

9535.4020 GENERAL PROVISIONS.

Subpart 1. **Design of family community support services.** The design for providing the components of family community support services must be based on the unique and changing needs of the children eligible for the service who reside in the county and on the availability of community sources of services for the children and their families. A county board shall design family community support services to reduce the need for and use of more intensive, more costly, or restrictive placements of children both in number of admissions of children and the length of their stays in residential treatment facilities or regional treatment centers and to meet the requirements of Minnesota Statutes, sections 245.4874, 245.4876, 245.4881, and 245.4884, and parts 9535.4000 to 9535.4070. The county board must provide family community support services.

Subp. 2. **Joint county provision of services.** A county or two or more counties jointly may provide one or more of the components of family community support services directly or through a contract with another agency.

Subp. 3. **Denial of services.** A county board must assure that family community support services are not denied to children with severe emotional disturbance.

Subp. 4. **Notice of eligibility for family community support services.** The county board shall send a written notice about a child's eligibility for family community support services as required under Minnesota Statutes, section 245.4881, subdivision 2, paragraph (b).

Subp. 5. **Availability of special mental health consultant.** The county board must assure that a special mental health consultant is available as necessary to assist the county board in assessing and providing appropriate family community support and other mental health services for a child of a minority race or minority ethnic heritage.

Subp. 6. **Procedures to assure coordination.** The county board must establish procedures to assure ongoing contact and coordination between a child's case manager, the providers of the child's family community support services, the child's other mental health services, and the educational and social services related to the child's mental health needs. In the case of a child receiving case management services under parts 9520.0900 to 9520.0926, the case manager is responsible for ongoing coordination with any other person responsible for the planning, development, and delivery of mental health services for the child.

Subp. 7. **Referral of child for case management services.** The provider of family community support services to a child who is not receiving case management services must inform the child and the child's parent or legal representative as required under part 9535.4023 of the availability and potential benefits to the child of case management services according to Minnesota Statutes, section 245.4876, subdivision 4.

Subp. 8. **Refusal of case management services.** The refusal of case management services by a child or the parent or legal representative of a child who is determined eligible for case management services does not affect the child's eligibility to receive family community support services or other mental health services for which the child is eligible. If a child or a child's parent or legal representative has refused case management services for the child under parts 9520.0900 to 9520.0926, the providers of the child's family community support services shall coordinate the child's service delivery in the manner established by the county board to assure continuity of the child's services and avoid duplication of services.

Subp. 9. **Clinical supervision of family community support services.** The county board must assure, either directly or under contract, the clinical supervision of family community support services as specified in Minnesota Statutes, section 245.4871, subdivisions 7, 17, and 27.

Subp. 10. **Services needed and required plan.** A child's need for family community support services must be based on the mental health needs identified from a functional assessment and a diagnostic assessment of the child and on the child's strengths. A plan for the delivery of each family community support service identified as a mental health need must be developed for the child. The child's parent or legal representative and, unless clinically inappropriate, the child must be involved in all phases of the development and implementation of the plan. The plan shall identify the goals and outcomes of the services and how the outcomes are to be measured. Additionally, the plan shall be developed as specified in item A or B.

A. If the child is receiving case management services under parts 9520.0900 to 9520.0926, the child's individual family community support plan may serve as the required plan if it complies with part 9520.0918 and was developed with the participation of family community support services staff.

B. If the child does not have a case manager because the child or the parent or legal representative of the child has refused case management services under parts 9520.0900 to 9520.0926, the family community support service provider or providers of the child's services shall follow the procedures established under subpart 6 to coordinate and incorporate the child's family community support and other mental health services into a single planning document. The single planning document also must incorporate the child's individual treatment plans, if any.

Any other service plan developed by an agency providing services to the child may substitute for the single planning document required under this part if the other plan meets the requirements of this part.

Subp. 11. **Review and revision of plan required under subpart 10.** Family community support services staff, together with the child, unless clinically inappropriate,

and the child's parent or legal representative must review and, if necessary, revise the goals and the child's progress toward the outcomes specified in the plan required for the child under subpart 10. The review and, if necessary, revision of the child's plan must be done at least once every 180 days after the development of the initial plan under subpart 10 or more often if necessary to reflect changes in the child's goals, strengths, and needs and in community resources while the child and the child's family are receiving family community support services. The review and any necessary revision must be based on an assessment of the child's functioning in the area of the family community support services the child is receiving.

Statutory Authority: *MS s 245.484*

History: *18 SR 1519; L 2003 1Sp14 art 11 s 11*

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