CHILD.

A case manager shall give to a child's parent or legal representative and to the child a copy of Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and a statement that Minnesota Statutes, chapter 13, governs government protection of information on individuals when the case manager meets initially with the child's parent or legal representative and the child and annually thereafter while the child is receiving case management services.

9520.0924 [Emergency] TERMINATION OF CASE MANAGEMENT SERVICES.

Case management services for a child according to parts 9520.0900 to 9520.0926 [Emergency] shall terminate when one of the events listed in items A to F occurs.

A. A mental health professional who has provided mental health services to the child and the child's family states in writing that the child no longer needs case management services.

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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

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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.

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APPROVED AS TO FORM AND LEGALITY
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY _____
SPECIAL ASSISTANT ATTORNEY GENERAL

Dec 16 19 91

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

DEC 17 1991

Joan Anderson Growe
Secretary of State

10:00 AM
PB