

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Mental Health Services;

4 Eligibility for Medical Assistance Payment

5

6 Rules as Adopted

7 9505.0175 DEFINITIONS.

8 Subpart 1. to 26. [Unchanged.]

9 Subp. 27. **Mental health practitioner.** "Mental health  
10 practitioner" means a person who is qualified in at least one of  
11 the ways specified in Minnesota Statutes, section 245.462,  
12 subdivision 17.

13 Subp. 28. **Mental health professional.** "Mental health  
14 professional" means a person providing clinical services in the  
15 treatment of mental illness who is qualified in at least one of  
16 the following ways:

17 A. in psychiatric nursing, a registered nurse  
18 licensed under Minnesota Statutes, sections 148.171 to 148.285  
19 and certified as a clinical specialist in psychiatric or mental  
20 health nursing by the American Nurses Association;

21 B. in clinical social work, a person licensed as an  
22 independent clinical social worker under Minnesota Statutes,  
23 section 148B.21, subdivision 6;

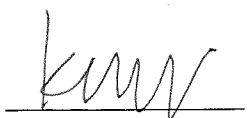
24 C. in psychology, a psychologist licensed under  
25 Minnesota Statutes, sections 148.88 to 148.98 who has stated to  
26 the board of psychology competencies in the diagnosis and  
27 treatment of mental illness; or

28 D. in psychiatry, a physician licensed under  
29 Minnesota Statutes, chapter 147 and certified by the American  
30 Board of Psychiatry and Neurology or eligible for board  
31 certification in psychiatry.

32 Subp. 29. to 50. [Unchanged.]

33 9505.0260 COMMUNITY MENTAL HEALTH CENTER SERVICES.

34 Subpart 1. **Definitions.** For purposes of this part, the  
35 following terms have the meanings given them.



1           A. "Community mental health center service" means  
2 services by a community mental health center that provides  
3 mental health services specified in part 9505.0323, subpart 2,  
4 and physician services under part 9505.0345, including the  
5 determination of a need for prescribed drugs and the evaluation  
6 of prescribed drugs.

7           B. Notwithstanding the definition of "supervision" in  
8 part 9505.0175, subpart 46, "supervision" means "clinical  
9 supervision" as defined in part 9505.0323, subpart 1, item D.

10           C. For purposes of this part, "mental health  
11 professional" means a "mental health professional" as defined in  
12 part 9505.0175, subpart 28 and a person licensed in marriage and  
13 family therapy under Minnesota Statutes, sections 148B.29 to  
14 148B.39 and employed by a provider of community mental health  
15 center services.

16           Subp. 2. **Eligible providers of community mental health**  
17 **center services.** To be eligible to enroll in the medical  
18 assistance program as a provider of community mental health  
19 center services, a provider must:

20           A. be established as specified in Minnesota Statutes,  
21 section 245.62;

22           B. obtain the commissioner's approval according to  
23 Minnesota Statutes, section 245.69, subdivision 2;

24           C. be a private, nonprofit corporation or a public  
25 agency;

26           D. have a board of directors established under  
27 Minnesota Statutes, section 245.66;

28           E. be operated by or under contract with a local  
29 agency to provide community mental health services;

30           F. comply with parts 9520.0750 to 9520.0870 and other  
31 parts of chapter 9520 applicable to community mental health  
32 centers;

33           G. provide mental health services as specified in  
34 Minnesota Statutes, section 245.62, subdivision 4;

35           H. provide mental health services specified in  
36 Minnesota Statutes, sections 245.461 to 245.486;

1 I. have a sliding fee schedule; and  
 2 J. if providing services to persons with alcohol and  
 3 other drug problems, be licensed to provide outpatient treatment  
 4 under parts 9530.5000 to 9530.6500, ~~and.~~

5 ~~K. if providing services to persons who have mental~~  
 6 ~~illness and mental retardation or related conditions, be~~  
 7 ~~licensed according to parts 9525.0750 to 9525.0830.~~

8 Subp. 3. Payment limitation; community mental health  
 9 center services. Medical assistance payment limitations  
 10 applicable to community mental health center services include  
 11 the payment limitations in part 9505.0323.

12 Subp. 4. Payment limitation; supervision of service before  
 13 September 1, 1990. To be eligible for medical assistance  
 14 payment, a community mental health center service that is  
 15 provided to a recipient before September 1, 1990, must be under  
 16 the supervision of a psychiatrist, licensed consulting  
 17 ~~psychiatrist~~ psychologist, or licensed psychologist who is a  
 18 provider.

19 Subp. 5. Excluded services. The services listed in part  
 20 9505.0323, subpart 25 27, are not eligible for medical  
 21 assistance payment as community mental health services.

22 9505.0323 MENTAL HEALTH SERVICES.

23 Subpart 1. Definitions. For this part, the following  
 24 terms have the meanings given them.

25 A. "Biofeedback" means a service designed to assist a  
 26 client to regulate a bodily function controlled by the autonomic  
 27 nervous system, such as heartbeat or blood pressure, by using an  
 28 instrument to monitor the function and signal the changes in the  
 29 function.

30 B. "Child" means a person under 18 years of age.

31 C. "Client" means a recipient who is determined to be  
 32 mentally ill as specified in subpart 2.

33 D. "Clinical supervision" means the process of  
 34 control and direction of a client's mental health services by  
 35 which a mental health professional who is a provider accepts

1 full professional responsibility for the supervisee's actions  
2 and decisions, instructs the supervisee in the supervisee's  
3 work, and oversees or directs the work of the supervisee. The  
4 process must meet the conditions in subitems (1) to (3).

5 (1) The provider must be present and available on  
6 the premises more than 50 percent of the time in a five working  
7 day period during which the supervisee is providing a mental  
8 health service.

9 (2) The diagnosis and the client's individual  
10 treatment plan or a change in the diagnosis or individual  
11 treatment plan must be made by or reviewed, approved, and signed  
12 by the provider.

13 (3) Every 30 days the supervisor must review and  
14 sign the record of the client's care for all activities in the  
15 preceding 30-day period.

16 E. "Day treatment" or "day treatment program" means a  
17 structured program of treatment and care provided to persons in:

18 (1) an outpatient hospital accredited by the  
19 Joint Commission on the Accreditation of Hospitals and licensed  
20 under Minnesota Statutes, sections 144.50 to 144.55;

21 (2) a community mental health center under part  
22 9505.0260; or

23 (3) an entity that is under contract with the  
24 county to operate a program that meets the requirements of  
25 Minnesota Statutes, section 245.471, subdivision 3, and parts  
26 9505.0170 to 9505.0475.

27 Day treatment consists of group psychotherapy and other  
28 intensive therapeutic services that are provided by a  
29 multidisciplinary staff. The services are aimed at stabilizing  
30 the client's mental health status, providing mental health  
31 services, and developing and improving the client's independent  
32 living and socialization skills. The goal of day treatment is  
33 to reduce or relieve the effects of mental illness and provide  
34 training to enable the client to live in the community. Day  
35 treatment services are not a part of inpatient or residential  
36 treatment services. Day treatment services are distinguished

1 from day care by their structured therapeutic program of  
2 psychotherapy services.

3 F. "Diagnostic assessment" has the meaning given in  
4 part 9505.0477, subpart 10.

5 G. "Explanation of findings" means analysis and  
6 explanation of a diagnostic assessment, psychological testing,  
7 client's treatment program, or other accumulated data and  
8 recommendations to the client's family, primary caregiver, or  
9 other responsible persons. Examples of responsible persons are  
10 a qualified mental retardation professional; a case manager;  
11 providers; a child protection worker; a vulnerable adult worker;  
12 the recipient's guardian, if any; and representatives of a local  
13 education education agency, school, or community corrections  
14 agency that has a responsibility to provide services for the  
15 recipient.

16 H. "Family psychotherapy" means psychotherapy as  
17 specified in subpart 13 that is designed for the client and one  
18 or more persons who are related to the client by blood,  
19 marriage, or adoption, or who are the client's foster parents,  
20 the client's primary caregiver, or significant other and whose  
21 participation is necessary to accomplish the client's treatment  
22 goals. For purposes of this item, "persons whose participation  
23 is necessary to accomplish the client's treatment goals" does  
24 not include shift or facility staff members at the client's  
25 residence.

26 I. "Group psychotherapy" means psychotherapy ~~designed~~  
27 conducted by a mental health professional for more than ~~four~~  
28 three but not more than eight persons or psychotherapy  
29 co-conducted by two mental health professionals for at least  
30 nine but not more than 12 persons who because of the nature of  
31 their emotional, behavioral, or social dysfunctions can derive  
32 mutual benefit from interaction in a group setting.

33 J. "Hour" means a 60-minute session of mental health  
34 service Up-to-ten-minutes other than a diagnostic assessment.  
35 At least 45 minutes of the period must be spent in face-to-face  
36 contact with the client. The other 15 minutes may be spent in

1 ~~indirect~~ client-related activities ~~such-as~~. Examples of  
2 client-related activities are scheduling, maintaining clinical  
3 records, consulting with others about the client's mental health  
4 status, preparing reports, receiving the clinical supervision  
5 directly related to the client's psychotherapy session, and  
6 revising the client's individual treatment plan. If the period  
7 of service is longer or shorter than one hour, up to ~~one-sixth~~  
8 one-fourth of the time may be spent in ~~indirect~~ client-related  
9 activities.

10 K. "Hypnotherapy" means psychotherapeutic treatment  
11 through hypnosis induced by a mental health professional trained  
12 in hypnotherapy.

13 L. "Individual psychotherapy" means psychotherapy  
14 designed for one client. For purposes of this part,  
15 hypnotherapy and biofeedback are individual psychotherapy.

16 M. "Individual treatment plan" has the meaning given  
17 it in part 9505.0477, subpart 14.

18 N. "Mental health services" means the services  
19 defined in items A, E, F, G, H, I, K, L, Q, S, T, ~~and~~ U, and V  
20 and subpart 30.

21 O. "Mental illness" has the meaning given it in part  
22 9505.0477, subpart 20.

23 P. "Neurological examination" means an examination of  
24 a person's nervous system by or under the supervision of a  
25 physician skilled in the diagnosis and treatment of disorders of  
26 the nervous system.

27 Q. "Partial hospitalization" or "partial  
28 hospitalization program" means a time-limited, structured  
29 program of psychotherapy and other therapeutic services provided  
30 in an outpatient hospital licensed under Minnesota Statutes,  
31 sections 144.50 to 144.55 and accredited by the Joint Committee  
32 on Accreditation of Hospitals. Partial hospitalization is an  
33 appropriate alternative or adjunct to inpatient hospitalization  
34 for a client who is experiencing an acute episode of mental  
35 illness that meets the criteria for an inpatient hospital  
36 admission as specified in part 9505.0540, subpart 1, and who has

1 the family and community resources necessary and appropriate to  
2 support the client's residence in the community. Partial  
3 hospitalization consists of multiple and intensive therapeutic  
4 services provided by a multidisciplinary staff to treat the  
5 client's mental illness. The goal of partial hospitalization is  
6 to resolve or stabilize an acute episode of mental illness.  
7 Examples of services provided in partial hospitalization are  
8 individual, group, and family psychotherapy services.

9 R. Notwithstanding the definition in part 9505.0477,  
10 subpart 23, "primary caregiver" means a person who has primary  
11 responsibility for providing the recipient with food, clothing,  
12 shelter, direction, guidance, and nurturance. A primary  
13 caregiver is someone other than the recipient's parent or a  
14 shift or facility staff member in a facility or institution  
15 where the recipient is residing or receiving a health service.  
16 An example of a primary caregiver is a recipient's relative who  
17 is not the recipient's parent and with whom the recipient lives.

18 S. "Psychological testing" means the use of tests or  
19 other psychometric instruments to determine the status of the  
20 recipient's mental, intellectual, and emotional functioning. A  
21 face-to-face interview sufficient to validate the psychological  
22 test is a required component of psychological testing.

23 T. "Psychotherapy" means a health service for the  
24 face-to-face treatment of a client or clients with mental  
25 illness through the psychological, psychiatric, or interpersonal  
26 method most appropriate to the needs of the client and in  
27 conformity with prevailing community standards of mental health  
28 practice. The treatment is a planned structured program or  
29 other intervention based on a diagnosis of mental illness  
30 resulting from a diagnostic assessment and is directed to  
31 accomplish measurable goals and objectives specified in the  
32 client's individual treatment plan. Individual, family, and  
33 group psychotherapy are the types of psychotherapy. Examples of  
34 psychotherapy goals and objectives are relieving subjective  
35 distress, alleviating specific existing symptoms, modifying  
36 specific patterns of disturbed behavior, stabilizing the level

1 of functioning attainable by the client, and enhancing the  
2 ability of the client to adapt to and cope with specific  
3 internal and external stressors.

4 U. "Psychotherapy session" means a planned and  
5 structured face-to-face treatment episode between the vendor or  
6 provider of psychotherapy and one or more individuals. A  
7 psychotherapy session may consist of individual psychotherapy,  
8 family psychotherapy, or group psychotherapy.

9 V. "Multiple family group psychotherapy" means  
10 psychotherapy as specified in subpart 28.

11 Subp. 2. Determination of mental illness. Except as  
12 provided in subpart 3, a diagnostic assessment that results in a  
13 diagnosis of mental illness is the criterion used to determine a  
14 recipient's eligibility for mental health services under this  
15 part.

16 Subp. 3. Payment limitation; recipient who is mentally ill.  
17 Medical assistance payment is available for a diagnostic  
18 assessment, an explanation of findings, psychological testing,  
19 and one psychotherapy session before completion of the  
20 diagnostic assessment if the person is a recipient and the  
21 provider complies with the requirements of this part. Other  
22 mental health services to a recipient are eligible for medical  
23 assistance payment only if the recipient has a mental illness as  
24 determined through a diagnostic assessment.

25 Subp. 4. Eligibility for payment; diagnostic assessment.  
26 To be eligible for medical assistance payment, a diagnostic  
27 assessment carried out before September 1, 1990, must be  
28 conducted by a provider who is a psychiatrist, a licensed  
29 consulting psychologist, or a licensed psychologist, or  
30 conducted by a vendor who is a mental health professional, is  
31 not a provider, and is under the clinical supervision of a  
32 provider who is a psychiatrist, a physician who is not a  
33 psychiatrist, or licensed consulting psychologist. The  
34 diagnosis resulting from the assessment must be made by, or  
35 reviewed and approved by, the provider. A diagnostic assessment  
36 carried out on or after September 1, 1990, must be conducted by



1 a provider who is a mental health professional. Additionally,  
2 to be eligible for medical assistance payment, a diagnostic  
3 assessment must comply with the requirements in items A to L.

4 A. A provider may receive medical assistance  
5 reimbursement for only one diagnostic assessment per calendar  
6 year per recipient unless:

7 (1) the recipient's mental health status has  
8 changed markedly since the recipient's most recent diagnostic  
9 assessment by the same provider; or

10 (2) the provider conducting the diagnostic  
11 assessment who has referred the recipient to a psychiatrist for  
12 a psychiatric consultation needs to revise the recipient's  
13 diagnostic assessment as a result of the report of the  
14 psychiatric consultation. In the event of the recipient's  
15 referral to a psychiatrist, the provider referring the recipient  
16 shall document the reason for the referral in the recipient's  
17 record.

18 B. Medical assistance will not pay for more than four  
19 diagnostic assessments per recipient per calendar year.

20 C. Except as set forth in subparts 5 and 6, medical  
21 assistance payment for a diagnostic assessment is limited to two  
22 hours per assessment.

23 D. A recipient may choose another provider of a  
24 diagnostic assessment but the limit in item B shall apply.

25 E. The limits in this subpart apply whether all  
26 components of the diagnostic assessment are carried out by one  
27 mental health professional, by more than one mental health  
28 professional, or in a multiple provider setting. Examples of a  
29 multiple provider setting are outpatient hospitals, group  
30 practices, and community mental health centers.

31 F. The activities necessary to complete a recipient's  
32 diagnostic assessment may be spread out over more than one day  
33 but the billing for a diagnostic assessment must be dated as of  
34 the date the diagnostic assessment is completed.

35 G. A diagnostic assessment carried out by a mental  
36 health professional ~~or a mental health practitioner~~ in a

1 multiple provider setting must be available to other mental  
2 health professionals, ~~mental-health-practitioners~~, or other  
3 providers in the same setting who need the diagnostic assessment  
4 to provide mental health services to the recipient. Additional  
5 diagnostic assessments of the recipient in the same multiple  
6 provider setting are subject to the limit specified in item A.

7 H. Medical assistance does not pay for a recipient's  
8 diagnostic assessment performed on a day during which a  
9 recipient participates in a psychotherapy session unless the  
10 psychotherapy session is necessary because of an emergency or  
11 unless the psychotherapy session occurs as specified in subpart  
12 3.

13 I. The mental health professional conducting the  
14 diagnostic assessment must:

15 (1) address the components in subpart 1, item F;

16 (2) conduct a face-to-face interview with the  
17 recipient;

18 (3) conduct a mental status examination which  
19 describes the recipient's appearance, general behavior, motor  
20 activity, speech, alertness, mood, cognitive functioning, and  
21 attitude toward his or her symptoms;

22 (4) review pertinent records;

23 (5) consider the recipient's need for referral  
24 for psychological testing, psychiatric consultation, a  
25 neurological examination, a physical examination, a  
26 determination of the need for prescribed drugs, the evaluation  
27 of the effectiveness of prescribed drugs, and a chemical  
28 dependency assessment as specified in part 9530.6615;

29 (6) refer the recipient for medically necessary  
30 services that are outside the scope of practice of the mental  
31 health professional;

32 (7) if clinically appropriate and if authorized  
33 as specified in subpart 19 or 20, contact the recipient's family  
34 or primary caregiver or document the reason the contact was not  
35 made; and

36 (8) record the results of the diagnostic

1 assessment in the recipient's record.

2 J. Medical assistance will only pay for a  
3 neurological examination, psychiatric consultation, physical  
4 examination, determination of the need for prescribed drugs,  
5 evaluation of the effectiveness of prescribed drugs, and  
6 psychological testing carried out in conjunction with a  
7 diagnostic assessment if they are billed as separate procedures,  
8 distinct from a diagnostic assessment under medical assistance.

9 K. If the mental health professional who conducts the  
10 diagnostic assessment is not the mental health professional who  
11 referred the recipient for the diagnostic assessment or the  
12 mental health professional providing psychotherapy, the mental  
13 health professional conducting the diagnostic assessment shall  
14 request the recipient to authorize release of the information of  
15 the diagnostic assessment to the mental health professional who  
16 referred the recipient for the diagnostic assessment and the  
17 mental health professional who provides the psychotherapy. The  
18 authorization must meet requirements in subpart 19 or 20. The  
19 mental health professional conducting the diagnostic assessment  
20 shall tell the recipient that any mental health professional who  
21 provides the recipient's mental health services will need access  
22 to the diagnostic assessment to develop an individual treatment  
23 plan related to the services recommended in the diagnostic  
24 assessment and to receive medical assistance payment for the  
25 recipient's mental health services.

26 L. The mental health professional conducting the  
27 diagnostic assessment must complete the diagnostic assessment no  
28 later than the second meeting between the recipient and the  
29 mental health professional providing the recipient's  
30 psychotherapy.

31 Subp. 5. Extension of time available to complete a  
32 recipient's diagnostic assessment. The two-hour time limit in  
33 subpart 4, item C, for completing the diagnostic assessment does  
34 not apply if the mental health professional conducting the  
35 diagnostic assessment documents in the recipient's record that  
36 the recipient has a condition specified in item A and a

1 circumstance specified in item B, C, or D, is present. In this  
2 event, medical assistance will pay for the recipient's  
3 diagnostic assessment of up to eight hours in length and the  
4 mental health professional conducting the diagnostic assessment  
5 must develop the recipient's individual treatment plan. The  
6 mental health professional conducting the diagnostic assessment  
7 must document in the recipient's record the circumstances  
8 requiring the extended time. For purposes of this subpart,  
9 "initial diagnostic assessment" refers to the first time that a  
10 recipient receives a diagnostic assessment of a set of symptoms  
11 indicating a possible mental illness.

12           A. The recipient has a diagnosis of mental illness  
13 and is:

14                   (1) A person with mental retardation as defined  
15 in part 9525.0015, subpart 20, or a related condition as defined  
16 in Minnesota Statutes, section 252.27, subdivision 1.

17                   (2) A hearing impaired person as defined in  
18 Minnesota Statutes, section 256C.23, subdivision 2.

19                   (3) A person with a speech and language  
20 impairment. For purposes of this subitem, "speech and language  
21 impairment" means a speech behavior that deviates significantly  
22 from the normal or standard speech pattern and attracts  
23 attention to the process of speech or interferes with oral  
24 communication or adversely affects either the speaker or the  
25 listener. An impairment may affect:

26                           (a) the way a sound is formed by persons  
27 with cleft palates, cerebral palsy, mental retardation, or  
28 related conditions;

29                           (b) the time relationships between sounds,  
30 as in stuttering;

31                           (c) the voice, as in a laryngectomy; and

32                           (d) the ease in comprehending the speech of  
33 others or in orally projecting one's own ideas, as in cases of  
34 aphasia caused by strokes and other cerebral trauma.

35                   (4) A child under 18 years of age who exhibits  
36 severe oppositional behavior during the diagnostic assessment,

1 who has not had a previous diagnostic assessment, and whose case  
2 record documents the severe oppositional behavior.

3 (5) A child under 18 years of age whose mental  
4 illness results in behavior that unreasonably interferes with  
5 the mental health professional's ability to conduct the  
6 diagnostic assessment and whose case record documents the  
7 behavior.

8 (6) A person who meets the criteria in subpart 7,  
9 item B.

10 B. An extension of the time for an initial diagnostic  
11 assessment is necessary to develop the recipient's individual  
12 treatment plan.

13 C. An extension of the time for an initial diagnostic  
14 assessment has been authorized by the case manager according to  
15 parts 9525.0015 to 9525.0165.

16 D. An extension of the time to carry out the  
17 activities for a substantial revision of the client's individual  
18 treatment plan is necessary because of significant changes in  
19 the client's behavior or living arrangement.

20 Subp. 6. Prior authorization of additional time to  
21 complete a diagnostic assessment. A mental health professional  
22 must obtain prior authorization to exceed the time limits placed  
23 on a recipient's diagnostic assessment in subparts 4 and 5.  
24 Prior authorization of up to eight hours of diagnostic  
25 assessment in a calendar year in addition to the time limit of  
26 eight hours available under the circumstances specified in  
27 subpart 5 shall be approved if the mental health professional  
28 documents that the recipient meets the criteria in subpart 7.  
29 The additional hours of assessment must result in an individual  
30 treatment plan that has objectives designed to develop adaptive  
31 behavior and that specifies the anticipated behavioral change  
32 and the expected schedule for achieving the anticipated  
33 behavioral change.

34 Additionally, the request for prior authorization of  
35 additional hours to complete the diagnostic assessment must  
36 document that the additional hours are necessary and is limited

1 to the additional observation and interviews needed to:

2           A. establish the baseline measurement of the  
3 recipient's behavior;

4           B. determine the cause of the recipient's behavior  
5 such as the recipient's attempts to communicate with others or  
6 control his or her environment; and

7           C. determine the effects of the recipient's physical  
8 and social environments on the recipient's behavior.

9           Subp. 7. **Criteria for prior authorization of additional**  
10 **time to complete a diagnostic assessment.** A request for prior  
11 authorization of additional time to complete a recipient's  
12 diagnostic assessment shall be approved if the recipient meets  
13 the criteria in items A and B or the criteria in item C.

14           A. The recipient meets the criteria in subpart 5 for  
15 extended assessment activity.

16           B. The recipient has a severe behavior disorder that  
17 is manifested as:

18                 (1) Self-injurious behavior that is a clear  
19 danger to the recipient. Examples of self-injurious behavior  
20 are ingesting inedibles; removing items of clothing; striking,  
21 biting, or scratching oneself; moving into dangerous situations  
22 that clearly threaten or endanger the recipient's life, sensory  
23 abilities, limb mobility, brain functioning, physical  
24 appearance, or major physical functions.

25                 (2) Aggressive behavior that is a clear danger to  
26 others. Examples of aggressive behaviors are striking,  
27 scratching, or biting others; throwing objects at others;  
28 attempting inappropriate sexual activity with others; or pushing  
29 or placing others into dangerous situations that clearly  
30 threaten or endanger their life, sensory abilities, limb  
31 mobility, brain functioning, sexual integrity, physical  
32 appearance, or other major physical functions.

33                 (3) Destructive behavior that results in  
34 extensive property damage.

35           C. The recipient experienced a significant change in  
36 behavior or living arrangement and the recipient meets the

1 criteria in items A and B.

2 Subp. 8. **Payment rate; diagnostic assessment.** Medical  
3 assistance for a diagnostic assessment that meets the  
4 requirements in subparts 4 to 7 shall be paid according to the  
5 hourly payment rate for individual psychotherapy.

6 Subp. 9. **Payment limitation; length of psychotherapy**  
7 **session.** Medical assistance payment for a psychotherapy session  
8 is limited according to items A to D.

9 A. The length of an individual psychotherapy session,  
10 including hypnotherapy and biofeedback, may be either one-half  
11 hour or one hour.

12 B. The length of a family psychotherapy session shall  
13 be one hour or 1-1/2 hours.

14 C. The length of a group psychotherapy session shall  
15 be one hour, 1-1/2 hours, or two hours.

16 D. If the length of a psychotherapy session is less  
17 than an hour or a whole number multiple of an hour, payment will  
18 be prorated according to the lesser length of time.

19 Subp. 10. **Limitations on medical assistance payment for**  
20 **psychotherapy sessions.** There are limitations on medical  
21 assistance payment for psychotherapy sessions as specified in  
22 the list of health services published according to Minnesota  
23 Statutes, section 256B.02, subdivision 8y.

24 Subp. 11. **Prior authorization of psychotherapy sessions**  
25 **beyond the limitations.** The provider must obtain prior  
26 authorization to exceed the limits in subpart 10 unless the  
27 psychotherapy session is in response to an emergency as  
28 specified in part 9505.5015, subpart 2. In the event of an  
29 emergency, the provider must submit a request for prior  
30 authorization within five working days after the emergency  
31 psychotherapy session.

32 Subp. 12. **Payment limitation; total payment for group**  
33 **psychotherapy.** To be eligible for medical assistance payment, a  
34 group psychotherapy session conducted by one mental health  
35 professional shall not have more than eight persons, and a group  
36 psychotherapy session conducted by two mental health

1 professionals shall have at least nine but not more than 12  
 2 persons. These limits shall apply regardless of ~~their~~ the  
 3 participants' eligibility for medical assistance. Medical  
 4 assistance payment for each client who participates in a session  
 5 of group psychotherapy shall be one quarter of the hourly  
 6 payment rate for an hour of individual psychotherapy. However,  
 7 in the case of a group psychotherapy session conducted by two  
 8 mental health professionals, medical assistance payments shall  
 9 be according to the number of participants attending the  
 10 session. When a client participates in a session of group  
 11 psychotherapy conducted by two mental health professionals, the  
 12 client's record must document that the cotherapy is medically  
 13 necessary.

14 Subp. 13. **Payment limitation; family psychotherapy.**  
 15 Medical assistance payment for family psychotherapy shall be per  
 16 psychotherapy session regardless of the medical assistance  
 17 eligibility status or the number of family members who  
 18 participate in the family psychotherapy session. Medical  
 19 assistance payment for family psychotherapy is limited to  
 20 face-to-face sessions at which the client is present throughout  
 21 the family psychotherapy session unless the mental health  
 22 professional believes the client's temporary absence from the  
 23 family psychotherapy session is necessary to carry out the  
 24 client's individual treatment plan. If the client is excluded,  
 25 the mental health professional must document the reason for and  
 26 the length of the time of the exclusion. Furthermore, the  
 27 mental health professional must document the reason or reasons  
 28 why a member of the client's family is excluded.

29 Subp. 14. **Payment limitation; partial hospitalization.** To  
 30 be eligible for medical assistance payment, a partial  
 31 hospitalization program must be reviewed by and have received a  
 32 letter of approval from the department. Additionally, partial  
 33 hospitalization must meet the requirements in items A to F.

34 A. The provider of the partial hospitalization must  
 35 receive prior authorization before the client's partial  
 36 hospitalization begins, except as set forth in part 9505.5015,



1 subpart 2.

2 B. The service is provided to a client who is an  
3 outpatient with the diagnosis of mental illness and the service  
4 is provided more than 14 days after the client is discharged as  
5 an inpatient with a diagnosis of mental illness.

6 C. A partial hospitalization program for a client who  
7 is at least 18 years of age must provide at least six hours of  
8 services per day. Medical assistance payment for partial  
9 hospitalization is limited to no more than 16 days within a 30  
10 calendar day period. The partial hospitalization must take  
11 place on at least four but not more than five days in any week  
12 within the 30 calendar day period.

13 D. A partial hospitalization program for a client who  
14 is less than 18 years of age must provide at least five hours of  
15 services per day. Medical assistance payment for partial  
16 hospitalization is limited to no more than 40 days within a  
17 period of ten consecutive weeks. The partial hospitalization  
18 must take place on at least four but not more than five days in  
19 any week within the ten consecutive week period.

20 E. The definition of hour in subpart 1, item J,  
21 applies to partial hospitalization.

22 F. Prior authorization may be requested once for up  
23 to 16 days of additional partial hospitalization in the case of  
24 a client who is at least 18 years of age or for up to 40 days of  
25 additional partial hospitalization in the case of a client who  
26 is less than 18 years of age. If the request is approved by the  
27 department, the partial hospitalization must comply with the  
28 requirements of items A, B, and E, and also with item C in the  
29 case of a client who is at least 18 years of age or with the  
30 requirements of item D in the case of a client who is less than  
31 18 years of age.

32 Subp. 15. **Payment limitation; general provisions about day**  
33 **treatment services.** Medical assistance payment for day  
34 treatment services to a client shall be limited to 390 hours of  
35 day treatment in a calendar year unless prior authorization is  
36 obtained for additional hours within the same calendar year. To

1 be eligible for medical assistance payment, a day treatment  
2 program must be reviewed by and have received the approval of  
3 the department. The treatment must be provided to a group of  
4 clients by a multidisciplinary staff under the clinical  
5 supervision of a mental health professional. ~~The treatment must~~  
6 ~~be provided~~ program must be available at least one day a week  
7 for a minimum three-hour time block. The day treatment may be  
8 longer than three hours per day but medical assistance payment  
9 is limited to three hours per day. To be eligible for medical  
10 assistance payment, the three-hour time block must include at  
11 least one hour but no more than two hours of individual or group  
12 psychotherapy. The remainder of the three-hour time block  
13 must ~~not~~ consist of ~~more than one hour of~~ any of the following:  
14 recreation therapy, socialization therapy, and independent  
15 living skills therapy. In addition, the remainder of the  
16 three-hour time block can include recreation therapy,  
17 socialization therapy, and independent living skills therapy  
18 only if they are included in the client's individual treatment  
19 plan as necessary and appropriate. Notwithstanding the  
20 documentation of each service required under subpart 26,  
21 documentation of day treatment may be provided on a daily basis  
22 by use of a checklist of available therapies in which the client  
23 participated and on a weekly basis by a summary of the  
24 information required under subpart 26.

25 Subp. 16. Payment limitation; noncovered services provided  
26 by day treatment program. The following services are not  
27 covered by medical assistance if they are provided by a day  
28 treatment program:

29 A. A service that is primarily recreation-oriented or  
30 that is provided in a setting that is not medically supervised.  
31 This includes sports activities, exercise groups, activities  
32 such as craft hours, leisure time, social hours, meal or snack  
33 time, trips to community activities, and tours.

34 B. A social or educational service that does not have  
35 or cannot reasonably be expected to have a therapeutic outcome  
36 related to the client's mental illness.

1 C. Consultation with other providers or service  
2 agency staff about the care or progress of a client.

3 D. Prevention or education programs provided to the  
4 community.

5 E. Day treatment for recipients with primary  
6 diagnoses of alcohol or other drug abuse.

7 F. Day treatment provided in the client's home.

8 G. Psychotherapy for more than two hours daily.

9 H. Recreation therapy and teaching socialization  
10 therapy and independent living skills therapy for more than one  
11 hour daily each unless the client's individual treatment plan  
12 prescribes more than one hour daily.

13 I. Participation in meal preparation and eating that  
14 is not medically supervised and included in the client's  
15 individual treatment plan as necessary and appropriate.

16 Subp. 17. **Payment limitation; service to determine the**  
17 **need for or to evaluate the effectiveness of prescribed drugs.**  
18 Payment for a physician service to a client to determine a  
19 client's need for a prescribed drug or to evaluate the  
20 effectiveness of a drug prescribed in a client's individual  
21 treatment plan is limited according to part 9505.0345, subpart  
22 5. To be covered by medical assistance, the evaluation of the  
23 effectiveness of a drug prescribed in a client's individual  
24 treatment plan must be carried out face-to-face by a physician  
25 or by a mental health professional who is qualified in  
26 psychiatric nursing as specified in Minnesota Statutes, section  
27 245.462, subdivision 18, clause (1), or a registered nurse who  
28 is qualified as a mental health practitioner as specified in  
29 Minnesota Statutes, section 245.462, subdivision 17. A nurse  
30 who evaluates a client's prescribed drugs must be employed by or  
31 under contract to a provider and must be under the supervision  
32 of a physician who is on site at least 50 percent of the time  
33 the service is being provided. For purposes of this subpart,  
34 "evaluation of the effectiveness of a drug prescribed in a  
35 client's individual treatment plan" or "evaluation of a client's  
36 prescribed drugs" means adjusting a client's medication to

1 mitigate the client's symptoms, alleviate the client's distress,  
 2 and determine the impact of the client's medication on the  
 3 client's functioning at work and in daily living.

4 Subp. 18. Payment limitation; explanation of findings.

5 Explanation of findings is a covered service under parts  
 6 9505.0170 to 9505.0475. Medical assistance payment for  
 7 explanations of findings is limited to four hours per recipient  
 8 per calendar year. Unless the recipient's diagnostic assessment  
 9 meets the requirements of subparts 5 to 7, medical assistance  
 10 payment will not pay for more than a one-hour explanation of  
 11 findings after the mental health professional completes the  
 12 recipient's diagnostic assessment. The mental health  
 13 professional providing the explanation of findings may use the  
 14 time available under this subpart for an explanation of findings  
 15 in units of one-half hour or one hour but the total must not  
 16 exceed the amount specified in this subpart. To be eligible for  
 17 medical assistance payment, the mental health professional  
 18 providing the explanation of findings must have obtained the  
 19 authorization of the recipient or the recipient's representative  
 20 to release the information as required in subpart 19 or 20. If  
 21 the recipient's diagnostic assessment qualifies for an extension  
 22 of or additional time as provided in subparts 5 to 7, the mental  
 23 health professional providing the explanation of findings may  
 24 allocate the calendar year total of four hours in any manner  
 25 necessary to explain the findings. Medical assistance only pays  
 26 for the actual time spent or four hours, whichever amount of  
 27 time is less.

28 Subp. 19. Authorization to access or release information  
 29 about a recipient. To obtain medical assistance payment, in the  
 30 case of a client who is an adult, a mental health professional  
 31 providing a mental health service must ask a recipient, or the  
 32 recipient's legal representative, ~~or the person specified in~~  
 33 ~~subpart-20~~ to sign forms needed to authorize access or release  
 34 of information about a recipient's health status. The form must  
 35 contain the information in items A to H and room for the  
 36 person's signature. If the recipient, or the recipient's legal

1 representative, ~~or the person specified in subpart 20~~ refuses to  
2 sign the authorization, the mental health professional must not  
3 access or release the information and must document the refusal  
4 to sign and the reason for the refusal in the recipient's  
5 record. The period of authorization must not exceed one year.

6 The authorization form must state:

- 7 A. the person's name;
- 8 B. the date;
- 9 C. the specific nature of the information authorized
- 10 to be accessed or released;
- 11 D. who is authorized to give information;
- 12 E. to whom the information is to be given;
- 13 F. the information's use;
- 14 G. the date of expiration of the authorization; and
- 15 H. that the recipient may revoke consent at any time.

16 For purposes of this subpart and subpart 20, "legal  
17 representative" means a guardian or conservator authorized by  
18 the court to make decisions about services for a person, or  
19 other individual authorized to consent to services for the  
20 person.

21 Subp. 20. Authorization to provide service or to access or  
22 release information about a recipient who is a child. To obtain  
23 medical assistance payment, in the case of a client who is a  
24 child, a mental health professional who wants to provide a  
25 mental health service to a child or who is required to access or  
26 release information related to the child's mental health status  
27 and services must obtain the authorization of the child's  
28 parent, or legal representative, or primary caregiver with whom  
29 the child is living unless a condition specified in item A, B,  
30 or C, applies.

31 The authorization of service must state the child's name,  
32 the service or services authorized, the person or persons  
33 authorized to provide the service, the amount, frequency, scope,  
34 and duration of each service, the goals of the service, the date  
35 of the authorization, and the relationship between the person  
36 giving the authorization and the child. The authorization to

1 access or release information must comply with subpart 19, items  
2 A to H. An authorization of services under this subpart must  
3 not exceed one year. Authorization by the child's parent, or  
4 legal representative, ~~or primary caregiver~~ is not required if:

5 A. The parent, or legal representative, ~~or primary~~  
6 ~~caregiver with whom the child is living~~ is hindering or impeding  
7 the child's access to mental health services.

8 B. The child:

9 (1) has been married or has borne a child as  
10 specified in Minnesota Statutes, section 144.342;

11 (2) is living separate and apart from the child's  
12 parents or legal guardian and is managing the child's financial  
13 affairs as specified in Minnesota Statutes, section 144.341;

14 (3) is at least 16 but under 18 years old and has  
15 consented to treatment as specified in Minnesota Statutes,  
16 section 253B.03, subdivision 6; or

17 (4) is at least 16 but under 18 years old and for  
18 whom a county board has authorized independent living pursuant  
19 to a court order as specified in Minnesota Statutes, section  
20 260.191, subdivision 1, paragraph (a), clause (4).

21 C. A petition has been filed under Minnesota  
22 Statutes, chapter 260, or a court order has been issued under  
23 Minnesota Statutes, section 260.133 or 260.135, and a guardian  
24 ad litem has been appointed.

25 If item A or B applies, the mental health professional  
26 shall request the child to complete the required forms.

27 If item C applies, the mental health professional shall  
28 request the guardian ad litem to complete the required forms.

29 Subp. 21. **Payment limitation; psychological testing.**  
30 Medical assistance payment for psychological testing of a  
31 recipient in a calendar year shall not exceed eight times the  
32 medical assistance payment rate for an hour of individual  
33 psychotherapy. Psychological testing shall be reimbursed  
34 according to the psychological test used. The psychological  
35 testing must be conducted by a psychologist with competence in  
36 the area of psychological testing as stated to the board of

1 psychology. The psychological testing must be validated in a  
2 face-to-face interview between the recipient and a licensed  
3 psychologist or licensed consulting psychologist with competence  
4 in the area of psychological testing. The report resulting from  
5 the psychological testing must be signed by the psychologist  
6 conducting the face-to-face interview, must be placed in the  
7 recipient's record ~~maintained-by-the-mental-health-professional~~  
8 ~~providing-the-recipient's-psychological-testing~~, and must be  
9 released to each person authorized by the recipient. The  
10 required components of psychological testing, which include  
11 face-to-face interview, interpretation, scoring of the  
12 psychological tests, and the required report of testing, are not  
13 eligible for a separate charge to medical assistance. Payment  
14 for these required components is included in the amount paid for  
15 the psychological testing. The administration, scoring, and  
16 interpretation of the psychological tests may be carried out,  
17 under the clinical supervision of a licensed psychologist or  
18 licensed consulting psychologist, by a psychometrist or  
19 psychological assistant or as part of a computer-assisted  
20 psychological testing program.

21 Subp. 22. Eligible vendors of mental health service before  
22 September 1, 1990. Before September 1, 1990, a mental health  
23 service performed by a vendor who is an employee of a provider  
24 must meet the conditions in item A or B to be eligible for  
25 medical assistance payment.

26 A. A mental health professional must be, or be under  
27 the clinical supervision of, a psychiatrist, a physician who is  
28 not a psychiatrist, a licensed psychologist, or a licensed  
29 consulting psychologist. The supervisor must be a provider.

30 B. A mental health practitioner must be under the  
31 clinical supervision of a psychiatrist, a licensed psychologist,  
32 or a licensed consulting psychologist. The supervisor must be a  
33 provider.

34 Subp. 23. Medical assistance payment for mental health  
35 service beginning September 1, 1990. Beginning September 1,  
36 1990, a mental health service provided by a mental health

1 professional is a covered service. Beginning September 1, 1990,  
2 a mental health service other than day treatment that is  
3 provided by a mental health practitioner is not eligible for  
4 medical assistance payment. To be eligible for medical  
5 assistance payment, day treatment provided by a mental health  
6 practitioner or any other person who is not a mental health  
7 professional who is a provider must be under the clinical  
8 supervision of a mental health professional who is a provider.

9 Subp. 24. **Payment limitation; person completing**  
10 **requirements for licensure or board certification as mental**  
11 **health professional.** Medical assistance payment is available  
12 for mental health services provided by a person who has  
13 completed all requirements for licensure or board certification  
14 as a mental health professional except the requirements for  
15 supervised experience in the delivery of mental health services  
16 in the treatment of mental illness under this subpart. Mental  
17 health services may also be provided by a person who is a  
18 student in a bona fide field placement or internship under a  
19 program leading to completion of the requirements for licensure  
20 as a mental health professional. The person providing the  
21 service must be under the clinical supervision of a fully  
22 qualified mental health professional who is a provider. The  
23 person must be employed by or placed in an outpatient hospital,  
24 a physician-directed clinic, a community mental health center,  
25 or a facility approved for insurance reimbursement according to  
26 parts 9520.0750 to 9520.0870. Medical assistance for services  
27 performed according to this subpart shall be paid at one-half  
28 the medical assistance payment rate for the same service  
29 provided by a fully qualified person.

30 Subp. 25. **Individual treatment plan.** Except as provided  
31 in subpart 3, medical assistance payment is available only for  
32 services in accordance with the client's individual treatment  
33 plan. The individual treatment plan must meet the standards of  
34 this subpart. A client's individual treatment plan must be  
35 based on the information and outcome of the client's diagnostic  
36 assessment conducted as specified in subpart 4. Except as



1 provided in subparts 5 and 6, the individual treatment plan must  
2 be developed by the mental health professional who provides the  
3 client's psychotherapy, or the mental health practitioner who is  
4 under the clinical supervision of a mental health professional  
5 who is a provider and must be developed no later than the end of  
6 the first psychotherapy session after the completion of the  
7 client's diagnostic assessment. The mental health professional  
8 or the mental health practitioner must involve the client in the  
9 development, review, and revision of a client's individual  
10 treatment plan. The plan must be reviewed at least once every  
11 90 days, and if necessary revised. However, revisions of the  
12 initial individual treatment plan do not require a new  
13 diagnostic assessment unless the client's mental health status  
14 has changed markedly as provided in subpart 4, item A. The  
15 mental health professional shall request the client, or in the  
16 case of a child whose circumstances do not fall within subpart  
17 21, the child's parent, primary caregiver, or other person  
18 authorized by statute to consent to mental health services for  
19 the child, to sign the client's individual treatment plan and  
20 revision of the plan unless the request is not appropriate to  
21 the client's mental health status. If the client refuses to  
22 sign the plan or a revision of the plan, the mental health  
23 professional or mental health practitioner shall note on the  
24 plan the client's refusal to sign the plan and the client's  
25 reason or reasons for the refusal. If the client's mental  
26 health status contraindicates the request, the mental health  
27 professional or mental health practitioner shall note on the  
28 plan the reason the client was not requested to sign the plan.

29 Subp. 26. Documentation of the provision of mental health  
30 service. To obtain medical assistance payment, a mental health  
31 professional or a mental health practitioner providing a mental  
32 health service must document in the client's record (1) each  
33 occurrence of the client's service including the date, type,  
34 length, and scope of the mental health service; (2) the name of  
35 the person who gave the service; (3) contact made with other  
36 persons interested in the recipient such as representatives of

1 the courts, corrections systems, or schools including the name  
2 and date of the contact; (4) any contact made with the client's  
3 other mental health providers, case manager, family members,  
4 primary caregiver, legal representative, or, if applicable, the  
5 reason the client's family members, primary caregiver, or legal  
6 representative was not contacted; and (5) as appropriate,  
7 required clinical supervision. The documentation must be  
8 completed promptly after the provision of the service.

9 Subp. 27. **Excluded services.** The mental health services  
10 in items A to R S are not eligible for medical assistance  
11 payment:

12 A. a mental health service that is not medically  
13 necessary;

14 B. a mental health service exceeding the limitations  
15 in subparts 6, 11, 14, and 15, that has not received prior  
16 authorization;

17 C. a mental health service other than a diagnostic  
18 assessment, psychological testing, explanation of findings, or  
19 one hour of psychotherapy before completion of the diagnostic  
20 assessment to a recipient who has not been determined to have a  
21 mental illness;

22 D. a diagnostic assessment made before September 1,  
23 1990, that requires the clinical supervision of a provider, and  
24 the mental health service or services provided in response to  
25 the diagnosis made in the diagnostic assessment, if the clinical  
26 supervision was not provided;

27 E. a mental health service other than a diagnostic  
28 assessment, psychological testing, explanation of findings, or  
29 one hour of psychotherapy before completion of the diagnostic  
30 assessment if the service is not recommended by a mental health  
31 professional and is not part of an individual treatment plan;

32 F. a neurological examination carried out by a person  
33 other than a psychiatrist or psychologist with a competency in  
34 the area of neuropsychological evaluation listed with the board  
35 of psychology as in part 7200.4600, subpart 1;

36 G. a mental health service provided to a resident of

1 a long-term care facility other than an intermediate care  
2 facility for the mentally retarded without the written order of  
3 the recipient's attending physician;

4 H. a service provided to a resident of an  
5 intermediate care facility for the mentally retarded if the  
6 service is not specified on the resident's individual service  
7 plan as set forth in part 9525.0075;

8 I. an evaluation of a prescribed drug by a person  
9 other than a physician or a person supervised by a physician and  
10 qualified in psychiatric nursing or as a registered nurse;

11 J. a service ordered by a court that is solely for  
12 legal purposes and not related to the recipient's diagnosis or  
13 treatment for mental illness;

14 K. services dealing with external, social, or  
15 environmental factors that do not directly address the  
16 recipient's physical or mental health;

17 L. a service that is only for a vocational purpose or  
18 an educational purpose that is not health related;

19 M. staff training that is not related to a client's  
20 individual treatment plan or plan of care;

21 N. child and adult protection services provided  
22 directly or indirectly by a governmental entity;

23 O. mental health services other than psychological  
24 testing of a recipient who is an inpatient for the purposes of  
25 psychiatric treatment;

26 P. psychological testing, diagnostic assessment,  
27 explanation of findings, and psychotherapy if the services are  
28 provided by an entity whose purpose is not health service  
29 related, such as a school, or a local education agency, and the  
30 division of vocational rehabilitation of the department of jobs  
31 and training unless the school or local education agency is a  
32 provider and the services are medically necessary and prescribed  
33 in a child's individual education plan;

34 Q. psychological testing, diagnostic assessment,  
35 explanation of findings, and psychotherapy if the services are  
36 provided by an entity whose purpose is not health service

1 related such as the Division of Vocational Rehabilitation of the  
2 Department of Jobs and Training;

3 R. fundraising activities; and

4 R S. community planning.

5 Subp. 28. Multiple family group psychotherapy. A multiple  
6 family group psychotherapy session is eligible for medical  
7 assistance payment if the psychotherapy session is designed for  
8 at least three but not more than five families. Medical  
9 assistance payment for a multiple family group shall be limited  
10 to one session of up to two hours per week for no more than ten  
11 weeks.

12 Subp. 29. Required participation of psychiatrist in  
13 treatment of person with serious and persistent mental illness.  
14 A psychiatrist must participate in the diagnostic assessment,  
15 formulation of an individual treatment plan, and monitoring of  
16 the clinical progress of a client having a mental illness that  
17 meets the definition of serious and persistent mental illness  
18 under part 9505.0477, subpart 27. The extent of the  
19 psychiatrist's participation shall be according to the  
20 individual clinical needs of the client as mutually determined  
21 by the mental health professional who is conducting the  
22 assessment and by the psychiatrist who participates. At a  
23 minimum, the psychiatrist's participation must consist of timely  
24 reviews of the activities specified in this subpart and verbal  
25 interaction between the psychiatrist and the mental health  
26 professional.

27 Subp. 30. Group psychotherapy for crisis  
28 intervention. Group psychotherapy provided to a client on a  
29 daily basis for crisis intervention is eligible for medical  
30 assistance payment as specified in items A to D.

31 A. The group psychotherapy must be necessary to meet  
32 the client's crisis.

33 B. At least three but not more than nine persons,  
34 regardless of their medical assistance eligibility, must  
35 participate in the crisis group.

36 C. For each crisis episode, the client may receive up

1 to three hours per week within a period of two calendar weeks  
2 unless prior authorization is obtained for additional hours per  
3 week.

4 D. The number of hours of group psychotherapy  
5 provided for crisis intervention shall be included within the  
6 limit specified in subpart 10 unless prior authorization is  
7 obtained.

8 For the purpose of this subpart, "crisis" means any acute  
9 social, interpersonal, environmental, or intrapersonal stress  
10 that threatens the client's current level of adjustment or  
11 causes significant subjective distress.

12

13 REPEALER. Minnesota Rules, part 9500.1070, subparts 4, 6,  
14 and 23, are repealed.

15

16 EFFECTIVE DATE. Parts 9505.0260 and 9505.0323 shall be  
17 effective January 1, 1990.