

**9505.0322 MENTAL HEALTH CASE MANAGEMENT SERVICES.**

Subpart 1. **Definitions.** The terms used in this part have the meanings given them in items A to G and in part 9505.0370.

A. "Clinical supervision" has the meaning given in Minnesota Statutes, section 245.462, subdivision 4a, for case management services to an adult, or section 245.4871, subdivision 7, for case management services to a child.

B. "Face-to-face" means the recipient is physically present with the case manager.

C. "Mental health case management service" or "case management service" means a service that assists a person eligible for medical assistance in gaining access to needed medical, social, educational, and other services necessary to meet the person's mental health needs and that coordinates and monitors the delivery of these needed services.

D. For purposes of this part, "recipient" means a person who has been determined by the local agency to be eligible for the medical assistance program, who has a serious and persistent mental illness or severe emotional disturbance as determined by a diagnostic assessment, and who has been determined eligible for case management services by the local agency.

E. "Serious and persistent mental illness" means the condition of an adult as specified in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c).

F. "Severe emotional disturbance" means the condition of a child as specified in Minnesota Statutes, section 245.4871, subdivision 6.

G. "Updating" or "updated" has the meaning given in Minnesota Statutes, section 245.467, subdivision 2, for an adult, or section 245.4876, subdivision 2, for a child.

Subp. 2. **Determination of eligibility to receive case management services.** The local agency must determine whether a person is eligible for case management services. The determination must be based on a diagnostic assessment of the person as a person with a serious and persistent mental illness or a severe emotional disturbance or on a determination according to subpart 4.

Subp. 3. **Required contents of a diagnostic assessment.** To be eligible for medical assistance payment, the diagnostic assessment required for a determination of a recipient's eligibility to receive mental health case management services must comply with the requirements of parts 9505.0370 to 9505.0372. Additionally, the diagnostic assessment must identify the needs that must be addressed in the recipient's individual treatment plan if the recipient is determined to have a serious and persistent mental illness or a severe emotional disturbance.

Subp. 4. **Eligibility if person does not have a current diagnostic assessment.** Medical assistance payment is available for case management services provided to a medical assistance eligible person who does not have a current diagnostic assessment if all of the following criteria are met:

- A. the person requests or is referred for and accepts case management services;
- B. the diagnostic assessment is refused at the time of the person's referral or request for case management services by:
  - (1) an adult for reasons related to the adult's mental illness;
  - (2) a child for reasons related to the child's emotional disturbance who meets a criterion specified in part 9505.0371, subpart 6; or
  - (3) the parent of a child;
- C. the case manager determines that the person is eligible for case management services; and
- D. the person obtains a new or updated diagnostic assessment within four months of the day the person first receives case management services.

Subp. 5. **Determination of recipient's continued eligibility for case management services.** A recipient's continued eligibility for case management services under this part and parts 9520.0900 to 9520.0926 must be determined every 36 months by the local agency. The determination of whether the recipient continues to have a diagnosis of serious and persistent mental illness or severe emotional disturbance must be based on updating the recipient's diagnostic assessment or on the results of conducting a complete diagnostic assessment because the recipient's mental health status or behavior has changed markedly. Unless a recipient's mental health status or behavior has changed markedly since the recipient's most recent diagnostic assessment, only updating is necessary. If the recipient's mental health status or behavior has changed markedly, a new diagnostic assessment must be completed.

Subp. 6. **Eligible provider of case management services.** A local agency, or an entity under contract to a local agency to provide case management services, is eligible to enroll as a provider of case management services.

Subp. 7. **Condition to receive medical assistance payment; case manager qualifications.** To be eligible for medical assistance payment, a case management service must be provided by a case manager who is qualified under Minnesota Statutes, section 245.462, subdivision 4, for services to an adult, or section 245.4871, subdivision 4, for services to a child.

Subp. 8. **Condition to receive medical assistance payment; clinical supervision required.** To be eligible for medical assistance payment for a case management service

provided to a recipient by a mental health practitioner, the mental health practitioner must receive clinical supervision according to the requirements of Minnesota Statutes, section 245.462, subdivision 4a, for an adult, or section 245.4871, subdivision 7, for a child.

Subp. 9. **Case management services eligible for medical assistance payment.** Case management services provided to a recipient that are eligible for medical assistance payment are:

- A. face-to-face contact between the case manager and the recipient;
- B. telephone contact between the case manager and the recipient; the recipient's mental health provider or other service providers; the recipient's family members, legal representative, or primary caregiver; or other interested persons;
- C. face-to-face contacts between the case manager and the recipient's family, legal representative, or primary caregiver; mental health providers or other service providers; or other interested persons;
- D. contacts between the case manager and the case manager's clinical supervisor about the recipient;
- E. individual community support plan and assessment development, review, and revision required under Minnesota Statutes, section 245.4711, subdivision 4, for an adult, or section 245.4881, subdivision 4, for a child;
- F. travel time spent by the case manager to meet face-to-face with the recipient who resides outside of the county of financial responsibility; and
- G. travel time spent by the case manager within the county of financial responsibility to meet face-to-face with the recipient or the recipient's family, legal representative, or primary caregiver.

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

Subp. 10. **Limitation on payments for services.** Payment for case management services shall be limited according to items A to G.

- A. Payment for case management services is limited to no more than ten hours per recipient per month, excluding time required for out-of-county travel under subpart 9, item F. The payment may be for any combination of the services specified in subpart 9, except that payment for telephone contact between a case manager and the recipient; the recipient's family, legal representative, or primary caregiver; mental health provider and

other service providers; or other interested persons is limited to no more than three hours per recipient per month.

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

C. An assessment that duplicates an assessment eligible for payment under subpart 2 or 5 is not eligible for medical assistance payment.

D. Payment for case management services to a recipient is limited to the services of one case manager per unit of time per recipient.

E. Time spent by the case manager in charting and record keeping is not eligible for separate medical assistance payment as a case management service.

F. Time spent by the case manager in court during which the case manager is not providing a case management service that would otherwise be eligible for medical assistance payment is not a covered service.

G. Time spent in communication with other case managers who are members of the recipient's case management team under part 9520.0916 or 9520.0917 is not a covered service unless the recipient is a face-to-face participant in the communication.

Subp. 11. **Documentation of services.** To obtain medical assistance payment for case management services, the case manager must document the recipient's case management services according to the requirements of parts 9505.2175 and 9505.2180. Additionally, if a case manager who provides other mental health services eligible for medical assistance payment to a recipient who receives case management services from the case manager and intersperses the recipient's case management service and the other mental health services eligible for medical assistance payment within the same session, the case manager must clearly document in the recipient's record the intervals in which each service was provided.

Subp. 12. **Recovery of payment.** Medical assistance payments received by a case management provider for case management services that are not documented as required in subpart 11 are subject to recovery under parts 9505.2160 to 9505.2245.

Subp. 13. **Excluded service.** Client outreach for the purpose of seeking persons who potentially may be eligible for medical assistance and mental health case management services under this part is not eligible for medical assistance payment.

Subp. 14. **Coordination of case management services with other programs.** Case management services to recipients receiving case management services through a program other than medical assistance shall be coordinated as specified in items A to D.

A. Recipients who are receiving case management services through the Veterans Administration are not eligible for case management services under parts 9520.0900 to

9520.0926 and this part while they are receiving case management through the Veterans Administration.

B. Persons receiving home and community-based services under a waiver are not eligible for case management services under parts 9520.0900 to 9520.0926 and this part if these services duplicate each other. For purposes of this subpart, "home and community-based services under a waiver" refers to services furnished under a waiver obtained by the state from the United States Department of Health and Human Services as specified in Code of Federal Regulations, title 42, sections 440.180 and 441.300 to 441.310.

C. Except as provided in subpart 2, if a recipient has the diagnosis of developmental disability and the diagnosis of mental illness or emotional disturbance, the county shall assign the recipient a case manager for services to persons with developmental disability according to parts 9525.0015 to 9525.0165 and shall notify the recipient of the availability of case management services under parts 9520.0900 to 9520.0926. If the adult or the adult's legal representative or, in the case of a child, the child's parent or legal representative or, if appropriate, the child chooses case management services under parts 9520.0900 to 9520.0926, the case manager assigned under parts 9525.0015 to 9525.0165 and the case manager chosen under parts 9520.0900 to 9520.0926 shall work together as a team to ensure that the person receives services required under parts 9520.0900 to 9520.0926 and 9525.0015 to 9525.0165. The case manager under parts 9520.0900 to 9520.0926 shall be responsible for assuring that the requirements of parts 9520.0900 to 9520.0926 and 9525.0015 to 9525.0165 are met.

D. A recipient who has been assessed as chemically dependent under parts 9530.6615 and 9530.6620 and who also is determined to have a serious and persistent mental illness or a severe emotional disturbance is eligible to receive case management services under parts 9520.0900 to 9520.0926 and this part. The case manager assigned under parts 9520.0900 to 9520.0926 must coordinate the recipient's case management services with any similar services the person is receiving from other sources.

E. For purposes of this part, a recipient enrolled with a prepaid health plan under a prepaid medical assistance plan established under Minnesota Statutes, section 256B.031, is eligible for case management services as specified in this part on a fee-for-service basis from a provider other than the prepaid health plan.

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

**History:** *17 SR 1454; L 2005 c 56 s 2; 35 SR 1967*

**Published Electronically:** *July 5, 2011*