

9525.0016 CASE MANAGEMENT ADMINISTRATION.

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

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 developmental disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disabilities and requires treatment or services similar to those required for persons with developmental disabilities;

(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 developmental disability" 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 developmental disability 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 developmental disabilities 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.

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 developmental disability.** 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/DD 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/DD; 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.

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/DD 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 developmental disability 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;
- 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/DD, nursing facilities, and for services provided under medical assistance waivers, state support services, and grants.

Subp. 12. **Authorization of medical assistance for ICF/DD, 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/DD, 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;
- 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; L 2003 1Sp14 art 11 s 11; L 2005 c 56 s 2*

Published Electronically: *October 16, 2013*