CHAPTER 9520
DEPARTMENT OF HUMAN SERVICES
MENTAL HEALTH SERVICES

COMMUNITY MENTAL HEALTH SERVICES

9520.0010 STATUTORY AUTHORITY AND PURPOSE.

Parts 9520.0010 to 9520.0230 provide methods and procedures relating to the establishment and operation of area-wide, comprehensive, community-based mental health, mental retardation, and chemical dependency programs under state grant-in-aid as provided under Minnesota Statutes, sections 245.61 to 245.69. Minnesota Statutes, sections 245.61 to 245.69 are entitled The Community Mental Health Services Act. For

purposes of these parts, "community mental health services" includes services to persons who have mental or emotional disorders or other psychiatric disabilities, mental retardation, and chemical dependency, including drug abuse and alcoholism.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0020 BOARD DUTIES.

The community mental health board has the responsibility for ensuring the planning, development, implementation, coordination, and evaluation of the community comprehensive mental health program for the mentally ill/behaviorally disabled, mentally retarded, and chemically dependent populations in the geographic area it serves. It also has the responsibility for ensuring delivery of services designated by statute.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0030 DEFINITIONS.

Parts 9520.0040 and 9520.0050 also set forth definitions of community mental health centers and community mental health clinics.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0040 COMMUNITY MENTAL HEALTH CENTER.

A community mental health center means an agency which includes all of the following:

A. Established under the provision of Minnesota Statutes, sections 245.61 to 245.69.

B. Provides as a minimum the following services for individuals having mental or emotional disorders, mental retardation, alcoholism, drug abuse, and other psychiatric conditions. The extent of each service to be provided by the center shall be indicated in the program plan, which is to reflect the problems, needs, and resources of the community served:

(1) collaborative and cooperative services with public health and other groups for programs of prevention of mental illness, mental retardation, alcoholism, drug abuse, and other psychiatric disorders;

(2) informational and educational services to schools, courts, health and welfare agencies, both public and private;

(3) informational and educational services to the general public, lay, and professional groups;

(4) consultative services to schools, courts, and health and welfare agencies, both public and private;

(5) outpatient diagnostic and treatment services; and

(6) rehabilitative services, particularly for those who have received prior treatment in an inpatient facility.

C. Provides or contracts for detoxification, evaluation, and referral for chemical dependency services (Minnesota Statutes, section 254A.08).

D. Provides specific coordination for mentally ill/behaviorally disabled, mentally retarded, and chemical dependency programs. (Minnesota Statutes, sections 254A.07 and 245.61).

E. Has a competent multidisciplinary mental health/mental retardation/chemical dependency professional team whose members meet the professional standards in their respective fields.

F. The professional mental health team is qualified by specific mental health training and experience and shall include as a minimum the services of each of the following:

(1) a licensed physician, who has completed an approved residency program in psychiatry; and

(2) a doctoral clinical, counseling, or health care psychologist, who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

(3) a clinical social worker with a master's degree in social work from an accredited college or university; and/or

(4) a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health nursing with mental health major, maternal and child health with mental health major, etc.

G. The multidisciplinary staff shall be sufficient in number to implement and operate the described program of the center. In addition to the above, this team should include other professionals, paraprofessionals, and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner. If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the center, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and show evidence of how the specialized functions of the required professionals are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0050 COMMUNITY MENTAL HEALTH CLINIC.

Subpart 1. **Definitions.** A community mental health clinic is an agency which devotes, as its major service, at least two-thirds of its resources for outpatient mental health diagnosis, treatment, and consultation by a multidisciplinary professional mental health team. The multidisciplinary professional mental health team is qualified by special mental health training and experience and shall include as a minimum the services of each of the following:

A. a licensed physician, who has completed an approved residency program in psychiatry; and

B. a doctoral clinical, or counseling or health care psychologist who is licensed under Minnesota Statutes, sections 148.88 to 148.98; and one or both of the following:

C. a clinical social worker with a master's degree in social work from an accredited college or university; and/or

D. a clinical psychiatric nurse with a master's degree from an accredited college or university and is registered under Minnesota Statutes, section 148.171. The master's degree shall be in psychiatric nursing or a related psychiatric nursing program such as public health with a mental health major, maternal and child health with a mental health major.

Subp. 2. **Other members of multidisciplinary team.** The multidisciplinary team shall be sufficient in number to implement and operate the described program of the clinic. In addition to the above, this team should include other professionals, paraprofessionals and disciplines, particularly in the preventive and rehabilitative components of the program, subject to review and approval of job descriptions and qualifications by the commissioner.

Subp. 3. **Efforts to acquire staff.** If any of the minimum required professional staff are not immediately available, the commissioner may approve and make grants for the operation of the clinic, provided that the board and director can show evidence acceptable to the commissioner that they are making sincere, reasonable, and ongoing efforts to acquire such staff and evidence of how the specialized functions of the

required professional positions are being met. The services being rendered by employed personnel shall be consistent with their professional discipline.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0060 ANNUAL PLAN AND BUDGET.

On or before the date designated by the commissioner, each year the chair of the community mental health board or director of the community mental health program, provided for in Minnesota Statutes, section 245.62, shall submit an annual plan identifying program priorities in accordance with state grant-in-aid guidelines, and a budget on prescribed report forms for the next state fiscal year, together with the recommendations of the community mental health board, to the commissioner of human services for approval as provided under Minnesota Statutes, section 245.63.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58; 17 SR 1279*

9520.0070 FISCAL AFFILIATES.

Other providers of community mental health services may affiliate with the community mental health center and may be approved and eligible for state grant-in-aid funds. The state funding for other community mental health services shall be contingent upon appropriate inclusion in the center's community mental health plan for the continuum of community mental health services and conformity with the state's appropriate disability plan for mental health, mental retardation, or chemical dependency. Fiscal affiliates (funded contracting agencies) providing specialized services under contract must meet all rules and standards that apply to the services they are providing.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0080 OTHER REQUIRED REPORTS.

The program director of the community mental health program shall provide the commissioner of human services with such reports of program activities as the commissioner may require.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0090 FUNDING.

All state community mental health funding shall go directly to the community mental health board or to a human service board established pursuant to Laws of Minnesota 1975, chapter 402, which itself provides or contracts with another agency to provide the community mental health program. Such programs must meet the standards and rules for community mental health programs as enunciated in parts 9520.0010 to 9520.0230 in accordance with Laws of Minnesota 1975, chapter 402.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0100 OPERATION OF OTHER PROGRAMS.

When the governing authority of the community mental health program operates other programs, services, or activities, only the community mental health center program shall be subject to these parts.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0110 APPLICATIONS AND AGREEMENTS BY LOCAL COUNTIES.

New applications for state assistance or applications for renewal of support must be accompanied by an agreement executed by designated signatories on behalf of the participating counties that specifies the involved counties, the amount and source of local funds in each case, and the period of support. The local funds to be used to match

state grant-in-aid must be assured in writing on Department of Human Services forms by the local funding authority(ies).

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0120 USE OF MATCHING FUNDS.

Funds utilized by the director as authorized by the community mental health board to match a state grant-in-aid must be available to that director for expenditures for the same general purpose as the state grant-in-aid funds.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0130 QUARTERLY REPORTS.

The director of the community mental health program shall, within 20 days after the end of the quarter, submit quarterly prescribed reports to the commissioner of human services (controller's office), containing all receipts, expenditures, and cash balance, subject to an annual audit by the commissioner or his/her designee.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0140 PAYMENTS.

Payments on approved grants will be made subsequent to the department's receipt of the program's quarterly reporting forms, unless the commissioner of human services has determined that funds allocated to a program are not needed for that program. Payments shall be in an amount of at least equal to the quarterly allocation minus any unexpended balance from the previous quarter providing this payment does not exceed the program grant award. In the event the program does not report within the prescribed time, the department will withhold the process of the program's payment until the next quarterly cycle.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0150 FEES.

No fees shall be charged until the director with approval of the community mental health board has established fee schedules for the services rendered and they have been submitted to the commissioner of human services at least two months prior to the effective date thereof and have been approved by him/her. All fees shall conform to the approved schedules, which are accessible to the public.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0160 SUPPLEMENTAL AWARDS.

The commissioner of human services may make supplemental awards to the community mental health boards.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0170 WITHDRAWAL OF FUNDS.

The commissioner of human services may withdraw funds from any program that is not administered in accordance with its approved plan and budget. Written notice of such intended action will be provided to the director and community mental health board. Opportunity for hearing before the commissioner or his/her designee shall be provided.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*
History: *L 1984 c 654 art 5 s 58*

9520.0180 BUDGET TRANSFERS.

Community mental health boards may make budget transfers within specified limits during any fiscal year without prior approval of the department. The specified limit which can be transferred in any fiscal year between program activity budgets shall be up to ten percent or up to $5,000 whichever is less. Transfers within an activity can be made into or out of line items with a specified limit of up to ten percent or up to $5,000 whichever is less. No line item can be increased or decreased by more than $5,000 or ten percent in a fiscal year without prior approval of the commissioner. Transfers above the specified limits can be made with prior approval from the commissioner. All transfers within and into program budget activities and/or line items must have prior approval by the community mental health board and this approval must be reflected in the minutes of its meeting, it must be reported to the commissioner with the reasons therefor, including a statement of how the transfer will affect program objectives.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0190 BUDGET ADJUSTMENTS.

Budget adjustments made necessary by funding limitations shall be made by the commissioner and provided in writing to the director and board of the community mental health center.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0200 CENTER DIRECTOR.

Every community mental health board receiving state funds for a community mental health program shall have a center director, who is the full-time qualified professional staff member who serves as the executive officer. To be considered qualified, the individual must have professional training to at least the level of graduate degree in his/her clinical and/or administrative discipline, which is relevant to MH-MR-CD and a minimum of two years experience in community mental health programs. The center director is responsible for the planning/design, development, coordination, and evaluation of a comprehensive, area-wide program and for the overall administration of services operated by the board.

The center director shall be appointed by the community mental health board and shall be approved by the commissioner of human services.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58*

9520.0210 DEADLINE FOR APPROVAL OR DENIAL OF REQUEST FOR APPROVAL STATUS.

The commissioner shall approve or deny, in whole or in part, an application for state financial assistance within 90 days of receipt of the grant-in-aid application or by the beginning of the state fiscal year, whichever is the later.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

9520.0230 ADVISORY COMMITTEE.

Subpart 1. **Purpose.** To assist the community mental health board in meeting its responsibilities as described in Minnesota Statutes, section 245.68 and to provide opportunity for broad community representation necessary for effective comprehensive mental health, mental retardation, and chemical dependency program planning, each community mental health board shall appoint a separate advisory committee in at least the three disability areas of mental health, mental retardation, and chemical dependency.

Subp. 2. **Membership.** The advisory committees shall consist of residents of the geographic area served who are interested and knowledgeable in the area governed by such committee.

Subp. 3. **Nominations for membership.** Nominations for appointments as members of the advisory committees are to be made to the community mental health board from agencies, organizations, groups, and individuals within the area served by the community mental health center. Appointments to the advisory committees are made by the community mental health board.

Subp. 4. **Board member on committee.** One community mental health board member shall serve on each advisory committee.

Subp. 5. **Nonprovider members.** Each advisory committee shall have at least one-half of its membership composed of individuals who are not providers of services to the three disability groups.

Subp. 6. **Representative membership.** Membership of each advisory committee shall generally reflect the population distribution of the service delivery area of the community mental health center.

Subp. 7. **Chairperson appointed.** The community mental health board shall appoint a chairperson for each advisory committee. The chairperson shall not be a community mental health board member nor a staff member. The power to appoint the chairperson may be delegated by the community mental health board to the individual advisory committee.

Subp. 8. **Committee responsibility to board.** Each advisory committee shall be directly responsible to the community mental health board. Direct communication shall be effected and maintained through contact between the chairperson of the particular advisory committee, or his/her designee, and the chairperson of the community mental health board, or his/her designee.

Subp. 9. **Staff.** Staff shall be assigned by the director to serve the staffing needs of each advisory committee.

Subp. 10. **Study groups and task forces.** Each advisory committee may appoint study groups and task forces upon consultation with the community mental health board. It is strongly recommended that specific attention be given to the aging and children and youth populations.

Subp. 11. **Quarterly meetings required.** Each advisory committee shall meet at least quarterly.

Subp. 12. **Annual report required.** Each advisory committee must make a formal written and oral report on its work to the community mental health board at least annually.

Subp. 13. **Minutes.** Each advisory committee shall submit copies of minutes of their meetings to the community mental health board and to the Department of Human Services (respective disability group program divisions).

Subp. 14. **Duties of advisory committee.** The advisory committees shall be charged by the community mental health board with assisting in the identification of the community's needs for mentally ill/behaviorally disabled, mental retardation, and chemical dependency programs. The advisory committee also assists the community mental health board in determining priorities for the community programs. Based on the priorities, each advisory committee shall recommend to the community mental health board ways in which the limited available community resources (work force, facilities, and finances) can be put to maximum and optimal use.

Subp. 15. **Recommendations.** The advisory committee recommendations made to the community mental health board shall be included as a separate section in the grant-in-aid request submitted to the Department of Human Services by the community mental health board.

Subp. 16. **Assessment of programs.** The advisory committees shall assist the community mental health board in assessing the programs carried on by the community

mental health board, and make recommendations regarding the reordering of priorities and modifying of programs where necessary.

Statutory Authority: *MS s 245.61 to 245.69 subd 1*

History: *L 1984 c 654 art 5 s 58; 17 SR 1279*

9520.0300 [Repealed, 15 SR 1515]

9520.0310 [Repealed, 15 SR 1515]

9520.0320 [Repealed, 15 SR 1515]

LICENSING RESIDENTIAL PROGRAMS FOR ADULTS WHO ARE MENTALLY ILL

9520.0500 SCOPE.

Parts 9520.0500 to 9520.0690 apply to all providers offering residential care and program services to five or more adults who are mentally ill at one time for more than 30 days in any 12-month period and is based, in part, on Minnesota Statutes, section 245A.02, subdivision 14. These parts apply to mental health residential programs which are Category I programs as defined in part 9520.0510, subpart 4 and semi-independent or supportive group living programs which are Category II programs as defined in part 9520.0510, subpart 5. These parts apply to mental health residential programs for the adult person who is mentally ill within state hospitals, and adult foster homes with five or more adult residents who are mentally ill. These entities must be licensed as either Category I or Category II.

Parts 9520.0500 to 9520.0690 do not apply to programs located within a licensed hospital, except state institutions under the control of the commissioner; nor does it apply to programs located within a licensed nursing home.

Statutory Authority: *MS s 245A.09*

History: *13 SR 1448; L 2002 c 221 s 50*

9520.0510 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0500 to 9520.0670, the following terms have the meanings given them.

Subp. 2. **Applicant.** "Applicant" has the meaning given it in Minnesota Statutes, section 245A.02, subdivision 3.

Subp. 3. **Case management services.** "Case management services" means the arranging and coordinating of direct services for a resident with the involvement of the resident. These direct services include, but are not limited to: assuring a diagnosis, assessing the resident's strengths and weaknesses in order to determine the resident's needs, developing an individual treatment plan, and evaluating the plan's effectiveness.

Subp. 4. **Category I program.** "Category I program" means a mental health residential program which provides program services in which there is an emphasis on services being offered on a regular basis within the facility with the use of community resources being encouraged and practiced.

Subp. 5. **Category II program.** "Category II program" means a mental health residential program which provides either a transitional semi-independent living arrangement or a supervised group supportive living arrangement for persons who are mentally ill. This type of program offers a combination of in-house and community resource services with emphasis on securing community resources for most daily programming and employment.

Subp. 6. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or a duly authorized representative.

Subp. 7. **Community representative.** "Community representative" means an individual who represents citizens' interests and who is neither an employee or board

member, nor has any other official affiliation with the mental health residential program.

Subp. 8. **Crisis services.** "Crisis services" means a set of activities designed to respond to medical, situational, and psychiatric emergencies.

Subp. 9. **Department.** "Department" means the Department of Human Services.

Subp. 10. **Full-time.** "Full-time" means work time equalling at least 37-1/2 hours per week.

Subp. 11. **Independent living skills training.** "Independent living skills training" means services which both emphasize development of an individual's skills required to perform increasingly independent daily living functions and which are appropriate to the needs of the individual.

Subp. 12. **Individual program plan or individual treatment plan.** "Individual program plan" or "individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results and revised, if necessary, at certain intervals. The plan specifies goals and objectives and a means for their accomplishment, and also identifies responsible staff persons.

Subp. 13. **License.** "License" has the meaning given it in Minnesota Statutes, section 245A.02, subdivision 8.

Subp. 14. **Living unit.** "Living unit" means a set of rooms which are physically self-contained, which have the defining walls extending from floor to ceiling, and which include bedrooms, living rooms or lounge areas, bathrooms, and connecting areas.

Subp. 15. **Mental health counselor.** "Mental health counselor" means an individual who, under the supervision of a mental health therapist or program director, provides treatment for residents who are mentally ill in a mental health residential program and who meets the requirements of part 9520.0660, subpart 8. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0670 for a mental health counselor.

Subp. 16. **Mental health residential program or program.** "Mental health residential program" or "program" means a planned combination of living conditions, services, and resources for the treatment and rehabilitation of five or more adults who are mentally ill on a 24-hour per day basis.

Subp. 17. **Mental health therapist.** "Mental health therapist" means an individual skilled in providing mental health therapy in a mental health residential program and who meets the requirements of part 9520.0660, subpart 7. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0670 for a mental health therapist.

Subp. 18. **Mental health therapy.** "Mental health therapy" means various treatment modalities which may reasonably be expected to improve the resident's condition.

Subp. 19. **Mental health worker.** "Mental health worker" means an individual who, under the supervision of a mental health counselor, mental health therapist, or program director, provides care, support, or assistance to residents who are mentally ill in a mental health residential program and who meets the requirements of part 9520.0660, subpart 9. Possible job titles for this staff position are resident manager, human services technician, independent living skills worker, and licensed practical nurse. The specific title of the individual employed in this position is at the discretion of the program as long as the title selection fairly reflects the responsibilities defined in parts 9520.0500 to 9520.0670 for a mental health worker.

Subp. 20. **Person who is mentally ill.** "Person who is mentally ill" means a person who has been diagnosed by a physician, a licensed psychologist, or a licensed consulting psychologist as having a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work, and recreation; or which is listed

in the International Classification of Diseases (ICD-9-CM), code range 290, 293-302.9 or 306-314.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Axes I, II, or III.

Subp. 21. **Motivation and remotivation services.** "Motivation and remotivation services" means a set of activities which encourages the development of positive attitudes and self-concept, and which encourages the resident to develop goals and to use available community resources.

Subp. 22. **Program director.** "Program director" means a person who is responsible for the development and implementation of the mental health residential program and who meets the requirements of part 9520.0660, subpart 6.

Subp. 23. **Provisional license.** "Provisional license" means a license issued under Minnesota Statutes, section 245A.04, subdivision 7, paragraph (b).

Subp. 24. **Recreation and leisure time services.** "Recreation and leisure time services" means a set of activities designed both to meet a resident's personal and therapeutic needs of self-expression, social interaction, and entertainment, and to develop skills and interests that lead to enjoyable and satisfying use of leisure time. An objective of these services is the integration of residents into the recreational mainstream of the community.

Subp. 25. **Restraint.** "Restraint" means any physical device that limits the free and normal movement of body and limbs.

Subp. 26. **Seclusion.** "Seclusion" means involuntary removal into a separate room which prevents social contact with other persons.

Subp. 27. **Socialization services.** "Socialization services" means a set of activities in which residents learn interpersonal relationship and communication skills.

Subp. 28. **Social services.** "Social services" may include psychosocial evaluation; counseling based on social work problem-solving methods; activities designed to assist residents in dealing with tasks of daily living; utilization of community resources; psychotherapy for individuals, families, and groups; and education, planning, and advocacy for the social needs of residents.

Subp. 29. **Support group services.** "Support group services" means a group process designed to allow residents to participate with other individuals in sharing feelings, experiences, and constructive feedback.

Subp. 30. **Vocational services.** "Vocational services" means a set of activities emphasizing development of skills required to perform work functions in a competitive, semicompetitive, or volunteer work setting.

Statutory Authority: *MS s 245A.09*

History: *L 1984 c 654 art 5 s 58; L 1987 c 333 s 22; 13 SR 144; 18 SR 2748; L 2002 c 221 s 50*

9520.0520 LICENSING PROCESS.

Subpart 1. **License required.** No mental health residential program shall operate in Minnesota unless it has a current and valid license or provisional license as required by parts 9543.1000 to 9543.1060, and Minnesota Statutes, sections 245A.01 to 245A.16.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 18 SR 2748]

Subp. 6. [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A.09*

History: *L 1987 c 333 s 22; 18 SR 2748*

9520.0530 [Repealed, 18 SR 2748]

9520.0540 PROGRAM POLICY AND PROCEDURES MANUAL.

Each mental health residential program shall develop a written policy and procedures manual. The manual shall contain all materials required by parts 9520.0550 to 9520.0630. The manual shall be available for inspection by the department.

Statutory Authority: *MS s 245A.09*

9520.0550 STATEMENT OF PURPOSE AND POLICIES.

The manual shall contain a complete statement describing the mental health residential program's philosophy and goals. This statement shall include, but not be limited to, a description of:

A. the geographical area to be served;

B. the design and methodology of program services; and

C. the scope of services offered.

Statutory Authority: *MS s 245A.09*

9520.0560 PROGRAM ORGANIZATION AND ADMINISTRATION.

Subpart 1. **Advisory committee.** Each program shall have an advisory committee which provides for community representation and public participation in its operation. The advisory committee shall have a core group which comprises a quorum. The core group shall include at least one program resident, the facility's administrator, and a community representative. The advisory committee shall document the procedure whereby residents are assured access to the advisory committee. The committee shall meet at least quarterly. Minutes of the meetings shall be recorded and kept on file at the facility.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. **Designated authority.** A program operating within Minnesota with headquarters outside of the state shall have a duly authorized representative with decision-making responsibility designated within this state.

Statutory Authority: *MS s 245A.09*

History: *18 SR 2748*

9520.0570 REQUIRED DOCUMENTATION AND REPORTS.

Subpart 1. **Insurance coverage.** Each program shall have written documentation of insurance coverage in an amount sufficient to protect the interests of residents.

Subp. 2. **Bonding.** Each program shall have written documentation that all employees are bonded or otherwise appropriately insured if they have access to or responsibility for handling money.

Subp. 3. **Financial information.** A new program shall document in writing a plan of funding sufficient to meet total projected program costs for a period of at least one year in addition to start-up costs.

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. **Nondiscrimination policy.** Each program shall have a written policy which requires that no resident be discriminated against in admission, termination, or the provision of program services on the basis of race, creed, color, national origin, religion, physical handicap, sexual preference, public assistance status, or marital status.

Subp. 6. **Vulnerable adults.** Each applicant shall comply with provisions of Minnesota Statutes, section 626.557.

Subp. 7. **Accident reports.** Each program shall have a written policy regarding accidents and missing persons. Each program shall maintain in central files at the facility reports regarding accidents or missing persons if the reports pertain to facility residents.

Subp. 8. **Annual comprehensive report.** Each program shall give a comprehensive annual report to its governing body, its advisory committee and to the host county. The

report shall also be available to the commissioner. The report shall include documentation in at least the following areas:

A. a current organizational chart listing the number of full-time equivalent positions in each job class;

B. training, staff development, and continuing education activities of staff;

C. administrative policy and procedure changes;

D. program evaluation as required in part 9520.0580; and

E. a financial report.

Statutory Authority: *MS s 245A.09*

History: *18 SR 2748*

9520.0580 PROGRAM EVALUATION.

Subpart 1. **Process required.** Each program shall institute an evaluation process to be conducted on an ongoing basis. The evaluation process shall be outcome-based and consistent with the emphasis of parts 9520.0500 to 9520.0690 on individual treatment planning. In a format developed by the commissioner, the data and documentation required by subparts 2 to 4 shall be submitted to the commissioner on an annual, aggregate basis for statewide summaries and for planning the use of state resources.

Subp. 2. **General data.** Each program shall systematically collect data that includes, but need not be limited to: resident demographic data, program service data, and data on concurrent services. Each program shall submit the data to the host county for combination with follow-up data collected by county case workers.

Subp. 3. **Individual data.** Each program shall also, for the purpose of examining the program's impact, assess the progress of each resident relative to the resident's individual treatment plan. Progress shall be assessed by rating each resident within 30 days of admission and thereafter at the time of quarterly review on uniform level of functioning scales determined by the commissioner.

Subp. 4. **County technical assistance.** Each program shall collaborate with available county technical assistance staff to examine the evaluation results, to assess the overall progress of residents in the program, and to document how the results are used in administrative and program development.

Subp. 5. **Data restrictions.** Each program shall collect the statistical data described in this part for the purpose of program evaluation. The categories of data shall be compatible with the evaluation requirement of the Community Social Services Act, Minnesota Statutes, chapter 256E, and shall not require duplicate data collection. Dissemination shall be in accordance with provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, sections 13.01 to 13.86, and all applicable federal rules or laws.

Statutory Authority: *MS s 245A.09*

9520.0590 PERSONNEL POLICIES AND PROCEDURES.

Subpart 1. **General requirements.** Each program shall have a written personnel policy and shall make a copy of it available to the department for review. Personnel policies shall be carried out in accordance with affirmative action policies and equal employment opportunity regulations.

Subp. 2. **Job description.** The personnel policy shall contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance, and qualifications.

Subp. 3. **Job evaluation.** The personnel policy shall provide for job performance evaluations conducted on a regular and ongoing basis with a written annual review.

Subp. 4. **Conditions of employment.** The personnel policy shall describe the employees' conditions of employment and the general conditions which constitute grounds for dismissal and suspension.

Subp. 5. **Organizational chart.** The personnel policy shall also include a chart or definition of organizational structure indicating lines of authority.

Subp. 6. [Repealed, 18 SR 2748]

Subp. 7. **Personnel data.** Program employee personnel data shall be accessible to the department.

Subp. 8. **Staff orientation.** The personnel policy shall include a program of orientation for all new staff and the orientation shall be based on a written plan. At a minimum, the plan of orientation shall provide for training related to the specific job functions for which the employee was hired, facility policies and procedures, and the needs of persons who are mentally ill.

Subp. 9. **Staff training.** The program shall have a staff development plan, including continuing education opportunities. The plan shall be reviewed annually. The plan shall be relevant to the facility's program and resident population. There shall be at least 15 hours of continuing education annually for each staff person working directly with persons who are mentally ill. The training shall include, but need not be limited to, the following areas:

A. first aid training;

B. crisis intervention training for psychiatric emergencies;

C. problems and needs of persons who are mentally ill and their families;

D. community resources locally available to adults who are mentally ill;

E. psychotropic medications and their side effects;

F. resident rights;

G. cultural awareness training;

H. rules governing the operation of residential facilities for adults who are mentally ill;

I. staff stress or burnout; and

J. other topics, such as case management, individualized goal planning, chemical use and abuse, health and nutrition, and services for multiple disability residents.

Subp. 10. [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A.09*

History: *L 1984 c 654 art 5 s 58; 18 SR 2748; L 2002 c 221 s 50*

9520.0600 PERSONNEL FILES.

Subpart 1. **Central training file.** The orientation and continuing education required by part 9520.0590 shall be documented by each program in a central training file. The file shall be available to the department for review. Documentation shall include, but need not be limited to: the date, the subject, the name of the person who conducted the training, the names of staff attending, and the number of hours attended.

Subp. 2. **Individual files.** Each program shall maintain a separate personnel file for each employee. The files shall be available to the department for review. Employees shall be able to review their own personnel files, subject to the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, sections 13.01 to 13.86. At a minimum, each file shall contain the following:

A. an application for employment or a resume;

B. verification of employee's credentials;

C. an annual job performance evaluation;

D. an annual growth and development plan;

E. documentation of orientation; and

F. a record of training and education activities during employment.

Statutory Authority: *MS s 245A.09*

9520.0610 ADMISSION, DISCHARGE, AND TRANSFER POLICIES.

Subpart 1. **Admission criteria.** Each program shall develop admission criteria delineating the types and characteristics of persons who can and cannot be served by the program. Intake policies and procedures shall be developed including the role of community resources.

Subp. 2. **Discharge and transfer policies.** Each program shall develop detailed discharge and transfer policies and procedures. The policies and procedures shall include:

A. a planned discharge or transfer conference with the resident, staff representatives, and others requested by the resident if possible;

B. identification of community resources which directly relate to the continuing needs of the resident; and

C. a description of the process by which a discharged or transferred resident would or would not have access to the staff and other residents in order to facilitate readjustment in the community.

Statutory Authority: *MS s 245A.09*

9520.0620 PROGRAM SERVICES.

The following services shall be offered either by the program or through a working agreement with other community resources:

A. case management services;

B. crisis services;

C. independent living skills training;

D. mental health therapy;

E. motivation and remotivation services;

F. recreation and leisure time services;

G. socialization services;

H. support group services;

I. social services;

J. vocational services; and

K. other services if their need is indicated by the resident assessment.

Statutory Authority: *MS s 245A.09*

9520.0630 POLICIES AND PROCEDURES GUARANTEEING RESIDENT RIGHTS.

Subpart 1. **Explanation of rights.** A written statement of residents' rights and responsibilities shall be developed encompassing subparts 2 to 11. Program staff shall explain to each resident the resident's rights and responsibilities. A written statement of residents' rights and responsibilities shall be given to each resident, and to his or her responsible party if the resident has a legal guardian, on admission. A list of residents' rights and responsibilities shall be posted in a place accessible to the residents and shall be available to the department for review.

Subp. 2. **Grievance procedure.** Upon admission each resident shall be informed of grievance procedures available to the resident, and a copy of the procedures shall be posted in a place accessible to the resident. The grievance procedures shall include the following:

A. an offer of assistance by the program staff in development and process of the grievance; and

B. a list of internal resources for use by the resident, such as the resident council or a grievance committee, and a list of community resources available to the resident, such as the health facilities complaint office in the Department of Health, the Licensing Division in the Department of Human Services, and the Department of Human Rights.

Subp. 3. **Resident council.** Each program shall have a resident council through which residents have an opportunity to express their feelings and thoughts about the program and to affect policies and procedures of the program. Minutes of council meetings shall be recorded and made available to the program director.

Subp. 4. **Personal funds policy.** Staff will not supervise the use of residents' personal funds or property, unless policies governing the supervision have been written and unless the resident has signed a consent form prior to the exercise of supervision indicating an awareness of and consent to procedures governing the use of the resident's personal funds. In order to encourage independent living skills, any restriction of a resident's personal funds must be documented in the individual treatment plan. Resident fund accounts shall be maintained separately from program fund accounts.

Subp. 5. **Resident compensation.** A resident who performs labor other than labor of a housekeeping nature shall be compensated appropriately and in compliance with applicable state and federal labor laws, including minimum wage and minimum wage reduction provisions. Labor of a housekeeping nature shall be limited to household chores which a person living in his or her own residence in the community would normally perform.

Subp. 6. **Physician appointments.** A resident shall be allowed to see his or her physician at any reasonable time.

Subp. 7. **Photographs of residents.** A resident shall not have his or her photograph taken for any purpose beyond identification unless he or she consents.

Subp. 8. **Telephone use.** Residents shall have access within the facility to a telephone for incoming, local outgoing, and emergency calls. They shall have access within the facility to a pay phone or its equivalent for outgoing long distance calls. Any restriction on resident access to telephones shall be documented in the individual treatment plan.

Subp. 9. **Mail.** Residents shall be allowed to receive and send uncensored mail. Any restrictions shall be documented in the individual treatment plan.

Subp. 10. **Restraints.** The facility shall have a written policy that defines the uses of restraint, seclusion, and crisis medications as a treatment mode; the staff members who may authorize its use; and a mechanism for monitoring and controlling its use. Physical restraint and seclusion shall be used only when absolutely necessary to protect the resident from injury to self or to others. Restraint, seclusion, and medications shall not be used as punishment, for the convenience of staff, or as a substitute for a program.

Subp. 11. **Visitors.** Residents shall be allowed to receive visitors at reasonable times. They shall be allowed to receive visits at any time from their personal physician, religious adviser, and attorney. The right to receive visitors other than those specified above may be subject to reasonable written visiting rules and hours established by the head of the facility for all residents. The head of the facility may impose limitations on visits to an individual resident only if he or she finds the limitations are necessary for the welfare of the resident and if the limitation and reasons are fully documented in the resident's individual treatment plan.

Statutory Authority: *MS s 245A.09*

History: *L 1984 c 654 art 5 s 58; 17 SR 1279*

9520.0640 RESIDENT RECORDS.

Subpart 1. **Individual program plan development.** The mental health residential program staff shall, within ten days after admission, write short-term goals with each resident in order to address the resident's immediate needs. The program staff shall, within 30 days of admission, write an individual program plan which contains the components specified in subpart 2. Medical, social, psychological, and psychiatric histories of the resident shall be used in the development of the plan. The plan shall be developed by an interdisciplinary team including the resident, the program staff, a

representative of the referring agency and other appropriate resources, such as family, concerned others, and health care providers requested by the resident. Each resident shall be actively involved in developing his or her plan, unless contraindicated. The persons involved in the development of the individual program plan shall be noted on the plan. The extent of the resident's participation in developing the program plan shall also be noted on the plan. The plan and documentation related to it shall be kept in the facility where the mental health program is located.

Subp. 2. **Plan contents.** An individual program plan shall contain at least the following components:

A. an assessment, including a strength and need list, of the resident in at least the following areas of life: social, medical, legal, family, leisure and recreation, spiritual or religious, psychological, financial, vocational, and educational;

B. the specific problems to be resolved;

C. a list of goals in order of priority;

D. specific, measurable, and time-limited objectives which relate directly to the goals;

E. specific methods, strategies, and resources, including medications, to be used by the staff in assisting the resident to accomplish the goals and objectives;

F. the names of community resource personnel, program staff, or other persons designated to assist the resident in implementing the various components of the plan; and

G. notes indicating progress in achieving the goals and objectives.

Subp. 3. **Progress report.** A quarterly review of the resident's response to the individual treatment plan and his or her involvement in the facility's overall program shall be written. Copies of this report shall be given to the resident and shall be sent to the representative of the referring agency and other persons deemed appropriate by the program director and resident. The resident's level of participation in the development and the review of the report shall be documented. The report shall be kept at the facility.

Subp. 4. **Discharge or transfer summary.** A discharge or transfer summary shall be written for each person transferred or discharged. The summary shall include at least the following information:

A. a brief review of the resident's problems, strengths, and needs while a resident of the program;

B. the response of the resident to his or her individual treatment plan and to the facility's overall program;

C. an aftercare plan which identifies the persons, including at least the resident, a program staff member, and a representative of the referring agency, who participated in the development of the aftercare plan; goals and objectives for the first three months after discharge or transfer; and individuals or agencies who will be working with the resident after discharge or transfer; and

D. a forwarding address and telephone number for follow-up contacts.

Subp. 5. **Accidents and missing persons.** A copy of any report regarding accidents and missing persons must be documented in the individual's resident record if the resident is involved in the report.

Subp. 6. **Release of information.** Private data regarding a resident shall not be used or released by the facility to any person or agency, except pursuant to the Minnesota Government Data Practices Act. The facility shall use written consent forms for any release of resident information or data.

Statutory Authority: *MS s 245A.09*

9520.0650 LIVING UNIT REQUIREMENTS.

Subpart 1. **Furnishings.** Each living unit shall include furnishings appropriate to the psychological, emotional, and developmental needs of each resident.

Subp. 2. **Ratios.** For each program, there shall be one living room or lounge area per living unit for up to 25 residents.

Subp. 3. **Program space.** There shall be space available for program services as indicated in the individual treatment plans such as an area for learning recreation and leisure time skills, and an area for learning independent living skills, such as laundering and cooking.

Subp. 4. **Gender of residents.** The unit or complex of units shall house both male and female residents insofar as this conforms to prevailing cultural norms, unless contraindicated by the facility's overall program plan. The unit shall provide for appropriate separation of male and female residents.

Subp. 5. **Privacy.** The living unit shall allow for individual privacy and group socialization. Each resident shall have the opportunity for privacy during assessment, interviews, counseling sessions, and visitations.

Subp. 6. **Storage space.** Each facility shall provide to each resident storage space for clothing and other personal property, including a secure place for valuables. Each facility may exclude particular kinds of personal property from the facility for reasons of space limitations or safety. Any exclusions shall be documented and included in the policies and procedures manual of the facility.

Statutory Authority: *MS s 245A.09*

9520.0660 ADDITIONAL REQUIREMENTS FOR CATEGORY I PROGRAMS.

Subpart 1. **In general.** In addition to the requirements of parts 9520.0500 to 9520.0650, Category I programs shall meet the requirements of subparts 2 to 10.

Subp. 2. **Capacity.** Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds, shall have a three year grace period from February 8, 1982, to reduce capacity to 40 beds or fewer, or to divide the facility into living units which do not exceed 25 beds. Applicants with facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit, shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

Subp. 3. **Department of Health licensing standards.** The facility shall be licensed as a supervised living facility, a boarding care home, or a hospital.

Subp. 4. **Intake information.** Each facility shall maintain in the facility documentation that:

A. a prospective resident has been diagnosed as being mentally ill and requires treatment;

B. the diagnoses are based on medical, social, psychological, and psychiatric information; and

C. medical, social, psychological, and psychiatric histories were obtained for each resident.

Subp. 5. **Administrator.** An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the program.

Subp. 6. **Program director.** An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

A. a master's degree in the behavioral sciences or related field with at least two years of work experience providing services to persons who are mentally ill, or a bachelor's degree in the behavioral sciences or related field with a minimum of four years of work experience providing services to persons who are mentally ill; and

B. one year of experience or training in administration or supervision.

Subp. 7. **Mental health therapist.** If mental health therapy is provided within the mental health residential program, a mental health therapist shall be hired. Persons employed as mental health therapists prior to February 8, 1982, shall not be required to meet the qualifications of items A and B. Persons employed as mental health therapists after February 8, 1982, shall be required to meet the qualifications of items A and B. The mental health therapist shall be qualified in at least the following ways:

A. a bachelor's degree; and

B. a master's degree in the behavioral sciences or related field or two years of advanced level, certificate training in mental health therapy.

Subp. 8. **Mental health counselors.** If program services other than mental health therapy are provided within the mental health residential program, they shall be provided by mental health counselors or mental health workers, or both. Persons employed as mental health counselors prior to February 8, 1982, shall not be required to meet any specific education requirements. Persons employed as mental health counselors after February 8, 1982, shall have at least an Associate of Arts degree in one of the behavioral sciences or a related field or a registered nurse degree.

Subp. 9. **Mental health workers.** Persons employed as mental health workers after February 8, 1982, shall meet the qualifications as determined by the governing body to be consistent with those needed to meet the stated goals of the program.

Subp. 10. **Staffing ratios.** The program shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24 hour coverage within the mental health residential program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to concentrated programming shall be identified. The following minimum staff to resident ratios shall be maintained. The requirements of item B represent full-time equivalencies and may be prorated based on licensed resident capacity.

A. The number of work hours performed by the program director shall be prorated based on resident capacity with a ratio of 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40-bed resident capacity. With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40 bed resident capacity. However, applicants or programs with more than a 40 bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

B. The number of work hours performed by the mental health therapist and mental health counselor and mental health worker may be combined in different ways, depending on program needs, to achieve a ratio of one full-time equivalent position for each five residents (1:5 FTE, averaged weekly). When the work hours are combined, the facility shall have written documentation that supervision is provided.

Statutory Authority: *MS s 245A.09*

History: *L 2002 c 221 s 50*

9520.0670 ADDITIONAL REQUIREMENTS FOR CATEGORY II PROGRAMS.

Subpart 1. **In general.** In addition to the requirements of parts 9520.0500 to 9520.0650, Category II programs shall meet the requirements of subparts 2 to 9.

Subp. 2. **Capacity.** Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds shall have a three year period after February 8, 1982, to divide the facility into living units which do not exceed 25 beds. Facilities existing as of July 1, 1980, with a capacity exceeding 25 beds per living unit shall not increase the total capacity of the facility. New facilities shall not exceed a maximum capacity of 25 beds.

Subp. 3. **Department of Health licensing standards.** The facility shall have a board and lodging license from the Minnesota Department of Health or its equivalent from a local health department or a health care license.

Subp. 4. **Intake information.** Each facility shall maintain in the facility documentation that:

A. a mental health assessment or reassessment has been completed to determine appropriateness of admission; and

B. medical, social, psychological, and psychiatric histories were obtained for each resident.

Subp. 5. **Medical information.** Each program with a board and lodging license shall require that a physical exam be done 30 days prior to admission or within three days following admission. Each resident shall have an annual physical and dental examination. Records shall be kept of annual medical and dental examinations, including records on all prescription medications the resident is taking. Records shall also be maintained regarding the general medical condition of the resident, including any disabilities and limitations.

Subp. 6. **Administrator.** An individual shall be designated as administrator of the mental health residential program. The administrator shall be responsible for continuous overall operation, including maintenance and upkeep of the facility. In the administrator's absence, a staff member who is familiar with operations of the organization shall be designated to assume the responsibilities of the administrator. An individual who is functioning as administrator but not as program director shall meet qualifications determined by the governing body which are consistent with the training and education needed to meet the stated goals of the program.

Subp. 7. **Program director.** An individual shall be designated as the program director. The positions of program director and administrator may be filled by the same person. This individual shall meet at least the following qualifications:

A. a master's degree in the behavioral sciences or related field and at least one year of work experience providing services to persons who are mentally ill, or a bachelor's degree in behavioral sciences or related field with a minimum of two years' work experience providing services to persons who are mentally ill; and

B. one year of experience or training in administration or supervision.

Subp. 8. **Mental health therapists, counselors, and workers.** If program services are offered within the facility, they shall be provided by mental health therapists, mental health counselors, or mental health workers. The minimum qualifications for these positions shall be consistent with those of Category I specified in part 9520.0660, subparts 7 to 9.

Subp. 9. **Staffing ratios.** The facility shall have sufficient staff to provide the required program services and implement the individual program plans. Staffing patterns shall be developed to ensure 24 hour coverage within the mental health residential program and to reflect the need for more staff per number of residents during hours of concentrated programming. The hours of the day devoted to concentrated programming shall be identified. The following minimum staff to resident ratios shall be maintained. The requirement of item B represents a full-time equivalency and may be prorated based on licensed resident capacity.

A. The number of work hours performed by the program director shall be prorated based on resident capacity with the ratio of 40 hours per week to 40 residents. With this ratio, applicants shall be allowed to use one program director to direct more than one program and shall be allowed to use one full-time program director for programs with less than a 40 bed resident capacity. With this ratio, applicants shall not be required to have more than one full-time program director for programs with more than a 40 bed resident capacity. However, applicants or programs with more than a 40 bed capacity shall describe whatever additional assistance they intend to provide for the program director function.

B. The number of work hours performed by the mental health therapist, mental health counselor, and mental health worker may be combined to achieve a ratio of one full-time equivalent staff position for each ten residents (1:10 FTE, averaged weekly). When the work hours are combined, the facility shall have written documentation that supervision is provided.

Statutory Authority: *MS s 245A.09*

History: *L 2002 c 221 s 50*

9520.0680 [Repealed, 18 SR 2748]

9520.0690 [Repealed, 18 SR 2748]

MENTAL HEALTH CENTER AND MENTAL HEALTH CLINIC STANDARDS

9520.0750 PURPOSE.

Parts 9520.0750 to 9520.0870 establish standards for approval of mental health centers and mental health clinics for purposes of insurance and subscriber contract reimbursement under Minnesota Statutes, section 62A.152.

Statutory Authority: *MS s 245.69 subd 2*

9520.0760 DEFINITIONS.

Subpart 1. **Scope.** As used in parts 9520.0760 to 9520.0870, the following terms have the meanings given them.

Subp. 2. **Application.** "Application" means the formal statement by a center to the commissioner, on the forms created for this purpose, requesting recognition as meeting the requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Approval.** "Approval" means the determination by the commissioner that the applicant center has met the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, and is therefore eligible to claim reimbursement for outpatient clinical services under the terms of Minnesota Statutes, section 62A.152. Approval of a center under these parts does not mean approval of a multidisciplinary staff person of such center to claim reimbursement from medical assistance or other third-party payors when practicing privately. Approval of a center under these parts does not mean approval of such center to claim reimbursement from medical assistance.

Subp. 4. **Case review.** "Case review" means a consultation process thoroughly examining a client's condition and treatment. It includes review of the client's reason for seeking treatment, diagnosis and assessment, and the individual treatment plan; review of the appropriateness, duration, and outcome of treatment provided; and treatment recommendations.

Subp. 5. **Center.** "Center" means a public or private health and human services facility which provides clinical services in the treatment of mental illness. It is an abbreviated term used in place of "mental health center" or "mental health clinic" throughout parts 9520.0750 to 9520.0870.

Subp. 6. **Client.** "Client" means a person accepted by the center to receive clinical services in the diagnosis and treatment of mental illness.

Subp. 7. **Clinical services.** "Clinical services" means services provided to a client to diagnose, describe, predict, and explain that client's status relative to a disabling condition or problem, and where necessary, to treat the client to reduce impairment due to that condition. Clinical services also include individual treatment planning, case review, record keeping required for treatment, peer review, and supervision.

Subp. 8. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or a designated representative.

Subp. 9. **Competent.** "Competent" means having sufficient knowledge of and proficiency in a specific mental illness assessment or treatment service, technique, method, or procedure, documented by experience, education, training, and certification, to be able to provide it to a client with little or no supervision.

Subp. 10. **Consultation.** "Consultation" means the process of deliberating or conferring between multidisciplinary staff regarding a client and the client's treatment.

Subp. 11. **Deferral.** "Deferral" means the determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 and is not approved, but is granted a period of time to comply with these standards and receive a second review without reapplication.

Subp. 12. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Disapproval or withdrawal of approval.** "Disapproval" or "withdrawal of approval" means a determination by the commissioner that the applicant center does not meet the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 14. **Discipline.** "Discipline" means a branch of professional knowledge or skill acquired through a specific course of study and training and usually documented by a specific educational degree or certification of proficiency. Examples of the mental health disciplines include but are not limited to psychiatry, psychology, clinical social work, and psychiatric nursing.

Subp. 15. **Documentation.** "Documentation" means the automatically or manually produced and maintained evidence that can be read by person or machine, and that will attest to the compliance with requirements of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention and treatment developed on the basis of assessment results for a specific client, and updated as necessary. The plan specifies the goals and objectives in measurable terms, states the treatment strategy, and identifies responsibilities of multidisciplinary staff.

Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a staff person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

A. by having a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

B. by having 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness;

C. by being a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university; or

D. by having a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university.

Documentation of compliance with part 9520.0800, subpart 4, item B is required for designation of work as supervised experience in the delivery of clinical services. Documentation of the accreditation of a college or university shall be a listing in Accredited Institutions of Postsecondary Education Programs, Candidates for the year the degree was issued. The master's degree in behavioral sciences or related fields shall include a minimum of 28 semester hours of graduate course credit in mental health theory and supervised clinical training, as documented by an official transcript.

Subp. 18. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.462, subdivision 18.

Subp. 19. **Mental illness.** "Mental illness" means a condition which results in an inability to interpret the environment realistically and in impaired functioning in primary aspects of daily living such as personal relations, living arrangements, work, and recreation, and which is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), Ninth Revision (1980), code range 290.0-302.99 or 306.0-316, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III), Third Edition (1980), Axes I, II or III. These publications are available from the state law library.

Subp. 20. **Multidisciplinary staff.** "Multidisciplinary staff" means the mental health professionals and mental health practitioners employed by or under contract to the center to provide outpatient clinical services in the treatment of mental illness.

Subp. 21. **Serious violations of policies and procedures.** "Serious violations of policies and procedures" means a violation which threatens the health, safety, or rights of clients or center staff; the repeated nonadherence to center policies and procedures; and the nonadherence to center policies and procedures which result in noncompliance with Minnesota Statutes, section 245.69, subdivision 2 and parts 9520.0760 to 9520.0870.

Subp. 22. **Treatment strategy.** "Treatment strategy" means the particular form of service delivery or intervention which specifically addresses the client's characteristics and mental illness, and describes the process for achievement of individual treatment plan goals.

Statutory Authority: *MS s 245.69*

History: *L 1984 c 654 art 5 s 58; 20 SR 2702*

9520.0770 ORGANIZATIONAL STRUCTURE OF CENTER.

Subpart 1. **Basic unit.** The center or the facility of which it is a unit shall be legally constituted as a partnership, corporation, or government agency. The center shall be either the entire facility or a clearly identified unit within the facility which is administratively and clinically separate from the rest of the facility. All business shall be conducted in the name of the center or facility, except medical assistance billing by individually enrolled providers when the center is not enrolled.

Subp. 2. **Purpose, services.** The center shall document that the prevention, diagnosis, and treatment of mental illness are the main purposes of the center. If the center is a unit within a facility, the rest of the facility shall not provide clinical services in the outpatient treatment of mental illness. The facility may provide services other than clinical services in the treatment of mental illness, including medical services, chemical dependency services, social services, training, and education. The provision of these additional services is not reviewed in granting approval to the center under parts 9520.0760 to 9520.0870.

Subp. 3. **Governing body.** The center shall have a governing body. The governing body shall provide written documentation of its source of authority. The governing body shall be legally responsible for the implementation of the standards set forth in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 through the establishment of written policy and procedures.

Subp. 4. **Chart or statement of organization.** The center shall have an organizational chart or statement which specifies the relationships among the governing body, any administrative and support staff, mental health professional staff, and mental health practitioner staff; their respective areas of responsibility; the lines of authority involved; the formal liaison between administrative and clinical staff; and the relationship of the center to the rest of the facility and any additional services provided.

Statutory Authority: *MS s 245.69 subd 2*

9520.0780 SECONDARY LOCATIONS.

Subpart 1. **Main and satellite offices.** The center shall notify the commissioner of all center locations. If there is more than one center location, the center shall designate

one as the main office and all secondary locations as satellite offices. The main office as a unit and the center as a whole shall be in compliance with part 9520.0810. The main office shall function as the center records and documentation storage area and house most administrative functions for the center. Each satellite office shall:

A. be included as a part of the legally constituted entity;

B. adhere to the same clinical and administrative policies and procedures as the main office;

C. operate under the authority of the center's governing body;

D. store all center records and the client records of terminated clients at the main office;

E. ensure that a mental health professional is at the satellite office and competent to supervise and intervene in the clinical services provided there, whenever the satellite office is open;

F. ensure that its multidisciplinary staff have access to and interact with main center staff for consultation, supervision, and peer review; and

G. ensure that clients have access to all clinical services provided in the treatment of mental illness and the multidisciplinary staff of the center.

Subp. 2. **Noncompliance.** If the commissioner determines that a secondary location is not in compliance with subpart 1, it is not a satellite office. Outpatient clinical services in the treatment of mental illness delivered by the center or facility of which it is a unit shall cease at that location, or the application shall be disapproved.

Statutory Authority: *MS s 245.69 subd 2*

9520.0790 MINIMUM TREATMENT STANDARDS.

Subpart 1. **Multidisciplinary approach.** The center shall document that services are provided in a multidisciplinary manner. That documentation shall include evidence that staff interact in providing clinical services, that the services provided to a client involve all needed disciplines represented on the center staff, and that staff participate in case review and consultation procedures as described in subpart 6.

Subp. 2. **Intake and case assignment.** The center shall establish an intake or admission procedure which outlines the intake process, including the determination of the appropriateness of accepting a person as a client by reviewing the client's condition and need for treatment, the clinical services offered by the center, and other available resources. The center shall document that case assignment for assessment, diagnosis, and treatment is made to a multidisciplinary staff person who is competent in the service, in the recommended treatment strategy and in treating the individual client characteristics. Responsibility for each case shall remain with a mental health professional.

Subp. 3. **Assessment and diagnostic process.** The center shall establish an assessment and diagnostic process that determines the client's condition and need for clinical services. The assessment of each client shall include clinical consideration of the client's general physical, medical, developmental, family, social, psychiatric, and psychological history and current condition. The diagnostic statement shall include the diagnosis based on the codes in the International Classification of Diseases or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and refer to the pertinent assessment data. The diagnosis shall be by or under the supervision of and signed by a psychiatrist or licensed psychologist. The diagnostic assessment, as defined by Minnesota Statutes, sections 245.462, subdivision 9, for adults, and 245.4871, subdivision 11, for children, must be provided by a licensed mental health professional in accordance with Minnesota Statutes, section 245.467, subdivision 2.

Subp. 4. **Treatment planning.** The individual treatment plan, based upon a diagnostic assessment of mental illness, shall be jointly developed by the client and the mental health professional. This planning procedure shall ensure that the client has been informed in the following areas: assessment of the client condition; treatment

alternatives; possible outcomes and side effects of treatment; treatment recommendations; approximate length, cost, and hoped-for outcome of treatment; the client's rights and responsibilities in implementation of the individual treatment plan; staff rights and responsibilities in the treatment process; the Government Data Practices Act; and procedures for reporting grievances and alleged violation of client rights. If the client is considering chemotherapy, hospitalization, or other medical treatment, the appropriate medical staff person shall inform the client of the treatment alternatives, the effects of the medical procedures, and possible side effects. Clinical services shall be appropriate to the condition, age, sex, socioeconomic, and ethnic background of the client, and provided in the least restrictive manner. Clinical services shall be provided according to the individual treatment plan and existing professional codes of ethics.

Subp. 5. **Client record.** The center shall maintain a client record for each client. The record must document the assessment process, the development and updating of the treatment plan, the treatment provided and observed client behaviors and response to treatment, and serve as data for the review and evaluation of the treatment provided to a client. The record shall include:

A. a statement of the client's reason for seeking treatment;

B. a record of the assessment process and assessment data;

C. the initial diagnosis based upon the assessment data;

D. the individual treatment plan;

E. a record of all medication prescribed or administered by multidisciplinary staff;

F. documentation of services received by the client, including consultation and progress notes;

G. when necessary, the client's authorization to release private information, and client information obtained from outside sources;

H. at the closing of the case, a statement of the reason for termination, current client condition, and the treatment outcome; and

I. correspondence and other necessary information.

Subp. 6. **Consultation; case review.** The center shall establish standards for case review and encourage the ongoing consultation among multidisciplinary staff. The multidisciplinary staff shall attend staff meetings at least twice monthly for a minimum of four hours per month, or a minimum of two hours per month if the multidisciplinary staff person provides clinical services in the treatment of mental illness less than 15 hours per week. The purpose of these meetings shall be case review and consultation. Written minutes of the meeting shall be maintained at the center for at least three years after the meeting.

Subp. 7. **Referrals.** If the necessary treatment or the treatment desired by the client is not available at the center, the center shall facilitate appropriate referrals. The multidisciplinary staff person shall discuss with the client the reason for the referral, potential treatment resources, and what the process will involve. The staff person shall assist in the process to ensure continuity of the planned treatment.

Subp. 8. **Emergency service.** The center shall ensure that clinical services to treat mental illness are available to clients on an emergency basis.

Subp. 9. **Access to hospital.** The center shall document that it has access to hospital admission for psychiatric inpatient care, and shall provide that access when needed by a client. This requirement for access does not require direct hospital admission privileges on the part of qualified multidisciplinary staff.

Statutory Authority: *MS s 245.69*

History: *20 SR 2702*

9520.0800 MINIMUM QUALITY ASSURANCE STANDARDS.

Subpart 1. **Policies and procedures.** The center shall develop written policies and procedures and shall document the implementation of these policies and procedures

for each treatment standard and each quality assurance standard in subparts 2 to 7. The policies shall be approved by the governing body. The procedures shall indicate what actions or accomplishments are to be performed, who is responsible for each action, and any documentation or required forms. Multidisciplinary staff shall have access to a copy of the policies and procedures at all times.

Subp. 2. **Peer review.** The center shall have a multidisciplinary peer review system to assess the manner in which multidisciplinary staff provide clinical services in the treatment of mental illness. Peer review shall include the examination of clinical services to determine if the treatment provided was effective, necessary, and sufficient and of client records to determine if the recorded information is necessary and sufficient. The system shall ensure review of a randomly selected sample of five percent or six cases, whichever is less, of the annual caseload of each mental health professional by other mental health professional staff. Peer review findings shall be discussed with staff involved in the case and followed up by any necessary corrective action. Peer review records shall be maintained at the center.

Subp. 3. **Internal utilization review.** The center shall have a system of internal utilization review to examine the quality and efficiency of resource usage and clinical service delivery. The center shall develop and carry out a review procedure consistent with its size and organization which includes collection or review of information, analysis or interpretation of information, and application of findings to center operations. The review procedure shall minimally include, within any three year period of time, review of the appropriateness of intake, the provision of certain patterns of services, and the duration of treatment. Criteria may be established for treatment length and the provision of services for certain client conditions. Utilization review records shall be maintained, with an annual report to the governing body for applicability of findings to center operations.

Subp. 4. **Staff supervision.** Staff supervision:

A. The center shall have a clinical evaluation and supervision procedure which identifies each multidisciplinary staff person's areas of competence and documents that each multidisciplinary staff person receives the guidance and support needed to provide clinical services for the treatment of mental illness in the areas they are permitted to practice.

B. A mental health professional shall be responsible for the supervision of the mental health practitioner, including approval of the individual treatment plan and bimonthly case review of every client receiving clinical services from the practitioner. This supervision shall include a minimum of one hour of face-to-face, client-specific supervisory contact for each 40 hours of clinical services in the treatment of mental illness provided by the practitioner.

Subp. 5. **Continuing education.** The center shall require that each multidisciplinary staff person attend a minimum of 36 clock hours every two years of academic or practical course work and training. This education shall augment job-related knowledge, understanding, and skills to update or enhance staff competencies in the delivery of clinical services to treat mental illness. Continued licensure as a mental health professional may be substituted for the continuing education requirement of this subpart.

Subp. 6. **Violations of standards.** The center shall have procedures for the reporting and investigating of alleged unethical, illegal, or grossly negligent acts, and of the serious violation of written policies and procedures. The center shall document that the reported behaviors have been reviewed and that responsible disciplinary or corrective action has been taken if the behavior was substantiated. The procedures shall address both client and staff reporting of complaints or grievances regarding center procedures, staff, and services. Clients and staff shall be informed they may file the complaint with the department if it was not resolved to mutual satisfaction. The center shall have procedures for the reporting of suspected abuse or neglect of clients, in accordance with Minnesota Statutes, sections 611A.32, subdivision 5; 626.556; and 626.557.

Subp. 7. **Data classification.** Client information compiled by the center, including client records and minutes of case review and consultation meetings, shall be protected as private data under the Minnesota Government Data Practices Act.

Statutory Authority: *MS s 245.69*

History: *20 SR 2702*

9520.0810 MINIMUM STAFFING STANDARDS.

Subpart 1. **Required staff.** Required staff:

A. The multidisciplinary staff of a center shall consist of at least four mental health professionals. At least two of the mental health professionals shall each be employed or under contract for a minimum of 35 hours a week by the center. Those two mental health professionals shall be of different disciplines.

B. The mental health professional staff shall include a psychiatrist and a licensed psychologist.

C. The mental health professional employed or under contract to the center to meet the requirement of item B shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks.

Subp. 2. **Additional staff; staffing balance.** Additional mental health professional staff may be employed by or under contract to the center provided that no single mental health discipline or combination of allied fields shall comprise more than 60 percent of the full-time equivalent mental health professional staff. This provision does not apply to a center with fewer than six full-time equivalent mental health professional staff. Mental health practitioners may also be employed by or under contract to a center to provide clinical services for the treatment of mental illness in their documented area of competence. Mental health practitioners shall not comprise more than 25 percent of the full-time equivalent multidisciplinary staff. In determination of full-time equivalence, only time spent in clinical services for the treatment of mental illness shall be considered.

Subp. 3. **Multidisciplinary staff records.** The center shall maintain records sufficient to document that the center has determined and verified the clinical service qualifications of each multidisciplinary staff person, and sufficient to document each multidisciplinary staff person's terms of employment.

Subp. 4. **Credentialed occupations.** The center shall adhere to the qualifications and standards specified by rule for any human service occupation credentialed under Minnesota Statutes, section 214.13 and employed by or under contract to the center.

Statutory Authority: *MS s 245.69*

History: *20 SR 2702*

9520.0820 APPLICATION PROCEDURES.

Subpart 1. **Form.** A facility seeking approval as a center for insurance reimbursement of its outpatient clinical services in treatment of mental illness must make formal application to the commissioner for such approval. The application form for this purpose may be obtained from the Mental Illness Program Division of the department. The application form shall require only information which is required by statute or rule, and shall require the applicant center to explain and provide documentation of compliance with the minimum standards in Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 2. **Fee.** Each application shall be accompanied by payment of the nonrefundable application fee. The fee shall be established and adjusted in accordance with Minnesota Statutes, section 16A.128 to cover the costs to the department in implementing Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 3. **Completed application.** The application is considered complete on the date the application fee and all information required in the application form are received by the department.

Subp. 4. **Coordinator.** The center shall designate in the application a mental health professional as the coordinator for issues surrounding compliance with parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*

9520.0830 REVIEW OF APPLICANT CENTERS.

Subpart 1. **Site visit.** The formal review shall begin after the completed application has been received, and shall include an examination of the written application and a visit to the center. The applicant center shall be offered a choice of site visit dates, with at least one date falling within 60 days of the date on which the department receives the complete application. The site visit shall include interviews with multidisciplinary staff and examination of a random sample of client records, consultation minutes, quality assurance reports, and multidisciplinary staff records.

Subp. 2. **Documentation.** If implementation of a procedure is too recent to be reliably documented, a written statement of the planned implementation shall be accepted as documentation on the initial application. The evidence of licensure or accreditation through another regulating body shall be accepted as documentation of a specific procedure when the required minimum standard of that body is the same or higher than a specific provision of parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*

9520.0840 DECISION ON APPLICATION.

Subpart 1. **Written report.** Upon completion of the site visit, a report shall be written. The report shall include a statement of findings, a recommendation to approve, defer, or disapprove the application, and the reasons for the recommendation.

Subp. 2. **Written notice to center.** The applicant center shall be sent written notice of approval, deferral, or disapproval within 30 days of the completion of the site visit. If the decision is a deferral or a disapproval, the notice shall indicate the specific areas of noncompliance.

Subp. 3. **Noncompliance with statutes and rules.** An application shall be disapproved or deferred if it is the initial application of a center, when the applicant center is not in compliance with Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Subp. 4. **Deferral of application.** If an application is deferred, the length of deferral shall not exceed 180 days. If the areas of noncompliance stated in the deferral notice are not satisfactorily corrected by the end of the deferral period, the application shall be disapproved. The applicant center shall allow the commissioner to inspect the center at any time during the deferral period, whether or not the site visit has been announced in advance. A site visit shall occur only during normal working hours of the center and shall not disrupt the normal functioning of the center. At any time during the deferral period, the applicant center may submit documentation indicating correction of noncompliance. The application shall then be approved or disapproved. At any time during the deferral period, the applicant center may submit a written request to the commissioner to change the application status to disapproval. The request shall be complied with within 14 days of receiving this written request. The applicant center is not an approved center for purposes of Minnesota Statutes, section 62A.152 during a deferral period.

Subp. 5. **Effective date of decision.** The effective date of a decision is the date the commissioner signs a letter notifying the applicant center of that decision.

Statutory Authority: *MS s 245.69 subd 2*

9520.0850 APPEALS.

If an application is disapproved or approval is withdrawn, a contested case hearing and judicial review as provided in Minnesota Statutes, sections 14.48 to 14.69, may be requested by the center within 30 days of the commissioner's decision.

Statutory Authority: *MS s 245.69 subd 2*

History: *L 1987 c 384 art 2 s 1*

9520.0860 POST APPROVAL REQUIREMENTS.

Subpart 1. **Duration of approval.** Initial approval of an application is valid for 12 months from the effective date, subsequent approvals for 24 months, except when approval is withdrawn according to the criteria in subpart 4.

Subp. 2. **Reapplication.** The center shall contact the department for reapplication forms, and submit the completed application at least 90 days prior to the expected expiration date. If an approved center has met the conditions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870, including reapplication when required, its status as an approved center shall remain in effect pending department processing of the reapplication.

Subp. 3. **Restrictions.** The approval is issued only for the center named in the application and is not transferable or assignable to another center. The approval is issued only for the center location named in the application and is not transferable or assignable to another location. If the commissioner is notified in writing at least 30 days in advance of a change in center location and can determine that compliance with all provisions of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 are maintained, the commissioner shall continue the approval of the center at the new location.

Subp. 4. **Noncompliance.** Changes in center organization, staffing, treatment, or quality assurance procedures that affect the ability of the center to comply with the minimum standards of Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870 shall be reported in writing by the center to the commissioner within 15 days of occurrence. Review of the change shall be conducted by the commissioner. A center with changes resulting in noncompliance in minimum standards shall receive written notice and may have up to 180 days to correct the areas of noncompliance before losing approval status. Interim procedures to resolve the noncompliance on a temporary basis shall be developed and submitted in writing to the commissioner for approval within 30 days of the commissioner's determination of the noncompliance. Nonreporting within 15 days of occurrence of a change that results in noncompliance, failure to develop an approved interim procedure within 30 days of the determination of the noncompliance, or nonresolution of the noncompliance within 180 days shall result in the immediate withdrawal of approval status.

Serious violation of policies or procedures, professional association or board sanctioning or loss of licensure for unethical practices, or the conviction of violating a state or federal statute shall be reported in writing by the center to the commissioner within ten days of the substantiation of such behavior. Review of this report and the action taken by the center shall be conducted by the commissioner. Approval shall be withdrawn immediately unless the commissioner determines that: the center acted with all proper haste and thoroughness in investigating the behavior, the center acted with all proper haste and thoroughness in taking appropriate disciplinary and corrective action, and that no member of the governing body was a party to the behavior. Failure to report such behavior within ten days of its substantiation shall result in immediate withdrawal of approval.

Subp. 5. **Compliance reports.** The center may be required to submit written information to the department during the approval period to document that the center has maintained compliance with the rule and center procedures. The center shall allow the commissioner to inspect the center at any time during the approval period, whether or not the site visit has been announced in advance. A site visit shall occur only during

normal working hours of the center and shall not disrupt the normal functioning of the center.

Statutory Authority: *MS s 245.69 subd 2*

9520.0870 VARIANCES.

Subpart 1. **When allowed.** The standards and procedures established by parts 9520.0760 to 9520.0860 may be varied by the commissioner. Standards and procedures established by statute shall not be varied.

Subp. 2. **Request procedure.** A request for a variance must be submitted in writing to the commissioner, accompanying or following the submission of a completed application for approval under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870. The request shall state:

A. the standard or procedure to be varied;

B. the specific reasons why the standard or procedure cannot be or should not be complied with; and

C. the equivalent standard or procedure the center will establish to achieve the intent of the standard or procedure to be varied.

Subp. 3. **Decision procedure.** Upon receiving the variance request, the commissioner shall consult with a panel of experts in the mental health disciplines regarding the request. Criteria for granting a variance shall be the commissioner's determination that subpart 2, items A to C are met. Hardship shall not be a sufficient reason to grant a variance. No variance shall be granted that would threaten the health, safety, or rights of clients. Variances granted by the commissioner shall specify in writing the alternative standards or procedures to be implemented and any specific conditions or limitations imposed on the variance by the commissioner. Variances denied by the commissioner shall specify in writing the reason for the denial.

Subp. 4. **Notification.** The commissioner shall send the center a written notice granting or not granting the variance within 90 days of receiving the written variance request. This notice shall not be construed as approval or disapproval of the center under Minnesota Statutes, section 245.69, subdivision 2, and parts 9520.0760 to 9520.0870.

Statutory Authority: *MS s 245.69 subd 2*

CASE MANAGEMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE

9520.0900 SCOPE AND AVAILABILITY.

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

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

available state and federal funding sources. In making case management services available to adults with serious and persistent mental illness, the local agency shall use grants to counties for services to adults with serious and persistent mental illness under Minnesota Statutes, section 256E.12, funds made available to counties for community social services under Minnesota Statutes, section 256E.12, allocations from title XX, and all other available state and federal funding sources.

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 2003 1SP14 art 11 s 11*

9520.0902 DEFINITIONS.

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Clinical supervision.** "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 7, for a child with a severe emotional

disturbance and in Minnesota Statutes, section 245.462, subdivision 4a, for an adult with serious and persistent mental illness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

subdivision 13 or 260C.007, subdivision 10, or an Indian custodian as defined in Minnesota Statutes, section 260.755, subdivision 10.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 1999 c 139 art 4 s 2; L 2001 c 178 art 1 s 44; L 2003 1SP14 art 11 s 11*

9520.0903 COUNTY BOARD RESPONSIBILITIES.

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

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

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

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

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

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

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

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

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

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

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

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

A. "increased revenue" means revenue received from a source other than county funds by the county and its contracted providers for case management services provided under parts 9520.0900 to 9520.0926 during calendar year 1993 or the

applicable calendar year thereafter which exceeds the revenue received from these sources for case management services provided under parts 9505.0476 to 9505.0490 during calendar year 1992;

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 2003 1SP14 art 11 s 11*

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

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

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

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

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

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

B. appropriate services that are culturally sensitive;

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

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

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

F. compliance with and, as described in part 9520.0907, information to the child and the child's parent or legal representative about the Minnesota Government Data Practices Act under Minnesota Statutes, chapter 13, and information about the

Patients and Residents of Health Care Facilities Bill of Rights, Minnesota Statutes, section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and the fair hearing procedure under Minnesota Statutes, section 256.045; and

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

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

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

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

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

C. appropriate services that are culturally sensitive;

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

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

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

management and other mental health services, and be included in planning case management services.

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

B. The child:

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 1999 c 139 art 4 s 2*

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

Subpart 1. **General requirement.** Except as specified in subpart 2, a diagnostic assessment is required to determine whether a child or an adult is eligible for case management services under parts 9520.0900 to 9520.0926. If the child's or adult's diagnostic assessment was completed no earlier than 180 days before the referral or

request for case management services for the child or adult, only updating is necessary unless the child's or adult's mental health status has changed markedly since the child's or adult's most recent diagnostic assessment. If the child or adult has not had a diagnostic assessment within 180 days before the request or referral for case management services for the child or adult or if the child's or adult's mental health status has changed markedly, the child or the adult must obtain a new diagnostic assessment.

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

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

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

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

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

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

C. the case manager determines that:

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0910 DETERMINATION OF ELIGIBILITY FOR CASE MANAGEMENT SERVICES.

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

criterion in part 9520.0902, subpart 8, or whether the adult meets a criterion in part 9520.0902, subpart 38.

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0912 CASE MANAGER QUALIFICATIONS AND REQUIRED SUPERVISION.

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

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

Subp. 3. **Case manager; supervision.** Clinical supervision of a case manager shall be provided as specified in items A to C.Additionally, if the mental health professional is providing clinical supervision of a case manager who provides case management services to children, the mental health professional must be qualified as specified in Minnesota Statutes, section 245.4871, subdivision 27, and must be skilled and knowledgeable about children with emotional disturbance. The mental health professional providing the clinical supervision must document the clinical supervision in the client's record.

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

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

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0914 CASE MANAGER'S RESPONSIBILITIES.

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

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

A. A child's case manager must:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0916 CASE MANAGEMENT TEAM FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE.

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

The case management functions of a case manager for an adult with serious and persistent mental illness may be provided by a team that includes the adult, the adult's case manager, and other persons who meet at least the qualifications established in part 9520.0912, subpart 2. At the request of the adult with serious and persistent mental illness, the case management team shall involve other persons as specified in Minnesota Statutes, section 245.4711, subdivision 4, in all phases of development and implementation of the adult's individual community support plan. Members of the team other than the adult and the adult's case manager may be from any agency providing services to the adult with serious and persistent mental illness and, in addition, shall be employed by or under contract to the local agency to provide case

management services. One member of the team shall be designated as the team leader subject to approval by the local agency. If a county board has authorized the use of case management teams, an adult with serious and persistent mental illness may request a single case manager or a case management team. If the adult chooses to receive case management services from a case management team, the team shall be responsible for carrying out the responsibilities of the case manager under parts 9520.0900 to 9520.0926, except that the team leader shall be responsible for coordinating the team's activities.

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0919 DEVELOPMENT OF ADULT'S INDIVIDUAL COMMUNITY SUPPORT PLAN.

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

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

services must identify, and assure the coordination of, services needed to obtain the desired service outcomes.

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

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

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 2003 1SP14 art 11 s 11*

9520.0923 COORDINATION OF CASE MANAGEMENT SERVICES WITH OTHER PROGRAMS.

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0924 TERMINATION OF CASE MANAGEMENT SERVICES.

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

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

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

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

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448*

9520.0926 APPEALS.

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

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

A. what action the local agency proposes to take;

B. the reasons for the action;

C. the legal authority for the proposed action;

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

E. where and how to file an appeal.

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

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

Statutory Authority: *MS s 245.484; 256B.04; 256B.0625*

History: *17 SR 1448; L 2003 1SP14 art 11 s 11*