

9510.1050 COUNTY REVIEW OF PROVIDER'S APPLICATION.

Subpart 1. **Criteria.** The county shall determine if the provider submitting the application and the client or clients identified in the application meet the criteria in subparts 2 to 5. The county shall submit to the commissioner the applications which meet the criteria in subparts 2 to 5.

Subp. 2. **Client eligibility.** A client shall be eligible for a special needs rate exception if the client meets the criteria in items A to D:

A. the client is eligible for medical assistance under Minnesota Statutes, chapter 256B;

B. the client is a resident of an ICF/DD;

C. the client is a person as defined in part 9525.0004, subpart 19, and has at least one of the following characteristics:

(1) severe maladaptive behavior as listed in unit (a), (b), or (c);

(a) self-injurious behavior which is a clear danger to the client such as ingesting inedibles; removing major items of clothing; striking, biting, or scratching self; moving into dangerous situations which clearly threaten or endanger the client's life, sensory abilities, limb mobility, brain functioning, physical appearance, or other major physical functions; or

(b) aggressive behaviors which are a clear danger to others such as striking, scratching, or biting others; throwing heavy objects at others; attempting inappropriate sexual activity with others; or pushing or placing others into dangerous situations which clearly threaten or endanger their life, sensory abilities, limb mobility, brain functioning, sexual integrity, physical appearance, or other major physical functions; or

(c) destructive behaviors which result in extensive property damage;

(2) severe physical disabilities such as deafness, blindness, or motor problems which require short-term environmental orientation training;

(3) medical conditions as listed in unit (a) or (b);

(a) degenerative diseases diagnosed by a physician as terminal; or

(b) short-term medical disabilities that can be treated within the level of care the Minnesota Department of Health certifies the ICF/DD to provide, such as temporary immobility, intermittent catheterization, or postoperative recuperation;

D. the client is at risk of placement in a regional treatment center within 60 days or of remaining in a regional treatment center, unless additional resources are provided through parts 9510.1020 to 9510.1140 due to:

- (1) conditions and characteristics described in item C; and
- (2) the unavailability of other resources as determined under subpart 4.

Subp. 3. **General provider eligibility.** A provider shall be eligible for a special needs rate exception if the provider meets the following criteria:

A. The existing program or services offered by the provider cannot be modified to meet the client's needs within the provider's approved per diem rates.

B. The provider's historical cost per diem does not include the historical cost of providing the same or similar clients with the same or similar staff interventions.

C. The provider is willing to serve or continue to serve a client who is eligible for a special needs rate under subpart 2 if the special needs rate exception is approved.

Subp. 4. **Availability of other resources.** The provider shall be eligible for a special needs rate exception only if the county determines that:

A. There are no other existing resources or services covered under parts 9505.0170 to 9505.0475 available to meet the client's needs.

B. There are no other appropriate ICFs/DD, training and habilitation services, or other services located within a reasonable distance available to meet the person's needs within their current rates. To determine if another ICF/DD, training and habilitation service, or other service is appropriate for the client, the case manager shall:

(1) Consider the placement preferences of the client and family of the client. If the client cannot communicate a preference, the client's legal representative must be consulted.

(2) Consider whether the location of the alternative ICF/DD training and habilitation service or other service will impair the current level of family involvement.

(3) Consider the length of time that the client will need the additional services.

Subp. 5. **Evaluation of staff intervention and equipment purchases.** The county shall review the information submitted in accordance with part 9510.1040 to determine if:

A. the proposed staff intervention and equipment are allowable for purposes of reimbursement under parts 9510.1020 to 9510.1140;

B. all proposed services and service providers comply with applicable professional and program licensure standards;

C. the proposed staff intervention and equipment purchases meet the identified client needs; and

D. the provider has included a plan to decrease the client's reliance on the proposed staff intervention which shall ensure integration of the client into the existing program when the special needs rate exception terminates.

Statutory Authority: *MS s 252.46; 256B.092; 256B.501*

History: *10 SR 922; 12 SR 1148; 14 SR 2354; 18 SR 2244; L 2005 c 56 s 2*

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