

CHAPTER 9525
DEPARTMENT OF HUMAN SERVICES
PROGRAMS FOR MENTALLY RETARDED PERSONS

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9525.0004 DEFINITIONS.

Subpart 1 **Scope.** The terms used in parts 9525 0004 to 9525 0036 have the meanings given them in this part

Subp 2 **Advocate.** "Advocate" means an individual who has been authorized, in a written statement by the person or the person's legal representative, to speak on the person's behalf and help the person understand and make informed choices in matters related to identification of needs and choice of services and supports

Subp 3 **Case management.** "Case management" means the administrative activities under part 9525 0016 and the service activities under part 9525 0024 provided to or arranged for a person

Subp 4 **Case manager.** "Case manager" means the person designated by the county board under part 9525.0012 or by contract to work on behalf of the person needing case management

Subp 5 **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative

Subp 6 **County board.** "County board" means the county board of commissioners for the county of financial responsibility or its designated representative. When a human service board has been established under Minnesota Statutes, sections 402 01 to 402 10, it shall be considered the county board for purposes of parts 9525 0004 to 9525 0036

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Subp 7 **County of financial responsibility.** "County of financial responsibility" has the meaning given it in Minnesota Statutes, section 256G 02, subdivision 4

Subp 8 **Department.** "Department" means the Department of Human Services

Subp 9 **Home and community-based waived services.** "Home and community-based waived services" means services authorized under Minnesota Statutes, section 256B 092, subdivision 4

Subp 10 **Host county.** "Host county" means the county in which the services described in a person's individual service plan are provided. If supported employment or community integration services are provided in a setting outside the county where the license holder is located, the county where supported employment services are provided is not considered the host county for purposes of parts 9525 0004 to 9525 0036

Subp 11 **Individual program plan or IPP.** "Individual program plan" or "IPP" means the integrated, coordinated, and comprehensive written plan to provide services to the person that is developed

A consistent with all aspects of the person's individual service plan,

B in compliance with applicable state and federal law and regulations governing services to persons with mental retardation or a related condition, and

C by the provider in consultation with the interdisciplinary team

Subp 12 **Individual service plan.** "Individual service plan" means the written plan developed by the service planning team, containing the components required under Minnesota Statutes, section 256B 092, designed to achieve specified outcomes for the person based on assessed needs and preferences

Subp 13 **Informed choice.** "Informed choice" means a voluntary decision made by the person or the person's legal representative, after becoming familiarized with the alternatives, to

A select a preferred alternative from a number of feasible alternatives,

B select an alternative which may be developed in the future; and

C refuse to accept or all alternatives

Subp 14 **Interdisciplinary team.** "Interdisciplinary team" means a team composed of the case manager, the person, the person's legal representative and advocate, if any, and representatives of providers of the service areas relevant to the needs of the persons as described in the individual service plan

Subp 15 **Intermediate care facility for persons with mental retardation or ICF/MR.** "Intermediate care facility for persons with mental retardation" or "ICF/MR" has the meaning given it in part 9525 0225, subpart 18

Subp 16 **Least restrictive environment.** "Least restrictive environment" means an environment where services

A are delivered with minimum limitation, intrusion, disruption, or departure from typical patterns of living available to persons without disabilities,

B do not subject the person or others to unnecessary risks to health or safety, and

C maximize the person's level of independence, productivity, and inclusion in the community

Subp 17 **Legal representative.** "Legal representative" means the parent or parents of a person who is under 18 years of age, or a guardian or conservator, or guardian ad litem who is authorized by the court to make decisions about services for a person. Parents or private guardians or conservators who are unable to make decisions about services due to temporary unavailability may delegate their powers according to Minnesota Statutes, section 524 5-505

Subp 18. **Overriding health care needs.** "Overriding health care needs" means a health care condition that affects the service options available to the person because the condition requires

A specialized or intensive medical or nursing supervision, and

B nonmedical service providers to adapt their services to accommodate the health and safety needs of the person

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Subp 19 **Person.** "Person" means a person with mental retardation or a related condition or a child under the age of five who has been determined to be eligible for case management under parts 9525 0004 to 9525 0036

Subp 20 **Provider.** "Provider" means a corporation, governmental unit, partnership, individual, or individuals licensed by the state if a license is required, or approved by the county board if a license is not required, to provide one or more services to persons with mental retardation or related conditions

Subp 21 **Public guardian.** "Public guardian" has the meaning given it in Minnesota Statutes, section 252A 02, subdivision 7

Subp 22 **Qualified mental retardation professional.** "Qualified mental retardation professional" means a person who meets the qualifications in Code of Federal Regulations, title 42, section 483 430

Subp 23 **Residential program.** "Residential program" has the meaning given it in Minnesota Statutes, section 245A 02, subdivision 14

Subp 24 **Screening team or service planning team.** "Screening team" or "service planning team" means the team established under Minnesota Statutes, section 256B 092, which must consist of the person, the person's case manager, the legal representative, if any, and a qualified mental retardation professional. The case manager may also act as the qualified mental retardation professional if the case manager meets the definition under subpart 22. The provisions of Minnesota Statutes, section 260 191, shall also apply. Screening members must have no direct or indirect service provider interest with the person. For purposes of the screening team or service planning team, the case manager shall not be deemed to have a direct or indirect service provider interest

Subp 25 **Semi-independent living services.** "Semi-independent living services" has the meaning given it in Minnesota Statutes, section 252 275, subdivision 1

Subp 26 **Training and habilitation services.** "Training and habilitation services" has the meaning given it in part 9525 1500, subpart 36

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0008 APPLICABILITY AND PURPOSE.

Subpart 1 **Applicability.** Parts 9525 0004 to 9525 0036 establish the standards to be met by county boards or others authorized by the commissioner to provide case management and govern the planning, development, and provision of services to persons with mental retardation or related conditions

Subp 2 **Purpose.** The purpose of parts 9525 0004 to 9525 0036 is to set standards for the provision of case management to persons with mental retardation or related conditions that are designed to result in the following outcomes

- A access to needed services and supports,
- B coordinated and cost-effective services and supports,
- C continuity of services and supports, and
- D services delivered consistent with the goals under subpart 3

Subp 3 **Goals.** Services and supports for persons eligible for case management under parts 9525 0004 to 9525 0036 are to be designed and delivered consistent with the following goals

- A the recognition of each person's history, dignity, and cultural background,
- B the affirmation and protection of each person's civil and legal rights,
- C the provision of services and supports for each person which
 - (1) promote community inclusion and self-sufficiency,
 - (2) provide services in the least restrictive environment,
 - (3) promote social relationships, natural supports, and participation in community life,
 - (4) allow for a balance between safety and opportunities, and
 - (5) provide opportunities for development and exercise of age-appropriate skills, decision-making and choice, personal advocacy, and communication, and

D the provision of services and supports for families which address the needs of the person in the context of the family and support family self-sufficiency

Statutory Authority. *MS s 256B 092*

History: *18 SR 2244*

9525.0012 COUNTY BOARD CASE MANAGEMENT RESPONSIBILITIES.

Subpart 1 Provision of case management. When the county of financial responsibility determines that a person is eligible for case management according to part 9525.0016, the county shall provide the person or the person's legal representative with a written description of available services and an explanation of these services to facilitate an informed choice. The county board shall arrange to provide case management administration and services according to parts 9525 0004 to 9525 0036 and 9550 0010 to 9550 0092 (Administration of Community Social Services)

Case management may be provided directly by the county board or by contract. The provision of case management must begin after designation of a case manager and must continue until services are terminated under subpart 7.

When emergency services are required, the county board shall purchase or arrange services for persons who might be eligible for case management under parts 9525 0004 to 9525 0036, but who have not yet received a diagnosis under part 9525 0016.

A. "Emergency services," for purposes of this subpart, means services provided to persons at imminent risk of physical, emotional, or psychological harm.

B. "Person who might be eligible for case management," for purposes of this subpart, means a person who the case manager has reason to believe has mental retardation or a related condition and who is undergoing diagnosis, or who is a child under the age of five undergoing diagnosis according to part 9525 0016 subpart 3.

Subp 2 Designation of case manager. Within ten working days after receiving an application for services, the county board shall designate a case manager who meets the requirements in subpart 6. The case manager shall assure that a diagnostic assessment under part 9525 0016 is conducted within 35 working days of receipt of an application for services by the county board. The county board shall send a written notice that includes the name, telephone number, and location of the designated case manager or a change in case manager to the person, the person's legal representative and advocate, if any, and current service providers. Upon the county board's determination that a person is in need of case management and an application for services has not yet been filed, the county board must designate a case manager within ten working days.

Subp 3 Purchase of case management. The county board must not purchase case management from a provider who has direct or indirect financial interest in the provision of other services for that person.

Subp 4 County request to provide case management and other services. The county board must apply to the commissioner in writing to request authorization for the county to be both the provider of residential, training and habilitation, or semi-independent living services, and the provider of case management. The commissioner shall grant authorization if the county board can demonstrate that a method of preventing conflict of interest has been established that includes the following assurances:

A. that the designated case manager and the case manager's direct supervisor must not be involved in the provision of residential, training and habilitation, or semi-independent living services for the person, and

B. that the level of services provided to the person must be consistent with the assessed needs of the person as identified in the individual service plan.

Subp 5 Procedures governing minimum standards for case management. The county board shall establish and monitor implementation of written policies and procedures to

A. assure the provision of case management according to parts 9525 0004 to 9525 0036,

B. evaluate the delivery and outcomes of case management according to part 9525.0008; and

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C implement the determination of need process and program review under part 9525 0036

The county agency must maintain copies of the policies and procedures on file at the county offices, provide copies to individuals providing case management, and make these policies and procedures available upon request

Subp 6 **Case manager qualifications and training.** Individuals providing case management to persons with mental retardation or related conditions must meet the requirements in item A or B

A The designated case manager must have at least a bachelor's degree in social work, special education, psychology, nursing, human services, or other fields related to the education or treatment of persons with mental retardation or related conditions, and one year of experience in the education or treatment of persons with mental retardation or a related condition.

B Except for screening and service planning development services, the county board may establish procedures permitting others than those identified in item A to assist in providing case management services under the supervision of a case manager who meets the qualifications in item A Before assisting the case manager, the person must complete 40 hours of training in case management and the education and treatment of persons with mental retardation or a related condition

The county board shall establish a plan for the training of case managers and case aides The plan must include at least 20 hours annually in the area of case management, mental retardation, or a related condition Training and development activities attended by the case managers and case aides must be documented and kept on file with the county

Subp 7 **Service authorization.** The county board shall determine the adequacy and quality of services provided to meet the person's needs based on the cost and effectiveness of the services The county board must not authorize, provide, or pay for services unless identified as needed in the individual service plan, except in the case of emergency services

Subp 8 **Termination of case management duties.** A case manager retains responsibility for providing case management services to the person until the responsibility of the county board is terminated according to items A to D or until the county board designates another case manager under subpart 2 The county board may terminate case management when

A the person or the person's legal representative makes a written request that case management and other services designed for the person be terminated, unless the case manager and the person's legal representative determine that case management must continue for the protection of the person,

B. the person changes state of residence,

C the person dies, or

D the diagnosis under part 9525 0016 has changed indicating that the person no longer has mental retardation or a related condition

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0015 [Repealed, 18 SR 2244]

9525.0016 CASE MANAGEMENT ADMINISTRATION.

Subpart 1 **Intake.** Intake for case management must be conducted according to established county procedures and part 9550 0070

Subp 2 **Diagnostic definitions.** For purposes of subpart 3, the terms in items A to E have the meanings given them

A "Person with a related condition" means a person who has been diagnosed under this part as having a severe, chronic disability that meets all of the following conditions

(1) is attributable to cerebral palsy, epilepsy, autism, Prader-Willi syndrome, or any other condition, other than mental illness as defined under Minnesota Statutes, section 245.462, subdivision 20, or an emotional disturbance, as defined under Minnesota Statutes, section 245 4871, subdivision 15, found to be closely related to mental retardation because

the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation and requires treatment or services similar to those required for persons with mental retardation,

(2) is manifested before the person reaches 22 years of age,

(3) is likely to continue indefinitely, and

(4) results in substantial functional limitations in three or more of the following areas of major life activity

(a) self-care,

(b) understanding and use of language,

(c) learning,

(d) mobility,

(e) self-direction, or

(f) capacity for independent living

B "Person with mental retardation" means a person who has been diagnosed under this part as having substantial limitations in present functioning, manifested as significantly subaverage intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions before the person's 22nd birthday

C "Deficits in adaptive behavior" means a significant limitation in an individual's effectiveness in meeting the standards of maturation, learning, personal independence, and social responsibility expected for the individual's age level and cultural group, as determined by clinical assessment and, generally, standardized scales

D "Significantly subaverage intellectual functioning" means a full scale IQ score of 70 or less based on assessment that includes one or more individually administered standardized intelligence tests developed for the purpose of assessing intellectual functioning. Errors of measurement must be considered according to subpart 5

E "Substantial functional limitations" means the long-term inability to significantly perform an activity or task

Subp 3 Diagnostic requirements to determine eligibility for case management.

The county agency shall arrange for a comprehensive diagnostic evaluation to be completed within 35 working days following receipt of an application for case management. To be eligible for case management under parts 9525 0004 to 9525 0036, the case manager, based on all parts of the comprehensive diagnostic evaluation, must determine that the person has a diagnosis of mental retardation, a related condition, or is a child under the age of five who demonstrates significantly subaverage intellectual functioning concurrent with demonstrated deficits in adaptive behavior, but for whom, because of the child's age, a diagnosis may be inconclusive

The comprehensive diagnostic evaluation must consist of

A a standardized test of intellectual functioning and an assessment of adaptive skills, or for children under the age of five, standardized assessments of developmental functioning,

B a social history report prepared no more than 12 months before the date of application for case management that contains

(1) the individual's social and developmental history, including information about the person's previous and current supports,

(2) identification of social, psychological, or environmental factors that may have contributed to the individual's current functioning level, and

(3) any information supporting or contradicting the assertion that the individual had mental retardation or a related condition before the age of 22, and

C a medical evaluation prepared by a licensed physician no more than 12 months before the date of application for case management that evaluates the individual's general physical health, including vision, hearing, and any physical or neurological disorders. The case manager must request that the evaluation include the physician's comments on the individual's mental health and emotional well-being, if known

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Diagnostic information obtained by other providers according to law, including school information, may be used in whole or in part to meet the diagnostic requirements, when the final diagnosis contains all information required under this part

Subp 4 Administration of tests of intellectual functioning and assessments of adaptive behavior. Standardized tests of intellectual functioning and assessments of adaptive behavior, adaptive skills, and developmental functioning must be normed for individuals of similar chronological age and be administered by a person who is trained and experienced in administration of these tests and who is a licensed psychologist, certified school psychologist, or certified psychometrist working under technical supervision of a licensed psychologist. The written narrative report shall reflect any specific behavioral, psychological, sensory, health, or motor deficits, as well as cultural, social, or physical environmental factors that may bias the results of the testing. Testing methods must be modified to accommodate individuals whose background, culture, or language differs from the general population from which specific tests were standardized.

Subp 5 Diagnostic conclusions and recommendations. Diagnostic conclusions and recommendations must be based on the results of the comprehensive evaluation required under subpart 3. Narrative reports of intellectual functioning must include a discussion of whether obtained IQ scores are considered valid and consistent with developmental history and the degree of functional restriction. Errors of measurement and actual changes in performance outcome must be considered in the interpretation of test results.

Substantial limitation in current functioning, significantly subaverage intellectual functioning, and disabilities in adaptive skills must not be the result of a mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, or an emotional disturbance as defined in Minnesota Statutes, section 245.4871, subdivision 15, to conclude a diagnosis of a related condition. If standardized tests of intellectual functioning or assessments of adaptive skills are not available due to the individual's age, or cannot be administered for other reasons such as severe illness, diagnostic conclusions must be based on reasonable and available information or may be reconstructed from information about the individual before the age of 22 obtained from the individual, near relatives, providers, or the individual's social network.

Subp 6 Review of diagnosis of mental retardation or a related condition. The case manager shall review the results of the diagnostic assessment at least once every three years and shall refer the person for reevaluation to determine current intellectual and adaptive functioning under circumstances where the diagnosis is no longer consistent with the person's current level of functioning.

Subp 7 Screening. The case manager shall convene a screening team to evaluate the level of care needed by the person if the assessment indicates that the person is at risk of placement in an ICF/MR or nursing facility or is requesting services in the areas of residential, training and habilitation, nursing facility, or family support. The county board may contract with a public or private agency or individual for the public guardianship representation required for the screening or the individual service planning process. If the assessment indicates that the person has overriding health care needs, the county agency must comply with the additional requirements in Minnesota Statutes, section 256B.092, subdivision 7. The case manager shall

A convene the screening team within 60 working days of a request for service by a person and within five working days of the date of an emergency admission to an ICF/MR, and

B notify the members of the screening team of the meeting date and convene the meeting at a time and place that ensures the participation of all screening team members.

Subp 8 Screening team duties. The screening team shall review

A the results of the diagnostic evaluation and assessment of the person's needs for services and supports,

B the current individual service plan, if any, and

C other data related to the person's eligibility and need for services, as determined necessary by the screening team.

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The screening team shall determine the level of care needed by the person and identify the least restrictive service types. If it is determined that the person is eligible for ICF/MR and home and community-based services, an informed choice between those services must be made by the person or the person's legal representative.

Subp 9 Screening document. The screening team shall complete and sign the screening document prescribed by the commissioner and submit the document to the commissioner's designee for authorization of medical assistance payments and to record compliance with the requirements of the federally approved waiver plan and the state Medicaid plan under title XIX of the Social Security Act.

If there is no formal annual meeting of the screening team, the case manager shall complete and submit the screening document to the commissioner to record the annual review of the person's eligibility for the level of care identified, informed choice among feasible alternatives, and review and revision of the service plan.

Subp 10 Use of screening team recommendations in commitment proceedings. If a person with mental retardation who has been referred to a screening team is the subject of commitment proceedings under Minnesota Statutes, chapter 253B, the screening team shall make recommendations to the court as needed and make recommendations and a report available to the prepetition screening unit in compliance with the Data Practices Act, Minnesota Statutes, chapter 13.

Subp 11 Criteria for service authorization. The case manager shall arrange for authorization of services consistent with

A the needs and preferences of the person as identified in the person's individual service plan,

B established county procedures,

C contracts and agreements between providers and the county agency as determined according to part 9550 0040,

D the extent to which the provider can

(1) provide services consistent with the individual service plan in a cost-effective manner,

(2) assure the health and safety of the person,

(3) coordinate services and consult with other providers of service to the person, including the case manager, and

(4) prepare reviews, incident reports, and other reports required by contract or other agreements, the individual service plan, or other applicable state and federal requirements, and

E state and federal law governing authorization for services provided in ICFs/MR, nursing facilities, and for services provided under medical assistance waivers, state support services, and grants.

Subp 12 Authorization of medical assistance for ICF/MR, home and community-based services, and nursing facility services. The authorization of medical assistance by the commissioner's designee is effective for one year from the date of the screening team meeting and must be reauthorized annually. Authorization for payment of ICF/MR, home and community-based, and nursing facility services must be made based on the following.

A the person for whom the payment is requested has been determined eligible for case management according to part 9525 0016,

B the assessment verifies that the person's need for services is consistent with the level of care and the risk status indicated on the screening document,

C less restrictive and less costly alternative services have been considered and discussed with the person and the person's legal representative and advocate, if any, and

D the person and the person's legal representative, if any, have made an informed choice among feasible service alternatives.

Subp 13 Review of eligibility. The case manager shall make a determination annually, based on diagnostic and assessment information, of the person's eligibility to receive

A case management,

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B types of services currently authorized based on level of care, risk status, and need for services and supports, and

C new or additional services.

The case manager shall place documentation of this determination in the person's county file. The screening form may serve as documentation of this subpart and be incorporated into the individual service plan.

Subp 14 Conciliation and appeals. The county agency shall arrange a conciliation conference as required by Minnesota Statutes, section 256.045, subdivision 4a, upon request of the person or the person's legal representative if there is a dispute about the county's actions or failure to act under parts 9525.0004 to 9525.0036 and Minnesota Statutes, section 256B.092. The conference must be facilitated by a representative of the commissioner and must be conducted within 30 days of the request at a time and place that allows for participation of the person, the person's legal representative, if any, and the appropriate representative of the county agency. Other interested persons may participate in the conciliation conference if requested by the person or the person's legal representative. The county agency shall prepare a written summary report of the conference results and submit the report to the participants and the department within 30 days of the request for a conference. Case management appeals must be conducted according to Minnesota Statutes, section 256.045.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0024 CASE MANAGEMENT SERVICE PRACTICE STANDARDS.

Subpart 1 Assessment of individual needs. The case manager shall assess or arrange for an assessment of the functional skills and needs of the person and the supports and services which meet the person's identified needs and preferences. Assessment information obtained by other providers, including schools and vocational rehabilitation agencies, may be used to meet the assessment requirements of this subpart. This subpart does not require assessment in areas agreed to as unnecessary by the case manager and the person, or the person's legal representative, or when there has been functional assessment completed in the previous 12 months, for which the case manager and the person or the person's legal representative agree that further assessment is not necessary. Where the county is acting as public guardian, the case manager shall seek authorization from the public guardianship office for waiving any assessment requirements. Assessments related to health, safety, and protection of the person for the purpose of identifying service type, amount, and frequency, or assessments required to authorize services, must not be waived.

The assessment of the person's preference, functional skills, and need for services and supports must address the following areas:

A basic needs: income or support, money management, shelter, food, clothing, and assistive technology and adaptations,

B health and safety: physical and dental health, vision, hearing, medication management, mental health and emotional well-being, and ability to keep oneself safe,

C social skills and interpersonal relationships,

D communication skills,

E self-care: toileting, eating, dressing, hygiene, and grooming,

F home living skills: clothing care, housekeeping, food preparation and cooking, shopping, daily schedule, and home maintenance,

G community use: transportation and mobility, leisure and recreation, and other community resources;

H employment/vocational skills;

I. educational skills/cognitive abilities, and

J legal representation.

Subp 2 Review of person's needs for services and support. The case manager shall review the assessment information as it becomes available through program evaluation and monitoring, provider reports, team meetings, and other sources of formal or informal assessment. The service planning team shall also review the assessment information at least annu-

ally for purposes of making modifications to the person's individual service plan for needed services and supports. The case manager shall coordinate the performance of assessments. This subpart does not require duplication of assessment responsibilities fulfilled by providers. The case manager shall assure that the person's medical status and ongoing health care needs are assessed annually when not otherwise arranged by family or service providers.

Subp 3 Individual service plan development. The designated case manager, who is familiar with the person and the person's need for services and supports, shall lead the individual service planning team activities. Annual service planning activities must result in the development or revision and implementation of the person's individual service plan. Individual service plans may be completed on forms developed for interagency planning, such as transition and individual family service plans, if they contain the components required under items A to K. Service plans containing the components in items A to K meet the service plan requirements under parts 9550 0010 to 9550 0092.

The written individual service plan must contain

A the person's preferences for services as stated by the person or the person's legal representative,

B the person's service and support needs based on results of assessment information, including identification of needs that are currently met in whole or in part by the person's relatives, friends, and community services used by the general public,

C the person's long- and short-range goals,

D specific supports and services, including case management services, and the amount and frequency of the services to be provided to the person based on available resources, and the person's needs and preferences,

E specification of services the person needs that are not available and actions to be taken to obtain or develop these services,

F a determination of whether there is a need for an individual program plan developed by the provider according to applicable state and federal licensing and certification standards,

G identification of additional assessments to be completed or arranged by the provider after service initiation,

H specification of any information that providers or subcontractors must submit to the case manager, the frequency with which the information must be provided when not otherwise specified in contract, service agreement, or authorization form, and provider responsibilities to implement and make recommendations for modification to the individual service plan,

I notice of the right to request a conciliation conference or a hearing under Minnesota Statutes, section 256 045,

J signatures of the person, the person's legal representative, and the case manager at least annually and whenever changes are made, and

K documentation that the plan was reviewed by a health professional if the person has overriding medical needs that impact the delivery of services.

Subp 4 Other service plans. Unless otherwise required by federal law, a person or the person's legal representative may make an informed choice to request that a service plan be developed under parts 9550 0010 to 9550 0092 rather than parts 9525.0004 to 9525 0036 as provided for under Minnesota Statutes, section 256B 092, subdivision 1g.

Subp 5 Identification of service options and providers. Case managers shall assist the service planning team members in making informed choices of service options and providers by identifying for the team

A service types that would meet the level and frequency of services needed by the person, the funding streams, the general comparative costs, and the location;

B resources and providers within the county or other areas if requested by the person or the person's legal representative, including resources not currently available;

C provider capacities to meet assessed needs and preferences of the person, or to develop services if not immediately available, and

D other community resources or services necessary to meet the person's or the person's family's needs.

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The case manager may survey providers or may develop a request for a proposal to locate services. When the case manager is unable to locate appropriate service providers, the case manager shall indicate this in the person's individual service plan. The case manager shall follow county procedures for

- (1) maintaining unmet need or waiting list information according to Minnesota Statutes, section 256B 092, subdivision 1f,
- (2) community social service planning activities, and
- (3) developing additional resources

Subp 6 Assisting the person to access services. The case manager shall assist the person in accessing selected housing, services, and supports through the following activities:

- A coordinating the application process and preplacement planning activities and visits,
- B assuring that financial arrangements, contracts, or provider agreements are in place,
- C promoting the person's access to services that fit the person's needs,
- D assisting the person in securing the services identified in the individual service plan, including services not currently available, and
- E participating with the interdisciplinary team in the development of individual program plans that are consistent with the person's individual service plan

Subp 7 Coordination of service delivery. The case manager shall assure coordinated approaches to services among providers that are consistent with all aspects of the person's individual service plan. Before the initiation of service, and at least annually thereafter, the case manager shall make available to and may review with the providers the person's individual service plan. The case manager shall participate in interdisciplinary team meetings and maintain contact with providers sufficient to facilitate coordination and cooperation necessary to meet the person's needs.

Subp 8 Monitoring and evaluation activities. The case manager shall specify the frequency of monitoring and evaluation activities in the person's individual service plan based on the level of need of the person and other factors which might affect the type, amount, or frequency of service. The case manager shall conduct a monitoring visit with each person on at least a semiannual basis. Case manager monitoring and evaluation activities must result in a determination of

A whether services are implemented consistent with the person's service plan, and are directed at achieving the goals identified for the person, and are consistent with the goals specified under part 9525 0008, subpart 3,

B changes needed in the individual service plan to achieve desired outcomes or meet newly identified needs, including changes resulting from the recommendations of providers,

C the extent to which providers are fulfilling their responsibilities and coordinating approaches to services with other providers,

D the assurance of the person's health and safety,

E the protection of the person's civil and legal rights, and

F whether the person and the person's legal representative are satisfied with the services received

If the provider fails to carry out the provider's responsibilities consistent with the individual service plan or develop an individual program plan when needed, the case manager shall notify the provider and, as necessary, the interdisciplinary team. If the concerns are not resolved by the provider or interdisciplinary team, the case manager shall notify the person or the person's legal representative, the appropriate licensing and certification agencies, and the county board where services are being provided. The case manager shall identify other steps needed to assure that the person receives the needed services and protections.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0025 [Repealed, 18 SR 2244]

9525.0028 QUALITY ASSURANCE.

The commissioner shall supervise social services administered by county agencies as specified in Minnesota Statutes, section 256E 05. County boards must comply fully with parts 9525 0004 to 9525 0036. To facilitate the implementation of parts 9525 0004 to 9525.0036, the commissioner shall provide technical assistance to county agencies according to Minnesota Statutes, sections 256B 092 and 256E 05. The commissioner shall evaluate case management provided by county agencies to determine that services are consistent with part 9525 0008.

If the commissioner determines that a county board has not provided case management consistent with the outcomes under part 9525 0008 or has otherwise failed to comply with the standards of parts 9525 0004 to 9525 0036, the county board shall develop a corrective action plan as required by Minnesota Statutes, section 256E 05, subdivision 5. The commissioner may take action necessary to assure continuity of services for persons receiving case management under parts 9525 0004 to 9525 0036 as authorized by Minnesota Statutes, section 256E 05, subdivision 5, and other applicable state and federal law.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0032 HOST COUNTY CONCURRENCE.

If services are to be provided in a county other than the county of financial responsibility, the county of financial responsibility must request county concurrence from the county where services are to be provided. Concurrence must be granted according to Minnesota Statutes, section 256B 092, subdivision 8a. If the county of service fails to notify the county of financial responsibility of concurrence or refusal to concur within 20 working days after receipt of the request, concurrence shall be deemed granted.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0035 [Repealed, 18 SR 2244]**9525.0036 DETERMINATION OF NEED.**

Subpart 1 County recommendation for determination of need for services. For purposes of this part, "determination of need" means the commissioner's determination of need for services by program type, location, demographics, and size of licensed services for persons with mental retardation or related conditions according to Minnesota Statutes, section 252 28.

The host county shall apply for a determination of need by the commissioner upon identifying the need to:

A. develop new services,

B. terminate services; or

C. modify existing services in the form of expansion or reduction of services, or services for which a change of ownership, program, location, or licensure is proposed.

In applying for the determination of need, the host county must use information from the individual service plans of persons for whom the county board is financially responsible and for persons from other counties for whom the county board has agreed to be the host county. The host county shall also consider the community social services plan, waiting lists, screenings, and other sources which identify unmet needs for services. Application for determination of need must be submitted on forms prescribed by the commissioner.

Subp. 2 Duties of commissioner for determination of need. The commissioner shall make the determination of need for the program, location, type, size, frequency, ownership, and staffing needs of the service proposed in the county's application. In determining the need for services, the commissioner shall consider whether:

A. the proposed service, including size of the service, relates to the needs of the persons to be served,

B. cost projections for the proposed service are within the fiscal limitations of the state,

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C the distribution of and access to the services throughout the state is based on current or projected demographics, and does not contribute to excessive concentration of services,

D the provider has the overall administrative, financial, and programmatic capability to develop, provide, and maintain the services that are proposed,

E the application is in compliance with applicable state and federal law and with the state plan,

F the proposed service is consistent with the goals under part 9525.0008, subpart 3, and

G the proposed service furthers state policy of access to residences and employment services typical of the general population

Within 30 days of receipt of the completed application for need determination from the county board, the commissioner shall notify the county board of the decision. The commissioner may request further information if the proposal is incomplete or waive any part of the application that would require the county to provide information that is already available to the commissioner. The commissioner's decision may include conditions of approval. If the commissioner determines that the service, modification, or expansion is not needed, or the proposal does not meet state fiscal projections or limitations, approval shall be denied and there must be no licensure of or reimbursement from federal or state funds for the proposed service, modification, or expansion.

Subp 3 County review of existing programs. At least every four years, the host county board shall review each service and submit to the commissioner a request for approval of each licensed service located in the county. The county board's review must state whether the county board recommends continuation, modification, discontinuation, decertification, or delicensure of the service. The county board must base its recommendations on the criteria described in subpart 2.

The commissioner shall notify the county board of the decision to approve or deny the need determination, or request additional information within 30 days of receipt of a completed application. The commissioner shall notify the county and the provider of the right to appeal the commissioner's determination according to subpart 4.

If the commissioner accepts the county board's recommendations for program modifications, the host county board shall submit a need determination application according to subpart 1. The service may be modified only after the commissioner has determined the need for the modification according to subpart 2. Counties may review a service at more frequent intervals at their own discretion.

Subp 4 Appeal of commissioner's determination. The county board or the provider making the application may appeal the commissioner's determination under this part.

Appeals are governed by Minnesota Statutes, chapter 14. Notice of appeal must be received by the commissioner within 30 days after notification of the commissioner's decision is sent to the county board.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0045 [Repealed, 18 SR 2244]

9525.0055 [Repealed, 18 SR 2244]

9525.0065 [Repealed, 18 SR 2244]

9525.0075 [Repealed, 18 SR 2244]

9525.0085 [Repealed, 18 SR 2244]

9525.0095 [Repealed, 18 SR 2244]

9525.0105 [Repealed, 18 SR 2244]

9525.0115 [Repealed, 18 SR 2244]

9525.0125 [Repealed, 18 SR 2244]

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9525.0135 [Repealed, 18 SR 2244]

9525.0145 [Repealed, 18 SR 2244]

9525.0155 [Repealed, 18 SR 2244]

9525.0165 [Repealed, 18 SR 2244]

9525.0180 [Repealed, 18 SR 2244]

9525.0185 [Repealed, 18 SR 2244]

9525.0190 [Repealed, 18 SR 2244]

9525.0225 DEFINITIONS.

[For text of subs 1 and 2, see M R]

Subp 3 **Advocate.** "Advocate" has the meaning given it in part 9525 2710, subpart 3

[For text of subs 4 and 5, see M R]

Subp 6 **Case manager.** "Case manager" means the individual designated by the county board to provide case management as defined in parts 9525 0004 to 9525 0036

[For text of subs 7 to 12, see M R]

Subp 13 **Host county.** "Host county" has the meaning given in part 9525 0004, subpart 10

[For text of subp 14, see M R]

Subp 15 [Repealed, 18 SR 2244]

Subp 15a **Individual program plan or IPP.** "Individual program plan" or "IPP" has the meaning given it in part 9525.0004, subpart 11 For purposes of parts 9525 0215 to 9525 0355, the individual program plan or IPP is equivalent to the provider implementation plan or PIP

Subp 16 **Individual service plan or ISP.** "Individual service plan" or "ISP" means the written plan required by and developed under parts 9525 0004 to 9525 0036

Subp 17 **Interdisciplinary team.** "Interdisciplinary team" has the meaning given it in part 9525 0004, subpart 14

[For text of subs 18 to 22, see M R]

Subp 23 **Objective.** "Objective" means a short-term expectation and its accompanying measurable behavioral criteria specified in the individual program plan or provider implementation plan Objectives are designed to result in achievement of the annual goals in a person's individual service plan

[For text of subp 24, see M R]

Subp 25 **Person.** "Person" means a person as defined in part 9525 0004, subpart 19, who is receiving services in a residential program licensed under parts 9525 0215 to 9525 0355

[For text of subp 26, see M R]

Subp 27 **Provider implementation plan or PIP.** "Provider implementation plan" or "PIP" means a detailed internal plan developed by the license holder and used within the residential program to direct the daily activities of staff in carrying out the goals established within a person's individual service plan The provider implementation plan is frequently referred to as an individual program plan For purposes of parts 9525 0215 to 9525 0355, the provider implementation plan or PIP is equivalent to the individual program plan or IPP

[For text of subs 28 to 30, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0235 LICENSURE.

Subpart 1. **License required.** An individual, corporation, partnership, voluntary association, or other organization must not operate a residential program unless licensed by the commissioner under parts 9525 0215 to 9525 0355 and 9543 1000 to 9543 1060

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[For text of subp 2, see M R]

Subp 3 **Approved need determination.** The commissioner shall not issue a license to any applicant that does not have an approved need determination under part 9525 0036 This subpart does not apply to regional treatment centers

Subp 4 [Repealed, 18 SR 2748]

Subp 5 [Repealed, 18 SR 2748]

Subp 6 [Repealed, 18 SR 2748]

Subp 7 [Repealed, 18 SR 2748]

Subp 8 [Repealed, 18 SR 2748]

Subp 9 [Repealed, 18 SR 2748]

Subp 10 [Repealed, 18 SR 2748]

Subp 11 [Repealed, 18 SR 2748]

Subp 12 [Repealed, 18 SR 2748]

Subp 13 [Repealed, 18 SR 2748]

Subp 14 [Repealed, 18 SR 2748]

[For text of subp 15, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.0243 [Repealed, 18 SR 2748]

9525.0245 PROGRAM REQUIREMENTS FOR LICENSURE.

Subpart 1 **Individual service needs.** The license holder must ensure that services are provided or obtained for each person in accordance with the person's individual needs as specified in the ISP and IPP

[For text of subp 2, see M R]

Subp 3 **Least restrictive environment.** Each person's participation, movement, communication, and personal choices may be restricted only as necessary to protect the person and others, and as specified in the person's ISP and IPP. Supervision and assistance must be provided only when necessary for the person to complete a task, to participate in an activity, or to protect the person or others

Subp 4 **Level of participation.** The license holder must document measures, as required by each person's IPP, to increase the level of participation by the person in environments, activities, routines, and skills in which the person is unable to function independently. Measures include staff assistance or supervision, training methodologies, and adaptations to equipment or environments

[For text of subps 5 to 7, see M R]

Subp 8 **Leaving the residence.** As specified in each person's ISP or IPP, each person must leave the residence to participate in daily education, employment, or community activities. The license holder shall ensure that the residential program is prepared to care for persons who are at the residence during the day because of illness, work schedules, or other reasons

[For text of subp 9, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0255 PHYSICAL ENVIRONMENT.

[For text of subpart 1, see M R]

Subp 2 **Physical adaptations.** When a person has sensory, mobility, physical, or behavioral needs, the license holder shall ensure the residence and furnishings are physically adapted as needed to provide the services specified in the person's ISP or IPP

[For text of subps 3 and 4, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0265 PROVIDER IMPLEMENTATION PLAN.

Subpart 1 **Plan development.** The license holder must develop a provider implementation plan (PIP) or individual program plan (IPP) for each person

[For text of item A, see M R]

B The plan must be based on the residential service needs identified in the person's ISP

C The plan must be initially developed within 30 days after admission to the residential program and must be revised annually or when requested by the case manager

[For text of items D and E, see M R]

[For text of subp 2, see M R]

Subp 3 **Contents of provider implementation plan.** The PIP or the IPP must include

A written, measurable, behavioral objectives, including measurable criteria for mastery, that are designed to result in achievement of the residential service outcomes specified in the person's current ISP and assigned to the license holder,

[For text of items B to H, see M R]

[For text of subp 4, see M R]

Subp. 5 **Monthly review.** The living unit supervisor shall monitor the person's performance in achieving the plan objectives monthly and shall

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

D comply with the requirements of part 9525 0024, subpart 3, if the monthly review results in a modification of the objectives or methodologies identified within the PIP OR IPP

Subp 6 **Quarterly evaluations.** The license holder must provide the person or the person's legal representative and the person's case manager with a quarterly report containing a summary of data, an analysis of the data, and an evaluation of services actually provided, sufficient to determine the extent to which services have resulted in achievement of the goals and objectives of the person's ISP and PIP or IPP and whether services are being provided in accordance with the ISP and PIP or IPP The report must also state whether any changes are needed in the ISP, PIP, or IPP

Subp 7 **Annual review.** At least 30 days before the annual review of the person's ISP, the license holder shall provide the person's case manager with

A a written evaluation of service outcomes, including the extent to which residential services have resulted in achievement of the person's PIP or IPP objectives,

[For text of item B, see M R]

C recommendations for changes in the person's ISP and PIP or IPP

Subp 8 **Coordination with case manager.** The license holder shall ensure coordination with each person's case manager in accordance with items A to C.

A. Staff who have worked with the person shall participate in the interdisciplinary team meeting that develops a PIP or IPP for each person

B. Within 30 days after an interdisciplinary team meeting, the license holder shall revise the PIP or IPP in accordance with subpart 1 and implement changes

C The license holder shall notify the case manager of

(1) significant changes in the person's condition or circumstances that affect the person's ability to participate in accordance with the ISP, PIP, or IPP,

[For text of subitems (2) and (3), see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0275 FAMILY INVOLVEMENT.

Subpart 1 **Family participation.** Unless restrictions are contained in a person's ISP or IPP, the license holder shall invite each person's family to participate in providing services to the person Examples of family participation are transportation, leisure activities, religious observance, personal or professional services needed by the person, clothing, holidays and vacations, and adaptive devices or equipment.

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

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0285 RESOURCES.

Subpart 1 **General.** The license holder shall ensure that each person retains and uses personal funds, unless restrictions are required in a person's ISP or IPP

[For text subp 2, see M R]

Subp. 3 **Safekeeping.** If a person's ISP or IPP requires the residential program to assist the person with safekeeping of money or valuables, the license holder shall

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

[For text of subp 4, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0295 ADMISSION AND DISCHARGE.

Subpart 1 **County authorization.** The license holder shall admit only persons for whom residence in a residential program has been authorized by a county board under parts 9525 0004 to 9525 0036, or persons committed to the residential program under Minnesota Statutes, chapter 253B

[For text of subps 2 to 6, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0305 RESIDENT RECORDS.

[For text of subpart 1, see M R]

Subp 2 **Admission records.** The license holder shall develop a record for each person upon admission that contains the following information

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

G copies of the person's ISP, PIP, or IPP, if developed, and supplemental reports included in the PIP or IPP, and

[For text of item H, see M R]

Subp 3 **Postadmission record keeping.** Each person's record must include up-to-date records of the following

A A plan file that includes

(1) The person's individual service plan and individual program plan When a person's case manager does not provide a current ISP, the license holder shall make a written request to the case manager to provide copies of the ISP The license holder shall make a written request to the case manager to convene the service planning team when a current ISP has not been developed

[For text of subitems (2) to (5), see M R]

[For text of items B to G, see M R]

Subp 4 **Access to records.** The license holder must ensure that the following people have access to the person's record

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

D direct service staff on the person's living unit and professional service staff unless the information is not relevant to carrying out the ISP and PIP or IPP

[For text of subp 5, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0315 ADMINISTRATION.

Subpart 1 **Governing body.** The license holder shall ensure that the residential program has a governing body that meets the requirements of a governing body under Code of Federal Regulations, title 42, section 483 410(a)

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Subp 2 [Repealed, 18 SR 2748]

Subp 3 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0325 WRITTEN POLICIES.

[For text of subps 1 and 2, see M R]

Subp 3 **Required policies.** Policies must cover the following areas

[For text of item A, see M R]

B a description of the services offered by the residential program consistent with the need determination made under part 9525.0036,

[For text of items C to K, see M R]

L policies for use of psychotropic medications that comply with the Psychotropic Medication Use Checklist which is incorporated by reference This document is available for inspection at the Minnesota State Law Library, 25 Constitution Avenue, Saint Paul, Minnesota 55155 It is not subject to frequent change

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0335 ADMINISTRATIVE RECORDS.

The license holder shall maintain the following administrative records and shall make the records available for inspection by the commissioner

[For text of items A and B, see M R]

C a copy of the current certificate of need determination required under part 9525 0036,

[For text of item D, see M R]

E copies of all contracts, including contracts or agreements required under parts 9525 0004 to 9525 0036, subcontracts with consultants, and purchase-of-service contracts with other providers of persons' services,

[For text of items F to K, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0345 STAFFING REQUIREMENTS.

[For text of subps 1 to 3, see M R]

Subp 4 **Minimum staffing requirements.** The license holder must ensure that there are present the number of direct service staff necessary to

A implement each person's ISP and PIP or IPP, and

[For text of item B, see M R]

Subp 5 **Special staffing needs.** The license holder must employ or contract with specially trained staff to meet special physical, communication, or behavior needs of each person in accordance with the person's ISP and PIP or IPP

[For text of subp 6, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.0355 STAFF ORIENTATION AND TRAINING.

[For text of subps 1 to 6, see M R]

Subp 7 **Training subjects.** Annual training must include three or more of the following subjects

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

H developing methods and strategies to recommend service changes or to modify services for persons to more effectively achieve the goals and objectives of the IPP and ser-

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vice outcomes in part 9525 0245, subpart 2, including Program Analysis of Service Systems (PASS),

[For text of items I and J, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0520 PURPOSE.

The purpose of these parts is

A to establish standards for the provision of services to persons with mental retardation or related conditions whose dependency requires services above the level of food and lodging, but who do not need 24-hour-per-day care or supervision, as provided in residences licensed under parts 9525 0215 to 9525 0355,

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

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0530 SCOPE.

Parts 9525 0500 to 9525 0660 apply to any person, organization, or association engaged in the operation and provision of semi-independent living services (SILS) to adults who have or may have mental retardation or related conditions, as provided and defined in part 9525 0016, subpart 2, items A and B These parts set forth the requirements for any individual, organization, or association providing SILS to more than four adults with mental retardation or related conditions to be licensed pursuant to Minnesota Statutes, chapter 245A

Licensure under these parts does not require concurrent compliance with other Department of Human Services licensing rules or with Minnesota Department of Health supervised living facility standards promulgated under Minnesota Statutes, section 144 56

These parts do not govern the living arrangement of clients Semi-independent living services licensed under these parts may be provided to persons living in a variety of ordinary community settings other than state hospitals and residential programs licensed under parts 9525 0215 to 9525 0355 and supervised living facility standards Community living arrangements in which SILS are provided may include the following, but not be limited to client's own home, foster home, apartment, or rooming house

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0540 PROCEDURES FOR LICENSING.

Subpart 1 [Repealed, 18 SR 2748]

Subp 2 **Application for license.** Upon notification that a need for the service has been found by the commissioner, application for license may be made to the commissioner under parts 9543 1000 to 9543.1060

Subp 3 [Repealed, 18 SR 2748]

Subp 4 [Repealed, 18 SR 2748]

Subp 5 [Repealed, 18 SR 2748]

Subp 6 [Repealed, 18 SR 2748]

Subp 7 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0550 TECHNICAL PROVISIONS.

Subpart 1 [Repealed, 18 SR 2748]

Subp 2 [Repealed, 18 SR 2748]

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

Subp 4 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

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9525.0560 PROGRAM AND SERVICE STANDARDS.

Subpart 1 **Admission.** The provider shall maintain written policies and procedures, which shall be available to the local social service agency and to the general public, covering the following

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

E discharge procedures, and

F the requirement that each client must have a current medical and dental examination

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

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0570 ADMINISTRATIVE STANDARDS; PROVIDER RESPONSIBILITIES.

Subpart 1 **Written statement of philosophy.** The provider shall have a written statement of the SILS program philosophy, purpose, and goals which

A is consistent with the principles of normalization,

B includes expected client outcomes, and

C is available to the public

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

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0610 [Repealed, 18 SR 2748]

9525.0620 PERSONNEL POLICIES.

The provider shall have written personnel policies available to staff. The policies shall include

A prohibition of mistreatment, neglect, or abuse of clients, and mandatory reporting of any mistreatment, neglect, or abuse,

B plans for staff orientation, training, and

C. prohibition of the use of any aversive or deprivation procedures

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.0640 [Repealed, 18 SR 2748]

9525.0650 [Repealed, 18 SR 2748]

9525.0900 DEFINITIONS.

[For text of subps 1 to 2a, see M.R.]

Subp 3 **Case management.** "Case management" has the meaning given it in part 9525.0004, subpart 3

Subp 4. **Case manager.** "Case manager" has the meaning given it in part 9525 0004, subpart 4

[For text of subps 6 to 10, see M R]

Subp 11 [Repealed, 18 SR 2244]

Subp 11a **Individual program plan.** "Individual program plan" has the meaning given it in part 9525 0004, subpart 11

Subp 12 **Individual service plan.** "Individual service plan" has the meaning given it in part 9525.0004, subpart 12

[For text of subps 13 to 15a, see M R]

Subp 16 **Person with mental retardation.** "Person with mental retardation" has the meaning given it in part 9525 0016, subpart 2

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[For text of subps 16a to 21, see M R.]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

NOTE Subparts 3, 11a, and 12 were adopted at 18 SR 506 to read

Subp 3 Case management "Case management" means administration and services provided under Minnesota Statutes section 256B 092

Subp 11a Individual program plan "Individual program plan" means a coordinated integrated, and comprehensive written plan to provide services to the participant that is developed

A consistent with all aspects of the participant's individual service plan,

B in compliance with other applicable state and federal laws and regulations governing services to persons with mental retardation or related conditions, and

C by the provider in consultation with the interdisciplinary team

Subp 12 Individual service plan "Individual service plan" means the written plan developed by the service planning team, containing the components required under Minnesota Statutes, section 256B 092, subdivision 1b

9525.1210 DEFINITIONS.

[For text of subps 1 to 4, see M R]

Subp 5 **County of financial responsibility.** "County of financial responsibility" has the meaning given it in Minnesota Statutes, section 256G 02, subdivision 4

[For text of subps 6 to 8, see M R]

Subp 9. **Individual service plan.** "Individual service plan" has the meaning given it in part 9525 0004, subpart 12

[For text of subps 10 to 14, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1220 CLIENT ELIGIBILITY.

The day service provider may receive medical assistance reimbursement for providing day training and habilitation services to an eligible person if the person meets the criteria in items A to G

[For text of item A, see M.R.]

B the person is determined to have mental retardation or a related condition in accordance with the definitions in parts 9525 0004 to 9525 0036,

[For text of items C and D, see M R.]

E the person is determined to be in need of day training and habilitation services as specified in the individual service plan under parts 9525 0004 to 9525 0036, and

F the person does not receive day training and habilitation services at the ICF/MR from an approved day service provider or as part of the medical assistance rate of the ICF/MR

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1230 APPROVAL OF DAY SERVICE PROVIDER.

Subpart 1. **General requirements.** A day service provider is approved by the commissioner to receive medical assistance reimbursement for day training and habilitation services when the day service provider meets the requirements in items A to J and complies with parts 9525 1200 to 9525 1330

[For text of item A, see M.R.]

B The day service provider must have a current need determination approved by the commissioner under part 9525 0036 and Minnesota Statutes, section 252 28

C The day service provider and the ICF/MR must not be under the control of the same or related entities which provide residential services to the day service provider's clients For this purpose, "control" means having power to direct or affect management, operations, policies, or implementation, whether through the ownership of voting securities, by contract or otherwise, "related legal entities" are entities that share a majority of governing board members or are owned by the same person or persons If both the ICF/MR and the day

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service provider are wholly or partially owned by individuals, those individuals must not be related by marriage or adoption as spouses or as parents and children. Two exceptions to this requirement are

[For text of subitem (1), see M R]

(2) the day service provider is a developmental achievement center which applied for licensure before April 15, 1983, as provided for under Minnesota Statutes, section 252 41, subdivision 9, clause (2)

D The day service provider must have a written agreement with the ICF/MR and the county in which the ICF/MR is located as required by Minnesota Statutes, section 252 45, clause (4), and part 9525 1240

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

H The day service provider must be selected by the county board, as provided by Minnesota Statutes, section 252 24, because of its demonstrated ability to provide the day training and habilitation services required by the client's individual service plan as provided in parts 9525 0004 to 9525 0036

I The day service provider must have service and transportation rates recommended by the county board and approved by the commissioner as provided by Minnesota Statutes, section 252 46

J The day service provider must be in compliance with the standards in Code of Federal Regulations, title 42, sections 483 410(d) and 483 440

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1240 DAY TRAINING AND HABILITATION AGREEMENT.

Subpart 1 **Agreement contents.** An agreement must be entered into by the day service provider, the ICF/MR whose residents will receive day training and habilitation services under the agreement, and the county where the ICF/MR is located, as specified under Minnesota Statutes, section 252 45, clause (4). This agreement must be completed annually on forms provided by the commissioner and must include at least the information in items A to E

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

D a statement of payment rates which have been approved by the commissioner under Minnesota Statutes, section 252 46,

E respective duties and responsibilities of the county board, the day service provider, and the ICF/MR which include

[For text of subitem (1), see M R]

(2) participation of the day service provider and the ICF/MR in the development of each resident's individual program plan in accordance with the goals in the resident's individual service plan,

[For text of subitems (3) to (5), see M R]

(6) provision of at least quarterly progress reports measured against the goals and objectives of the client's individual service plan and individual program plan under parts 9525 0004 to 9525 0036 by the day service provider to the ICF/MR on residents served by the day service provider,

(7) compliance by the day service provider with the auditing and surveillance requirements under parts 9505 2160 to 9505.2245 and applicable to providers of medical assistance,

(8) compliance by the day service provider with parts 9525 0004 to 9525 0036, Minnesota Statutes, sections 245A 01 to 245A 16 and 252 28, and Code of Federal Regulations, title 42, sections 483 410(d) and 483 440,

[For text of subitems (9) and (10), see M R]

[For text of subp 2, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1500 DEFINITIONS.

[For text of subps 1 to 4, see M R]

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Subp 5 **Aversive or deprivation procedure.** "Aversive or deprivation procedure" has the meaning given to "aversive procedure" under part 9525 2710, subpart 4, and "deprivation procedure" under part 9525 2710, subpart 12

[For text of subp 6, see M R]

Subp 7 **Case manager.** "Case manager" means the individual designated by the county board under parts 9525 0004 to 9525.0036 to provide case management services

[For text of subp 8, see M R]

Subp 9 **County board.** "County board" has the meaning given it in Minnesota Statutes, section 256E 03, subdivision 6

Subp 10 **County of financial responsibility.** "County of financial responsibility" has the meaning given it in Minnesota Statutes, section 256G 02, subdivision 4

[For text of subp 11, see M R]

Subp 12 **Direct service staff.** "Direct service staff" means employees of a training and habilitation service provider who train or directly supervise persons receiving services and who participate in the development or implementation of a person's individual program plan Professional support staff as defined in subpart 28 are considered to be direct service staff when they are working directly with persons receiving services and are involved in daily activities with those persons

[For text of subps 13 to 19, see M R]

Subp 20 [Repealed, 18 SR 2244]

Subp 20a **Individual program plan.** "Individual program plan" has the meaning given it in part 9525 0004, subpart 11

Subp 21 **Individual service plan.** "Individual service plan" means the written plan required by and developed under parts 9525 0004 to 9525 0036

Subp 22 **Interdisciplinary team.** "Interdisciplinary team" means a team composed of the case manager, the person with mental retardation or a related condition, the person's legal representative, the person's advocate as defined in part 9525 0004, subpart 2, if any, and representatives of providers of service under the individual service plan

[For text of subps 23 and 24, see M R]

Subp 25 **Objective.** "Objective" means a short-term expectation and its accompanying measurable behavioral criteria as specified in the individual program plan Objectives are set to facilitate achieving the annual goals in a person's individual service plan

[For text of subp 26, see M R]

Subp 27 **Person with mental retardation or a related condition or person.** "Person with mental retardation or a related condition" or "person" means

A a person with mental retardation as defined under part 9525 0016, subpart 2; or

B a person with a related condition as defined under part 9525 0016, subpart 2

[For text of subps 28 and 29, see M R]

Subp 30 **Provider implementation plan or individual program plan.** "Provider implementation plan" or "individual program plan" means a detailed internal plan developed by the provider and used within the service site to direct the daily activities of staff in carrying out the goals established within the individual service plan developed under parts 9525 0004 to 9525 0036 for a person receiving services

[For text of subps 31 to 35, see M R]

Subp 36 **Training and habilitation services.** "Training and habilitation services" means services that include training, supervision, assistance, and other support activities designed and implemented in accordance with a person's individual program plan to help that person attain and maintain the highest possible level of independence, productivity, and integration into the community where the person lives and works The term as used throughout parts 9525 1500 to 9525 1690 refers specifically to training and habilitation services with the characteristics in items A to D

A A need for the services offered by the provider has been determined under part 9525 0036

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

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[For text of subp 37, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1510 PURPOSE AND APPLICABILITY.

[For text of subps 1 and 2, see M R]

Subp 3 **Exclusions.** Parts 9525 1500 to 9525 1690 do not apply to

A an intermediate care facility for persons with mental retardation and related conditions that is not a regional center and that provides training and habilitation services to facility residents as part of the facility's residential program licensed under parts 9525 0215 to 9525 0355,

B providers that are licensed under parts 9503 0005 to 9503 0170 and that provide services only to persons under 18 years of age, or

[For text of item C, see M R]

Subp 4 **Exemptions for regional centers.** The following provisions of parts 9525 1500 to 9525 1690 do not apply to a regional center that can document compliance with corresponding standards in parts 9525 0215 to 9525 0355 and Code of Federal Regulations, title 42, sections 483 400 to 483 480, as amended

A part 9525 1550, subparts 4 and 12,

B part 9525 1560, and

C part 9525 1670, subparts 4 and 6

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.1520 LICENSING PROCESS.

Subpart 1 **License application.** A corporation, partnership, governmental unit, individual, or individuals that provide training and habilitation services to adults with mental retardation and related conditions must be licensed under parts 9543 1000 to 9543 1060

Subp 2 [Repealed, 18 SR 2748]

[For text of subp 3, see M R]

Subp 4 [Repealed, 18 SR 2748]

Subp. 6 [Repealed, 18 SR 2748]

Subp 7 [Repealed, 18 SR 2748]

Subp 8 [Repealed, 18 SR 2748]

Subp 9. [Repealed, 18 SR 2748]

Subp 10 [Repealed, 18 SR 2748]

Subp 11 **Variance request.** An applicant or provider may request a variance from compliance with parts 9525 1500 to 9525 1690 as provided in part 9543 1020, subpart 5.

Any request for a variance from rule provisions related to fire, safety, occupancy codes, or food handling, water, and nutrition must be accompanied by a written statement from the fire marshal, building official, or authorized agent with jurisdiction that granting the variance does not pose a threat to the health and safety of persons receiving services

Subp 12. [Repealed, 18 SR 2748]

[For text of subps 13 and 14, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1530 [Repealed, 18 SR 2748]

9525.1540 [Repealed, 18 SR 2748]

9525.1550 ADMINISTRATIVE POLICIES AND RECORDS.

Subpart 1 **Maintenance and availability of policies and records.** A provider shall follow the written policies and maintain the records required in this part The written policies and records must be provided to the commissioner upon request

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Subp 2 **Provider's organization and policy manual.** The provider shall maintain an organization and policy manual. The manual must be made available on request to the commissioner, host county, and county boards that contract with the provider. The manual must contain the information in items A to F.

[For text of item A, see MR]

B a copy of the most current determination of need completed by the host county under part 9525 0036,

C written policies and criteria governing admission, exclusion, suspension, and discharge developed under part 9525 1560,

D the provider's written behavior management policy developed under part 9525.1640,

E policies on the collection and dissemination of data on persons receiving services from the provider, and

F policies and procedures required by the Vulnerable Adults Act, Minnesota Statutes, section 626 557

Subp 3 [Repealed, 18 SR 2748]

Subp. 4 **Personnel file.** The provider must have a personnel file for each employee that includes

A the employee's application or other written summary of the employee's qualifications, and

B documentation of all training completed under part 9525 1640, subpart 4

Subp 5 [Repealed, 18 SR 2748]

Subp 6 [Repealed, 18 SR 2748]

Subp 7 **Certificate required for work activity or subminimum wage.** When the provider is paying persons receiving employment or employment related services less than the minimum wage, the provider must have the certificate from the Wage and Hour Division of the United States Department of Labor required by Code of Federal Regulations, title 29, parts 524 to 525

Subp 8 **Work performed for provider by persons receiving services.** A person receiving services from a provider shall work for the provider in place of an employee only when the conditions in items A to C are met

A the work training is specified in the person's individual program plan,

[For text of items B and C, see MR]

Subp 9 [Repealed, 18 SR 2748]

Subp 10 [Repealed, 18 SR 2748]

Subp 11 [Repealed, 18 SR 2748]

[For text of subp 12, see MR]

Subp 13 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1560 ADMISSION, EXCLUSION, SUSPENSION, AND DISCHARGE.

Subpart 1 **Approval of policy, procedures, and criteria governing admission, exclusion, suspension, and discharge.** The provider must have a written policy that sets forth criteria for admission, exclusion, suspension, and discharge. The written policy and criteria must be approved annually by the governing body and must include procedures to be followed by the provider and host county before a suspension, exclusion, or discharge takes place. These procedures, policies, and criteria must be included as part of the host county contract under parts 9550 0010 to 9550 0092 and the three party agreements under part 9525 1240

Subp 2 **Admission policy and criteria.** A provider shall not refuse to admit a person solely on the basis of the type of residential services a person is receiving or solely on the basis of the person's severity of disability, orthopedic or neurological handicaps, sight or hearing impairments, lack of communication skills, physical disabilities, toilet habits, be-

havioral disorders, or past failure to make progress. The provider shall have an admission policy that specifies the criteria to be applied in determining whether the provider can develop services to meet the needs specified in the person's individual service plan. The provider's determination of capability to meet a person's needs must be consistent with the host county's determination of need for the provider's service under part 9525 0036. The admission policy must provide for ensuring that the host county concurs before the provider admits a person from a county other than the host county. The procedures established by the admission policy must specify a timeline for notifying a person applying for services of the provider's decision. The timeline must allow for a person's receiving notification within 30 days after the written request for service is received.

[For text of subp 3, see M R]

Subp 4 Suspension procedures. A provider may suspend a person only when the provider has documented that the person's behavior prompting the suspension presented an immediate danger as defined in part 9525 1500, subpart 19. The provider must notify the person's case manager and legal representative of the suspension within 24 hours of the suspension's effective date. A person may be suspended for no more than three consecutive service days up to a maximum of six days per calendar year. Within 24 hours after the suspension the provider must

A document that the procedures agreed upon by the provider and the host county in the county contract under parts 9550 0010 to 9550 0092 and the three party agreements under part 9525 1240 have been followed before suspension,

[For text of items B and C, see M R.]

D consult with the person's case manager and members of the interdisciplinary team to establish changes in the person's individual program plan as defined in part 9525 0004, subpart 11, that will make suspension from service unnecessary in the future.

Subp 5 Discharge procedures. A provider may discharge a person only when a condition or the conditions specified in item A, B, or C is met.

[For text of item A, see M R]

B The person's case manager has arranged the person's participation in a service that better meets the needs identified in the individual service plan or has determined through the procedures in parts 9525.0004 to 9525 0036 that the service provided by the provider is no longer needed.

C The provider has documented before the discharge that the person's behavior constituted an immediate danger, the provider has notified the person's case manager and legal representative of the provider's intent to discharge the person under subpart 6, and the provider documents in the person's file

(1) that the procedures agreed upon by the provider and host county in the county contract under parts 9550 0010 to 9550 0092 and the three party agreements under part 9525 1240 have been followed before discharge,

[For text of subitems (2) to (7), see M R]

[For text of subp 6, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1570 SERVICES REQUIRED FOR LICENSURE.

[For text of subpart 1, see M R]

Subp 2 Employment and employment related services. Providers shall offer or provide employment and employment related services in accordance with the objectives specified in each person's individual program plan when the services are reimbursable under state and federal regulations. Employment and employment related services shall be designed to increase integration into the community, increase productivity, increase income level, and improve the employment status or job advancement of the person served. Supported employment shall be offered as a choice to any person, regardless of the severity of that person's disability, who is currently not able to work competitively and is authorized to receive employment or employment related services that are reimbursable under state and federal regu-

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lations Employment and employment related services offered or provided are required to have the components specified in items A to I

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

I training to improve related individual skill areas as identified in the individual program plan

Providers offering or providing employment and employment related services are not limited to offering or providing only the required services listed in items A to I

Subp 3 **Community integration services.** Providers shall offer or provide community integration services designed to increase and enhance each person's social and physical interaction with nondisabled individuals who are not paid caregivers or staff members Community integration services offered or provided are required to have the components specified in items A to G

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

G training to improve individual skill areas identified in the individual program plan

Providers offering or providing community integration services are not limited to offering or providing only the required services listed in items A to G

[For text of subps 4 to 6, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1590 DOCUMENTING OUTCOMES OF SERVICES REQUIRED FOR LICENSURE.

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

Subp 2 **Outcomes of training and habilitation services.** Providers must collect data for each person receiving services on a quarterly basis throughout the calendar year Data must be current as of the last day of the quarter being reported and must include

A the type of employment activity, location, and job title,

B the number of disabled coworkers receiving provider services at the same work site where the person for whom the data is reported is working, and

C the number of nondisabled and nonsubsidized coworkers employed at the work site

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.1600 MINIMUM STAFFING REQUIREMENTS.

[For text of subpart 1, see M R]

Subp 2 **Determining and documenting the staff ratio requirement for each person receiving services.** The case manager in consultation with the interdisciplinary team shall determine at least once each year which of the ratios in subparts 3, 4, and 5 is appropriate for each person receiving services on the basis of the characteristics described in subparts 3, 4, and 5 The ratio assigned each person and documentation of how the ratio was arrived at must be kept in each person's individual program plan file Documentation must include an assessment of the person with respect to the characteristics in subparts 3, 4, and 5 recorded on a standard assessment form required by the commissioner and the contents of the individual program plan file

[For text of subps 3 to 8, see M R]

Subp 9 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1610 STAFF QUALIFICATIONS.

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

Subp 2 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

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9525.1620 STAFF TRAINING.

[For text of subpart 1, see M R]

Subp 2 **Orientation for new employees.** Orientation for new employees must meet the requirements in items A to F

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

E The orientation must be counted toward the ongoing staff training requirements under this subpart.

[For text of item F, see M R.]

[For text of subp 3, see M R]

Subp. 4 **Content of ongoing training.** Providers must be able to document that the ongoing training required in subpart 3 includes content that addresses

[For text of item A, see M R]

B development, implementation, and evaluation of individual program plans including data collection and analysis,

[For text of items C to H, see M R]

[For text of subps 5 to 8, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1630 INDIVIDUAL PROGRAM PLAN REQUIREMENTS.

Subpart 1 **Establishing an individual program plan.** A staff member with the qualifications in part 9525.1610, subpart 1, item B, shall participate in the interdisciplinary team meeting required by parts 9525.0004 to 9525.0036 to develop an individual program plan for each person receiving services and shall coordinate and monitor provision of services under the plan

Subp 2. **Plan file.** The provider must have an individual program plan file for each person who is receiving services The file must contain

A the individual service plan developed for the person under parts 9525.0004 to 9525.0036,

B the progress reports described in subpart 3,

C the provider's implementation plan or individual program plan, which must include the individualized application of information stated in the provider manual under part 9525.1550, subpart 2, item B,

D an annual review that includes the assessment information described in subpart 6, and

E the documentation required in part 9525.1600

Subp 3 **Review of progress toward individual program plan objectives.** The provider must quarterly review and summarize each person's progress or lack of progress in achieving the objectives of the training and habilitation services in the person's individual program plan The progress report shall include the provider's recommendation and rationale for changing or continuing those objectives This progress report must become part of the person's plan file

Subp 4 **Initial assessment.** After a person begins receiving services, the provider must assess the person to further determine the person's training and habilitation needs related to the attainment of short-term and long-range goals identified in the person's individual service plan. The assessment must be completed prior to the meeting of the interdisciplinary team where the person's individual program plan is developed In making this assessment, the provider may draw on and incorporate relevant information about the person obtained by the case manager in the process of completing the assessment required under parts 9525.0004 to 9525.0036 The assessment completed by the provider must address at least items A to E

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

[For text of subps 5 and 6, see M.R.]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

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9525.1640 BEHAVIOR MANAGEMENT.

Subpart 1 **Behavior management policy.** The provider must have a written policy governing the use of behavior management techniques and must ensure that staff are familiar with and follow the policy. The written policy must

A be available to caregivers and other interested parties on request,

B specify that behavior management procedures are to be used only as one element of an individual program plan that focuses on developing adaptive behaviors to increase a person's ability to function independently in daily living,

C specify that assessment of behavioral needs will include specific descriptors of a problem behavior, an assessment of environmental and communicative factors that might influence a person's behavior, and a thorough review of other factors that might be influencing the person's behavior; and

D require documentation that instructional techniques incorporating functional analysis of behavior and positive reinforcement have been tried and found to be unsuccessful before a more intrusive procedure is implemented

Subp 2 [Repealed, 18 SR 2748]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1650 SERVICE SITES OWNED OR LEASED BY PROVIDER.

Subpart 1 [Repealed, 18 SR 2748]

Subp. 2 **Building space limitations.** The licensed capacity of a service site owned or leased by the provider must be determined by the amount of primary space available, the scheduling of activities at other service sites, and the space requirements of persons receiving services. In this subpart, "primary space" does not include hallways, stairways, closets, utility areas, bathrooms, kitchens, floor area beneath stationary equipment, and floor area beneath movable equipment or furniture not used by persons receiving services or staff members. Primary space may include up to 25 percent of the floor area occupied by movable equipment and furniture used by persons receiving services and staff. The following guidelines apply in determining the licensed capacity

[For text of item A, see M R]

B The commissioner may require more than 40 square feet of primary space for each person engaged in a training and habilitation activity at the site for which licensed capacity must be determined when a number of square feet greater than 40 square feet is specified in the individual program plan

[For text of subp 3, see M R]

Subp 4 **Hazards.** The provider shall comply with items A to F to ensure that service sites owned or leased by the provider are free from hazards

A The provider shall store hazardous materials, chemicals, and equipment in places inaccessible to persons receiving services except when persons are engaged in activities requiring the use of such materials, chemicals, or equipment in accordance with their individual program plans

[For text of items B to F, see M.R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1660 HEALTH AND SAFETY RELATED PROCEDURES.

[For text of subps 1 to 7, see M R]

Subp 8 [Repealed, 18 SR 2748]

[For text of subps 9 to 11, see M R]

Subp 12. [Repealed, 18 SR 2748]

[For text of subps 13 to 16, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

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9525.1670 FOOD SERVICE.

Subpart 1 [Repealed, 18 SR 2748]

Subp 2 [Repealed, 18 SR 2748]

Subp 3 [Repealed, 18 SR 2748]

[For text of subp 4, see M R]

Subp 5 [Repealed, 18 SR 2748]

[For text of subp 6, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1680 EQUIPMENT.

The provider must provide and maintain any equipment, supplies, and materials needed to carry out the objectives of all persons' individual program plans or to ensure their health, safety, nutrition, training, and habilitation needs. General equipment and adaptive devices must be appropriate to the chronological age, cultural norms, and development of the persons using the equipment and devices and must be in good repair.

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1690 TRANSPORTATION.

Subpart 1 **Provision of transportation.** To the extent possible, a person receiving services shall use or be trained to use public transportation to and from service sites. Providers must have a written transportation policy that meets the requirements in subparts 2 to 4.

[For text of subp 2, see M R]

Subp 3 **Supervision.** When the individual program plan of a person being transported requires that person to have programming or supervision by the provider's staff while being transported, a staff member or adult volunteer must be present in the vehicle in addition to the driver.

[For text of subp 4, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.1800 DEFINITIONS.

[For text of subps 1 to 3, see M R]

Subp 4a **Case management.** "Case management" has the meaning given it in part 9525 0004, subpart 3.

[For text of subps 5 to 19a, see M R]

Subp 19b **Mental retardation or related condition or MR/RC.** "Mental retardation or related condition" or "MR/RC" has the meaning given to "mental retardation" in part 9525 0016, subpart 2, and the meaning given to "related condition" in Minnesota Statutes, section 252 27, subdivision 1a.

[For text of subps 19c to 27, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1820 ELIGIBILITY.

Subpart 1 **Eligibility criteria for MR/RC waiver.** A person is eligible to receive home and community-based services through the MR/RC waiver if the person meets all the criteria in items A to E and if home and community-based services are provided according to part 9525 1830.

[For text of item A, see M R]

B the person has been determined to meet the diagnostic requirements under parts 9525 0004 to 9525 0036,

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

[For text of subps 1a to 3, see M.R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.1830 PROVISION OF HOME AND COMMUNITY-BASED SERVICES.

Subpart 1 **Conditions.** The county board shall provide or arrange to provide home and community-based services to a person if the person is eligible for home and community-based services under part 9525 1820 and all the conditions in items A to F have been met

[For text of item A, see M R]

B the screening team has recommended home and community-based services instead of ICF/MR services for the person under parts 9525 0004 to 9525 0036;

[For text of items C to F, see M R]

[For text of subp 2, see M R]

Statutory Authority: *MS s 256B.092*

History: *18 SR 2244*

9525.1900 AGREEMENT BETWEEN STATE AND COUNTY.

Subpart 1 **Contents of agreement.** The county board must have a legally binding written agreement with the state for each approved waiver plan to receive home and community-based services money The agreement must include provisions specifying that

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

F the county board will comply with all applicable standards in parts 9525 0004 to 9525 0036,

[For text of items G to I, see M.R]

[For text of subp 2, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.2000 PURPOSE AND APPLICABILITY.

[For text of subps 1 and 2, see M R]

Subp 3 **Exclusions.** Parts 9525 2000 to 9525.2140 do not govern the provision of respite care and do not apply to residential programs serving more than four persons that are licensed under parts 9525 0215 to 9525 0355

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2010 DEFINITIONS.

[For text of subps 1 and 2, see M R]

Subp. 3 **Advocate.** "Advocate" has the meaning given in part 9525 2710, subpart 3

[For text of subps 4 to 6, see M R]

Subp 7. **Case manager.** "Case manager" means the individual designated by the county board to provide case management as defined in parts 9525 0004 to 9525 0036

[For text of subps 8 and 9, see M R]

Subp 10 **County board.** "County board" has the meaning given it in Minnesota Statutes, section 256E 03, subdivision 6

[For text of subps 11 to 13, see M R]

Subp 14 **Direct service.** "Direct service" means training or supervision and assistance of a person receiving residential-based habilitation services and participation in the development or implementation of a person's individual program plan

[For text of subps 15 to 19, see M R]

Subp. 20 [Repealed, 18 SR 2244]

Subp 20a **Individual program plan or IPP.** "Individual program plan" or "IPP" has the meaning given it in part 9525 0004, subpart 11

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Subp. 21 **Individual service plan.** “Individual service plan” means the written plan required by and developed under parts 9525 0004 to 9525 0036

[For text of subp 22, see M R]

Subp. 23 **Interdisciplinary team.** “Interdisciplinary team” has the meaning given it in part 9525 0004, subpart 14

[For text of subps 24 and 25, see M R]

Subp 26 **Objective.** “Objective” means a short-term expectation, accompanied by measurable behavioral criteria, that is written in the individual program plan Objectives are designed to result in achievement of the annual goals in a person’s individual service plan

[For text of subp 27, see M.R]

Subp 28 **Person with mental retardation or a related condition or person.** “Person with mental retardation or a related condition” or “person” has the meaning given to “person” under part 9525 0004, subpart 19

Subp 29 **Qualified mental retardation professional (QMRP).** “Qualified mental retardation professional (QMRP)” means an individual who meets the qualifications specified in Code of Federal Regulations, title 42, section 483 430, as amended

[For text of subps 30 to 36, see M R]

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244; 18 SR 2748*

9525.2020 LICENSURE.

Subpart 1 **License required.** An individual, corporation, partnership, voluntary association, or other organization must be licensed by the commissioner to provide home and community-based residential habilitation services under parts 9543 1000 to 9543 1060

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]

Subp 7 [Repealed, 18 SR 2748]

[For text of subps 8 and 9, see M.R.]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2025 [Repealed, 18 SR 2748]

9525.2030 SERVICE REQUIREMENTS.

Subpart 1 **Individual service needs.** The license holder must provide or obtain residential-based habilitation services for each person in accordance with the person’s individual needs as specified in the individual service plan and the IPP, and as authorized by the case manager

Subp 2 **Methods, materials, and settings.** Methods, materials, and settings used to provide residential habilitation services and to implement the IPP must be designed to

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

Subp 3. **Least restrictive environment.** Each person’s participation, movement, communication, and personal choice may be restricted only as necessary to protect the person and others and as specified in the person’s individual service plan or IPP Supervision and assistance may be provided only when necessary for the person to complete a task or participate in an activity, or to protect the person or others

[For text of subps 4 to 6, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2040 SERVICE AUTHORIZATION.

Before a license holder provides a residential-based habilitative service identified in a person’s individual service plan, the conditions in items A and B must be met

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[For text of item A, see M R]

B the license holder has been authorized by the county of financial responsibility pursuant to parts 9525 0016, 9525 1830, subpart 1, item E, and 9525 1850, item H, to provide the type, amount, and frequency of services specified in the person's individual service plan

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.2050 SERVICE INITIATION.

Subpart 1 **Written policy required.** The license holder must have a written policy that sets forth procedures for initiating services to persons This policy must be consistent with the county's determination or redetermination of need for the license holder's service under parts 9525 0004 to 9525 0036, if applicable, the county contract required by parts 9525 1870, and 9525 2000 to 9525 2140

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

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.2070 RESOURCES.

[For text of subps 1 and 2, see M.R]

Subp 3 **Safekeeping.** If a person's IPP requires the license holder to assist the person with safekeeping of money or valuables, the license holder shall

[For text items A and B, see M R]

C return money and valuables in the license holder's keeping to the person or the person's legal representative, subject to restrictions in the persons's individual service plan or IPP, within three working days after a request

[For text of subp 4, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2080 SERVICE RECOMMENDATIONS.

The license holder shall provide written service recommendations to the county case manager and the person or the person's legal representative Written service recommendations must be directed toward achieving the outcomes stated in part 9525 2030 and shall be prepared

A before the interdisciplinary team meeting, held during the first 30 days of service provision, where the individual program plan is developed, and

B when the license holder identifies a reason for the case manager to consider changing services, service methods, or service outcomes

Statutory Authority: *MS s 245A 09, 256B 092*

History: *18 SR 2244, 18 SR 2748*

9525.2090 ASSESSMENT.

An initial assessment, as required in part 9525 0024, subpart 1, is the responsibility of the person's case manager The license holder shall assess the person in any areas authorized by the case manager When conducting an assessment, the license holder shall compare the person's performance, behavior, activity, and participation to that of nondisabled individuals in general The license holder must provide the case manager and the person or the legal representative with a written summary of the completed assessment before the development of the ISP OR IPP, or when requested by the case manager For each authorized area of assessment, the written summary must include an analysis of:

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

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.2100 INDIVIDUAL PROGRAM PLAN (IPP) DEVELOPMENT AND IMPLEMENTATION.

Subpart 1 **Participation in development of IPP.** The IPP is developed at an interdisciplinary team meeting convened within 30 days of service initiation. The license holder must participate in interdisciplinary team meetings and be involved in the development of the person's IPP.

Subp 2 **Implementation of IPP.** The license holder must provide the residential-based habilitation services specified in the IPP and authorized by the case manager. The license holder shall document the procedures and methods used to implement these services and describe how these procedures and methods are directed toward achieving the requirements listed in part 9525.2030. This documentation must be initially developed within ten calendar days of development of the IPP, must be reviewed at least annually, and revised as necessary. The procedures and methods must be consistent with the requirements of the IPP unless a modification of the IPP is agreed to by the person or the legal representative and is authorized by the case manager or unless modifications are required by emergency intervention described in subpart 3. The license holder's documentation of the procedures and methods used must be made available to the person or the person's legal representative and must include

A written, measurable behavioral objectives including measurable criteria for mastery that are designed to result in achievement of the residential service outcomes specified in the person's current individual service plan and IPP and assigned to the license holder,

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

F the names of the staff or contractors responsible for implementing each objective, and

G medication administration procedures, if applicable, with written approval by a licensed physician or registered nurse.

Subp 3 **Emergency intervention.** When the health or safety of the person is in imminent danger and the license holder is responsible for the care and supervision of the person, the license holder must secure or provide necessary emergency intervention. Emergency intervention secured or provided by the license holder does not require prior county approval or prior referencing in the individual service plan or IPP. Within 24 hours of the incident, the license holder must notify the county, the person's family, and the person's legal representative of the emergency and the intervention provided. Within five working days of the incident, the license holder shall provide the case manager and the person or the person's legal representative a written summary of the incident. The summary must include a description of the presenting circumstances, the manner and results of the emergency intervention, a description and cost of the intervention, and written recommendations in accordance with part 9525.2080.

Subp 4 **Plan file.** The license holder must have an individual plan file for each person receiving services. This file must be immediately available to the staff responsible for service implementation. The file must contain

[For text of items A and B, see M R]

C The current ISP and IPP for the person

D Documentation of the license holder's implementation of the IPP, as required by subpart 2, including the data collected to measure the person's progress

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

J A record of all medications administered by the license holder and documentation of the monitoring of side effects. If a license holder administers psychotropic medication, the license holder must have a policy for use of psychotropic medications that complies with the Psychotropic Medication Use Checklist, and must fill out the checklist at least annually and maintain a copy in the person's plan file. The Psychotropic Medication Use Checklist is incorporated by reference and is available for inspection at the Minnesota State Law Library, 25 Constitution Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

Statutory Authority: *MS s 245A.09, 256B.092*

History: *18 SR 2244, 18 SR 2748*

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9525.2110 EVALUATION.

Subpart 1 **Quarterly reports.** The license holder must provide the case manager and the person, or the person's legal representative, a quarterly report containing a summary of data, an analysis of the data, and an evaluation of services actually provided. The information in the report must be sufficient to determine the extent to which services have resulted in achievement of the goals and objectives of the person's habilitation plan, and whether services, including methods used, are being provided in accordance with the individual service plan and the IPP. The quarterly reports must also include the license holder's recommendations and rationale for changing or continuing the objectives or methods.

Subp 2 **Annual evaluation of service outcomes.** During the last quarter of the person's service year, the license holder shall provide the case manager and the person or person's legal representative with a written, annual evaluation of the service outcomes. The annual evaluation must be completed before the annual review of the individual service plan or within 30 days of a written request by the case manager. The annual evaluation of service outcomes must include

A a summary of data indicating changes in behavior as they relate to the achievement of the outcomes in the IPP and the outcomes listed in part 9525 2030,

[For text of items B and C, see M R]

Subp 3 **Additional reports.** The license holder shall provide additional reports as requested by the case manager and incorporated in the signed service contract or IPP.

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2130 STAFFING.

[For text of subpart 1, see M R]

Subp 2 **QMRP coordination and supervision of service delivery.** The ongoing delivery and evaluation of services provided by the license holder must be coordinated by a QMRP. The license holder shall maintain documentation showing that the individual meets the definition of QMRP contained in part 9525 2010, subpart 29. The QMRP must provide coordination, support, and evaluation of services that must include

A Regular visits to observe and evaluate the implementation of programs and services identified in the IPP. Regular visits must occur at a minimum of two times each month when services are provided four or more days per week, and one time per month when services are provided three days per week or less. Regular visits must be made more frequently if specified in the IPP.

[For text of items B and C, see M R]

D Regular instructions and assistance to the staff in implementing the IPP at a frequency consistent with the need to assure that the individual service plan and the IPP are implemented in an appropriate and effective manner.

E Identification and documentation of staff training needed to assure that the individual service plan and the IPP are implemented in an appropriate and effective manner.

F A review, completed at least once each month, of all program data and information regarding implementation of the IPP, including written recommendations for continuation or modification of the programs, objectives, and methods.

[For text of items G to I, see M R]

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2140 STAFF TRAINING AND ORIENTATION.

[For text of subpart 1, see M R]

Subp 2 **Scope and schedule of ongoing training.** When the license holder provides direct service, the license holder must annually complete a number of hours of training that equal two percent of the number of hours billed annually, up to 40 hours of training, as the license holder's time. If a license holder employs or contracts with an individual who provides direct service, the license holder must ensure that the individual annually completes a

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number of hours of training equal to at least two percent of the hours for which the individual is annually paid, up to 40 hours of training. In an employee's first year of employment, the ongoing training requirement for an employee not meeting the qualifications in subpart 1, item F, must be completed within the first 120 calendar days of the employment. The hours counted as training may include in-service training, new employee orientation, and training from educational coursework, conferences, seminars, videotapes, books, or other materials. The training must:

[For text of items A and B, see M R]

C address all areas identified by the QMRP or case manager as areas needing additional training to implement the requirements of the individual service plans and IPP's of persons receiving services, and

[For text of item D, see M R]

Subp 3 **Content of ongoing training.** When designing ongoing training, the license holder must choose from the following areas of instruction, and training in one subject area shall not be provided to the exclusion of training in other areas

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

G analyzing information to evaluate the effectiveness of instructional procedures in achieving goals and objectives of a person's IPP and outcomes specified in part 9525 2030,

H developing methods and strategies to recommend service changes or to modify services for persons to more effectively achieve the goals and objectives of the IPP and outcomes specified in part 9525 2030, including Program Analysis of Service Systems (PASS),

[For text of item I, see M R]

J other areas identified by the QMRP or case manager as needed to improve the implementation of the IPP

Statutory Authority: *MS s 245A 09*

History: *18 SR 2748*

9525.2710 DEFINITIONS.

[For text of subps 1 to 6, see M R]

Subp 7 **Case manager.** "Case manager" means the individual designated by the county board under parts 9525 0004 to 9525 0036 to provide case management.

[For text of subps 8 to 15, see M R]

Subp 16 [Repealed, 18 SR 2244]

Subp 16a **Individual program plan.** "Individual program plan" has the meaning given it in part 9525 0004, subpart 11

[For text of subps 16b to 23, see M R]

Subp 24 **Person with mental retardation or a related condition or person.** "Person with mental retardation or a related condition" or "person" means a person who has been determined to meet the diagnostic requirements under parts 9525 0004 to 9525 0036

[For text of subps 25 to 35, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

NOTE Subparts 16a and 24 were adopted at 18 SR 1141 to read

Subp 16a Individual program plan "Individual program plan" means the coordinated, integrated, and comprehensive written plan for providing services to persons that is developed

A consistent with all aspects of the person's individual service plan,

B in compliance with applicable state and federal laws and regulations governing services to persons with mental retardation or a related condition, and

C by the license holder in consultation with the expanded interdisciplinary team

Subp 24 Person with mental retardation or a related condition or person "Person with mental retardation or a related condition" or "person" means a person

A who has been diagnosed under part 9525 0045 as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior and who manifests these conditions before the person's 22nd birthday,

B under the age of five who demonstrates significantly subaverage intellectual functioning concurrently with severe deficits in adaptive behavior, but for whom a licensed psychologist determines that a diagnosis may not be advisable because of the person's age or

C who has a related condition as defined in Minnesota Statutes section 252 27, subdivision 1a

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9525.3015 DEFINITIONS.

[For text of subps 1 to 5, see M R]

Subp 6 **Case manager.** "Case manager" has the meaning given it in part 9525 0004, subpart 4

[For text of subps 7 and 8, see M R]

Subp 9 [Repealed, 18 SR 2244]

[For text of subps 10 to 22, see M R]

Subp 23 **Person with mental retardation.** "Person with mental retardation" has the meaning given it in part 9525 0016, subpart 2

[For text of subps 24 to 28, see M R]

Subp 29 **Residential program.** "Residential program" has the meaning given it in Minnesota Statutes, section 245A 02, subdivision 14.

[For text of subps 30 to 34, see M R]

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*

9525.3065 MONITORING AND EVALUATION.

Subpart 1 **Annual review.** Under Minnesota Statutes, section 252A 16, the county staff acting as public guardian shall conduct an annual review of the status of each ward. The county staff acting as public guardian shall submit to the department by the annual birthday of each ward, a copy of the annual review for each ward receiving public guardianship services during the past calendar year. The annual review must be in writing in the form determined by the local agency and must minimally include a description of the ward's

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

D legal status based on items A to C

The annual review required under parts 9525 0004 to 9525 0036 may be used to fulfill the annual review requirement of this subpart only when that review contains all of the criteria required under items A to D. The county staff acting as public guardian must review and sign all annual reviews.

If the county staff acting as public guardian determines that the ward is no longer in need of guardianship or is capable of functioning under a less restrictive conservatorship, the local agency shall petition the court for a termination or modification of public guardianship as specified in part 9525 3085.

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

Statutory Authority: *MS s 256B 092*

History: *18 SR 2244*