9520.0914 CASE MANAGER'S RESPONSIBILITIES.

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

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

A. A child's case manager must:

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

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

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

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

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

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

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

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

(9) actively participate in discharge planning for the child and, to the extent possible, coordinate the services necessary to assure a smooth transition to the child's

home or foster home, school, and community-based services if the child is in a residential treatment facility, regional treatment center, correctional facility or other residential placement, or inpatient hospital for mental health services;

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

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

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

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

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

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

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

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

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

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

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

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

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

History: *17 SR 1448*

Published Electronically: *October 16, 2013*