

1 Department of Human Services

2

3 Adopted Emergency Rules Relating to Case Management for Children
4 with Severe Emotional Disturbance and Their Families

5

6 Emergency Rules as Adopted

7 9520.0900 [Emergency] SCOPE AND AVAILABILITY.

8 Subpart 1. **Scope.** Parts 9520.0900 to 9520.0926

9 [Emergency] establish standards and procedures for providing
10 case management services to children with severe emotional
11 disturbance as authorized by Minnesota Statutes, sections
12 245.487 to 245.4887 and 256B.0625, subdivision 20. Parts
13 9520.0900 to 9520.0926 [Emergency] are intended to comply with,
14 and must be read in conjunction with, Minnesota Statutes,
15 sections 245.487 to 245.4888 and 256E.09, and chapter 256G, and
16 parts 9505.2160 to 9505.2245.

17 Subp. 2. **Availability; general.** The county board shall
18 make case management services available to all children with
19 severe emotional disturbance and their families who are
20 residents of the county and who request or consent to the
21 services under Minnesota Statutes, section 245.4881, and within
22 the limits in Minnesota Statutes, sections 245.486 and 256E.081,
23 and parts 9520.0900 to 9520.0926 [Emergency]. In making case
24 management services available to children with severe emotional
25 disturbance, a local agency shall use grants to counties for
26 services to children with severe emotional disturbance, funds
27 made available to counties for community social services under
28 Minnesota Statutes, sections 256E.06 and 256E.07, title XX
29 allocations under Minnesota Statutes, section 256E.07, and all
30 other commonly available state and federal funding sources.

31 Subp. 3. **Availability and billing; medical assistance**
32 **eligible children.** In providing case management services to
33 medical assistance eligible children who are determined to have
34 severe emotional disturbance, parts 9520.0900 to 9520.0926
35 [Emergency] must be read in conjunction with:

- 1 A. parts 9505.0476 to 9505.0491;
- 2 B. title XIX of the Social Security Act;
- 3 C. Code of Federal Regulations, title 42, sections
- 4 430 to 456, as amended through October 1, 1990; and
- 5 D. Minnesota Statutes, chapters 256B and 256G.

6 Case management services to medical assistance eligible

7 children with severe emotional disturbance must be billed as

8 required under Minnesota Statutes, section 245.4881, subdivision

9 1, paragraph (b).

10 9520.0902 [Emergency] DEFINITIONS.

11 Subpart 1. **Scope.** The terms used in parts 9520.0900 to

12 9520.0926 [Emergency] have the meanings given them in this part.

13 Subp. 2. **Case manager.** "Case manager" means an individual

14 who meets the qualifications specified in Minnesota Statutes,

15 section 245.4871, subdivision 4, and who is employed by, or

16 under contract to, or employed by an entity that is under

17 contract to, the local agency to provide case management

18 services under parts 9520.0900 to 9520.0926 [Emergency] for

19 children with severe emotional disturbance and their families.

20 Subp. 3. **Case management provider.** "Case management

21 provider" means a local agency that provides case management

22 services or an entity that is under contract with the local

23 agency to provide case management services.

24 Subp. 4. **Case management services.** "Case management

25 services" has the meaning given in Minnesota Statutes, section

26 245.4871, subdivision 3. Case management services are designed

27 to:

28 A. reduce the complexity and fragmentation of service

29 delivery to a child with severe emotional disturbance and the

30 child's family by coordinating services provided by different

31 agencies and delivery systems;

32 B. assure that services are child-centered and

33 family-focused by maximizing the involvement of the child and

34 the child's family, as appropriate, in case management services;

35 C. strengthen the functioning of the child and the

1 child's family by empowering the child and the child's family to
2 make informed choices about mental health services and act as
3 the child's advocate;

4 D. assist the child and the child's family in gaining
5 access to the full array of services appropriate to their needs,
6 by facilitating the sharing of existing resources with local
7 systems of care serving children and their families; and

8 E. assure that services are provided in a manner that
9 is sensitive and responsive to cultural differences and the
10 special needs of children and the families of children who are
11 of minority race or minority ethnic heritage.

12 Subp. 5. **Child.** "Child" means a person under 18 years of
13 age.

14 Subp. 6. **Child with severe emotional disturbance.** "Child
15 with severe emotional disturbance" has the meaning given in
16 Minnesota Statutes, section 245.4871, subdivision 6.

17 Subp. 7. **Clinical supervision.** "Clinical supervision" has
18 the meaning given in Minnesota Statutes, section 245.4871,
19 subdivision 7.

20 Subp. 8. **Commissioner.** "Commissioner" means the
21 commissioner of human services or the commissioner's designee.

22 Subp. 9. **County board.** "County board" means the county
23 board of commissioners or a board established under the joint
24 powers act, Minnesota Statutes, section 471.59, or the human
25 services board act, Minnesota Statutes, sections 402.01 to
26 402.10.

27 Subp. 10. **Crisis assistance.** "Crisis assistance" means a
28 family community support service as specified in Minnesota
29 Statutes, section 245.4871, subdivision 17, clause (6), that is
30 designed for a child with severe emotional disturbance and the
31 child's family to avert placements that are more intensive than
32 necessary by resolving the crisis in the least restrictive
33 setting possible for the child. Crisis assistance services may
34 be provided in the child's school or day care setting, or where
35 the child lives. Crisis assistance is not an emergency service
36 as defined in Minnesota Statutes, section 245.4871, subdivision

1 14.

2 Subp. 11. **Day treatment services or day treatment**
3 **program.** "Day treatment services" or "day treatment program"
4 has the meaning given in Minnesota Statutes, section 245.4871,
5 subdivision 10.

6 Subp. 12. **Diagnostic assessment.** "Diagnostic assessment"
7 has the meaning given in Minnesota Statutes, section 245.4871,
8 subdivision 11.

9 Subp. 13. **Emergency services.** "Emergency services" has
10 the meaning given in Minnesota Statutes, section 245.4871,
11 subdivision 14.

12 Subp. 14. **Emotional disturbance.** "Emotional disturbance"
13 has the meaning given in Minnesota Statutes, section 245.4871,
14 subdivision 15.

15 Subp. 15. **Family.** "Family" has the meaning given in
16 Minnesota Statutes, section 245.4871, subdivision 16 or, in the
17 case of an Indian child, means a relationship recognized as
18 family within the context of the Minnesota Indian family
19 preservation act, Minnesota Statutes, sections 257.35 to
20 257.3579.

21 Subp. 16. **Family community support services.** "Family
22 community support services" has the meaning given in Minnesota
23 Statutes, section 245.4871, subdivision 17.

24 Subp. 17. **Functional assessment.** "Functional assessment"
25 has the meaning given in Minnesota Statutes, section 245.4871,
26 subdivision 18.

27 Subp. 18. **Individual education program plan or IEP.**
28 "Individual education program plan" or "IEP" means a written
29 individualized educational plan developed for a pupil as defined
30 in part 3525.0200, subpart 6a. It is based on an assessment of
31 the pupil's performance utilizing licensed personnel, a
32 determination of the pupil's needs in a team process, an
33 identification of appropriate goals and objectives, a selection
34 of teaching strategies designed to enhance learning, delivery of
35 services in an environment conducive to learning, and periodic
36 review and evaluation of the pupil's performance.

1 Subp. 19. **Individual family community support plan.**

2 "Individual family community support plan" has the meaning given
3 in Minnesota Statutes, section 245.4871, subdivision 19.

4 Subp. 20. **Individual treatment plan.** "Individual
5 treatment plan" has the meaning given in Minnesota Statutes,
6 section 245.4871, subdivision 21.

7 Subp. 21. **Inpatient hospital.** "Inpatient hospital" means
8 an acute care institution as defined in Minnesota Statutes,
9 sections 144.696, subdivision 3, and licensed under Minnesota
10 Statutes, sections 144.50 to 144.58.

11 Subp. 22. **Interagency case management team.** "Interagency
12 case management team" means a group of persons that consists of
13 the child, the child's parent or foster parent, or other
14 significant adult with whom the child is living, the child's
15 legal representative, if any, and the child's case manager. Any
16 other persons or service providers requested by the child's
17 parent to coordinate the child's services and to advocate on
18 behalf of the child may be members of the interagency case
19 management team.

20 Subp. 23. **Interagency service coordinator.** "Interagency
21 service coordinator" means a person other than the child's case
22 manager who is the member of the interagency case management
23 team selected by the child's parent or legal representative or,
24 as appropriate, the child according to part 9520.0918
25 [Emergency], subpart 4.

26 Subp. 24. **Legal representative.** "Legal representative"
27 means a guardian or conservator authorized by the court to
28 decide about services for a child or an Indian custodian as
29 defined in Minnesota Statutes, section 257.351, subdivision 8.

30 Subp. 25. **Local agency.** "Local agency" means the county
31 agency under the authority of the county board that is
32 responsible for arranging and providing mental health services
33 required under Minnesota Statutes, section 245.487 to 245.4888,
34 as a component of community social services under Minnesota
35 Statutes, chapter 256E.

36 Subp. 26. **Mental health practitioner.** "Mental health

1 practitioner" has the meaning given in Minnesota Statutes,
2 section 245.4871, subdivision 26.

3 Subp. 27. **Mental health professional.** "Mental health
4 professional" has the meaning given in Minnesota Statutes,
5 section 245.4871, subdivision 27.

6 Subp. 28. **Mental health services.** "Mental health services"
7 means at least all of the treatment services and case management
8 activities that are provided to children with emotional
9 disturbances and specified in Minnesota Statutes, sections
10 245.487 to 245.4887.

11 Subp. 29. **Minority race or minority ethnic heritage.**
12 "Minority race" or "minority ethnic heritage" has the meaning
13 given in part 9560.0020, subpart 9a.

14 Subp. 30. **Outpatient services.** "Outpatient services" has
15 the meaning given in Minnesota Statutes, section 245.4871,
16 subdivision 29.

17 Subp. 31. **Outreach services.** "Outreach services" refers
18 to family community support services that are designed to locate
19 a child within the community who may have a severe emotional
20 disturbance. The services are for the purposes of informing the
21 child and the child's parent of the potential benefits and
22 availability of case management services, family community
23 support services, and other mental health services and of
24 assuring access by the child and the child's family to needed
25 services by taking the service to the child and the child's
26 family or by arranging for the transportation of the child or
27 the child's family to the service, if necessary. Client
28 outreach must attempt to reduce any barrier that precludes
29 access to case management and other mental health services.
30 Client outreach must:

- 31 A. be conducted throughout the calendar year;
32 B. occur where the child lives, spends leisure time,
33 or is receiving an education;
34 C. be provided in a manner which involves the child
35 and the child's family;
36 D. occur face-to-face with the child and the child's

1 family, when appropriate and possible;

2 E. be coordinated with the early identification and
3 intervention services required under Minnesota Statutes, section
4 245.4878; and

5 F. take into account the minority race or minority
6 ethnic heritage of the child, to assure that mental health
7 services are culturally-relevant and accepted by the minority
8 race or minority ethnic heritage of which the child and the
9 child's family are a part.

10 Subp. 32. **Parent.** "Parent" means the birth or adoptive
11 mother or father of a child. This definition does not apply to
12 a person whose parental rights in relation to the child have
13 been terminated by a court.

14 Subp. 33. **Professional home-based family treatment.**
15 "Professional home-based family treatment" has the meaning given
16 in Minnesota Statutes, section 245.4871, subdivision 31.

17 Subp. 34. **Residential treatment.** "Residential treatment"
18 has the meaning given in Minnesota Statutes, section 245.4871,
19 subdivision 32.

20 Subp. 35. **Screening.** "Screening" refers to the screening
21 required under Minnesota Statutes, section 245.4885, subdivision
22 1.

23 Subp. 36. **Service provider.** "Service provider" has the
24 meaning given in Minnesota Statutes, section 245.4871,
25 subdivision 33.

26 Subp. 37. **Special mental health consultant.** "Special
27 mental health consultant" has the meaning given in Minnesota
28 Statutes, section 245.4871, subdivision 33a.

29 Subp. 38. **Therapeutic support of foster care.**
30 "Therapeutic support of foster care" has the meaning given in
31 Minnesota Statutes, section 245.4871, subdivision 34.

32 9520.0904 [Emergency] REFERRAL FOR CASE MANAGEMENT SERVICES.

33 Subpart 1. **Providers required to inform and refer.** A
34 provider of mental health services must inform the parent or
35 legal representative of a child and the child who has or is

1 believed to have severe emotional disturbance of the
2 availability and potential benefits to the child of case
3 management. If consent is obtained as required in part
4 9520.0912 [Emergency], the provider of mental health services
5 must refer the child to the local agency in the county in which
6 the child lives unless the child is in out-of-home placement and
7 requests case management services. The provider of mental
8 health services must document the referral in the child's record.

9 **Subp. 2. Other persons who may refer child for case**
10 **management services.** A physician, social worker, nurse,
11 teacher, or other interested person may inform a child, as
12 appropriate, or the parents, legal representative, or primary
13 caregiver of a child who has or who is believed to have severe
14 emotional disturbance of the availability and potential benefits
15 to the child of case management. If the physician, social
16 worker, nurse, teacher, or other interested person obtains the
17 written consent required under part 9520.0912 [Emergency], the
18 physician, social worker, teacher, or other interested person
19 must refer the child to the local agency in the county in which
20 the child lives unless the child is in out-of-home placement and
21 request case management services.

22 **Subp. 3. Case management service request by parent, legal**
23 **representative, or primary caregiver.** The parent, a member of
24 the family, legal representative, or primary caregiver of a
25 child may request case management services for a child if the
26 parent, family member, legal representative, or primary
27 caregiver believes the child has or may have severe emotional
28 disturbance even if there has been no referral.

29 **Subp. 4. Referral.** The referral required under subparts 1
30 and 2 shall be a notice to the local agency in the county in
31 which the child lives unless the child is in out-of-home
32 placement. If the child is in out-of-home placement, the notice
33 shall be sent to the county of financial responsibility. The
34 notice must contain the names and addresses of the child and the
35 child's parents.

1 9520.0906 [Emergency] COORDINATION OF CASE MANAGEMENT SERVICES
2 WITH OTHER SERVICES.

3 The case manager assigned by the local agency to a child
4 who is referred for case management services under part
5 9520.0904 [Emergency] must coordinate the case management
6 services provided to the child under parts 9520.0900 to
7 9520.0926 [Emergency] with the providers of other services the
8 child is receiving and with the interagency service coordinator,
9 if any. The case manager shall work with the child, the child's
10 parent, and members of the interagency case management team, if
11 any, to:

12 A. develop the individual family community support
13 plan as required under Minnesota Statutes, section 245.4871,
14 subdivision 19, and part 9520.0918 [Emergency], subpart 5;

15 B. arrange with providers of other services to the
16 child if any, for consultation about the needs of the child and
17 the child's family and review of the records related to the
18 child's diagnosis and services;

19 C. complete a written functional assessment of the
20 child. Members of the interagency case management team may
21 assist in conducting the functional assessment if the case
22 manager obtains the consent of the child's parent or the consent
23 specified in part 9520.0912 [Emergency];

24 D. in the case of a child who is eligible for case
25 management services under parts 9525.0015 to 9525.0165, assure
26 that services provided under parts 9520.0900 to 0520.0926
27 [Emergency] are coordinated with services provided under parts
28 9525.0015 to 9525.0165 and other rules of the department;

29 E. coordinate, or assist the interagency service
30 coordinator, if any, to coordinate, the meetings of the
31 interagency case management team in a manner that encourages the
32 participation of the child, members of the child's family, legal
33 representative, or person advocating for the child;

34 F. assure that required meetings and actions take
35 place within the time period specified for the meeting or action
36 according to parts 9525.0015 to 9525.0165 and 9520.0900 to

1 9520.0926 [Emergency] that permits the needs of the child and
2 the child's family to be met; and

3 G. assure that the services specified in the child's
4 individual family community support plan are consistent with the
5 services needed to treat the symptoms and behaviors identified
6 in the child's diagnostic assessment.

7 9520.0908 [Emergency] COUNTY BOARD RESPONSIBILITIES.

8 Subpart 1. Duties of county board. A county board shall:

9 A. by April 1, 1992, provide case management services
10 to each child with severe emotional disturbance according to
11 Minnesota Statutes, sections 245.486; 245.4871, subdivisions 3
12 and 4; 245.4874; and 245.4881, subdivisions 1, 3, and 5; and
13 parts 9520.0900 to 9520.0926 [Emergency];

14 B. assure that special mental health consultants are
15 used as necessary in assessing and providing appropriate
16 services for a child of a minority race or minority ethnic
17 heritage;

18 C. assure that case management services are delivered
19 in a manner that integrates and coordinates case management
20 services with the services of other agencies serving the child;
21 and

22 D. assure that case management services provide
23 outreach and coordination on behalf of the child and the child's
24 family.

25 Subp. 2. County board obligations for funding services.

26 The case management services provided by the county board must
27 be provided according to items A to C.

28 A. A county board must approve or disapprove the
29 mental health services that are paid for by social service funds
30 allocated to a county under Minnesota Statutes, chapter 256E.

31 B. A county board must use its share of mental health
32 and community social services act funds allocated by the
33 commissioner to provide case management services according to a
34 biennial children's mental health component of the community
35 social services plan required under Minnesota Statutes, section

1 245.4887, and approved by the commissioner.

2 C. A county board must seek and use all commonly
3 available sources of funding as needed to develop and implement
4 case management services under parts 9520.0900 to 9520.0926
5 [Emergency]. A county board shall not deny case management
6 services to children with severe emotional disturbance who are
7 not eligible for case management under medical assistance unless
8 the county board demonstrates compliance with Minnesota
9 Statutes, section 256E.081, subdivisions 2 and 3, and completes
10 the documentation required under Minnesota Statutes, section
11 256E.081, subdivision 4.

12 9520.0910 [Emergency] LOCAL AGENCY RESPONSIBILITIES.

13 Subpart 1. Notice of availability. As required under
14 Minnesota Statutes, section 245.4881, subdivision 2, within five
15 working days after receiving a request or referral for case
16 management services for a child, the local agency must notify,
17 in writing, as appropriate, the child, the child's parent, or
18 the child's legal representative of the child's potential
19 eligibility for case management services. If a notice is not
20 sent to a child's parents or legal representative, the local
21 agency must document the reason. The notice must be written in
22 plain language and explain that the child may be eligible for
23 case management services and family community support services.
24 The notice also must state:

25 A. the names and telephone numbers of the case
26 management providers in the county;

27 B. a brief description, and the potential benefits,
28 of case management and family community support services;

29 C. the name and telephone number of the person
30 designated by the county board to coordinate case management
31 services who is available to meet with the child's parent or
32 legal representative and, as appropriate, the child before the
33 determination of the child's eligibility for case management
34 services;

35 D. an explanation of how to obtain a diagnostic

1 assessment if one is necessary to determine the child's
2 eligibility for case management services;

3 E. information about contacting the local agency
4 during business hours for assistance in obtaining a diagnostic
5 assessment, if a diagnostic assessment is necessary;

6 F. an explanation of the appeal process if mental
7 health services are denied, suspended, or terminated for a child
8 with severe emotional disturbance; and

9 G. the name and telephone number and availability of
10 a special mental health consultant who is available to assist
11 the family of a child of a minority race or minority ethnic
12 heritage in understanding the information about case management
13 services.

14 Subp. 2. Notice when there is no known address. If the
15 local agency does not receive the address of the child and the
16 child's parent or legal representative from the person making
17 the referral under part 9520.0906 [Emergency], the local agency
18 must make a reasonable attempt to locate the child for whom case
19 management services have been requested and give the child's
20 parent or legal representative or, as appropriate, the child
21 notice of the availability of the case management services
22 specified in subpart 1. The local agency must document the
23 completed and attempted contacts.

24 Subp. 3. Meeting between person designated by county board
25 to coordinate case management services and child's parent and
26 child. Before a determination of the case management service
27 eligibility of a child for whom case management services have
28 been requested, the person designated by the county board to
29 coordinate case management services shall attempt to meet with
30 the child's parent or legal representative and the child no
31 later than 15 working days after the local agency receives the
32 referral or request under part 9520.0904 [Emergency]. At the
33 meeting, the person designated by the county board to coordinate
34 case management services must:

35 A. explain the availability and benefits to the child
36 of case management, crisis assistance, family community support

1 services, and other mental health services;

2 B. explain the need to obtain a diagnostic assessment
3 of the child to determine the child's eligibility for case
4 management services;

5 C. explain the right of the child's parent or legal
6 representative or, as appropriate, the child to accept or reject
7 case management services;

8 D. explain the eligibility of the child for mental
9 health services even if case management is refused; and

10 E. assist the child's parent or legal representative
11 or, as appropriate, the child, to make an informed choice about
12 accepting case management, crisis assistance, family community
13 support services, and other mental health services.

14 Subp. 4. Follow-up notice of availability of case
15 management services. If the child's parent or legal
16 representative or, as appropriate, the child notified under
17 subparts 1 and 2 does not respond within 30 calendar days after
18 the local agency gives the required notice, the local agency
19 must make a reasonable attempt to contact the child's parent or
20 legal representative or, as appropriate, the child. The local
21 agency must document the local agency's attempt to contact the
22 child, if appropriate, or the child's parent or legal
23 representative, whether the contact was completed, the result of
24 the contact, and whether case management was accepted.

25 Subp. 5. Notice to child's parent or legal
26 representative. When notice to a parent or legal representative
27 is required under parts 9520.0900 to 9520.0926 [Emergency], the
28 local agency or case manager responsible for giving notice shall
29 notify that person unless item A or B applies.

30 A. The parent or legal representative is hindering or
31 impeding the child's access to mental health services or the
32 child:

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

35 (2) is living separate and apart from the child's
36 parents or legal guardian, and is managing the child's own

1 financial affairs as specified in Minnesota Statutes, section
2 144.341;

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

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

10 B. A petition has been filed under Minnesota
11 Statutes, chapter 260, or a court order has been issued under
12 Minnesota Statutes, section 260.133 or 260.135, and a guardian
13 ad litem has been appointed.

14 If item A applies, the local agency or case manager, as
15 appropriate, shall provide notice to the child.

16 If item B applies, the local agency or case manager, as
17 appropriate, shall provide notice to the guardian ad litem.

18 Subp. 6. Determination of case management eligibility and
19 referral to case manager. If a child's parent or legal
20 representative or, as appropriate, the child consents to the
21 child's assessment for eligibility for case management services
22 and authorizes a release of information, the local agency must
23 promptly determine whether the child meets a criterion in part
24 9505.0902, subpart 6. If a diagnostic assessment is needed to
25 make the determination, the local agency must offer, within ten
26 working days of the consent, to assist the child and the child's
27 parent or legal representative to obtain an appointment for a
28 diagnostic assessment. The local agency shall notify, in
29 writing, the child's parent or legal representative or, as
30 appropriate, the child of the eligibility determination. If the
31 child is determined to be eligible for case management services,
32 and if the child's parent or legal representative or, as
33 appropriate, the child consents to the services, the local
34 agency shall refer the child to the case management provider for
35 case management services.

36 Subp. 7. Refusal of case management services. The parent

1 or legal representative of a child referred for case management
2 services or, as appropriate, the child may refuse case
3 management services for the child. If the child has had a
4 diagnostic assessment as required under subpart 8 and has been
5 determined to have a severe emotional disturbance and if the
6 child's parent or legal representative or, as appropriate, the
7 child refuses case management services, the child and the
8 child's family remain eligible for and may not be denied access
9 to family community support services. In this event, the local
10 agency must document the refusal to accept case management
11 services and the reason for the refusal, if known, and must
12 notify the child's parent or legal representative or, as
13 appropriate, the child of the appeal process, and must offer to
14 refer the child to a mental health provider or other appropriate
15 service provider and to assist the child to make an appointment
16 with the provider of the child's choice.

17 Subp. 8. Arranging a diagnostic assessment. If the
18 child's parent or legal representative or, as appropriate, the
19 child accepts the local agency's offer to help in arranging for
20 a diagnostic assessment, the local agency must inform the mental
21 health professional chosen by the child's parent or legal
22 representative or, as appropriate, the child of the child's need
23 for a diagnostic assessment and must offer to help the child's
24 parent or legal representative or, as appropriate, the child to
25 make an appointment with the mental health professional.

26 Subp. 9. Local agency responsibility; continuity of
27 service. A local agency must make a reasonable attempt to
28 assure directly, or in its contract with a case management
29 provider, that continuity of service is available to a child
30 while the child remains eligible for case management services
31 under parts 9520.0900 to 9520.0926 [Emergency]. When there is a
32 change of case manager, steps must be taken to assure a smooth
33 transition.

34 Subp. 10. Local agency responsibility; referral of child
35 with emotional disturbance to mental health and other service
36 providers. If a child who is referred to a local agency for

1 case management services is determined to have an emotional
2 disturbance, but not to have a severe emotional disturbance, the
3 local agency shall offer to refer the child to a mental health
4 provider or other appropriate service provider and to assist the
5 child to make an appointment with the provider of the child's
6 choice.

7 Subp. 11. **Local agency responsibility; out-of-home**
8 **placement.** The local agency shall assure coordination of a
9 child's case management services with any permanency planning,
10 placement prevention, and family reunification services provided
11 under Minnesota Statutes, chapter 256F.

12 Subp. 12. **Local agency responsibility; coordination with**
13 **family community support service providers.** The local agency
14 must designate a person to, and implement procedures that,
15 ensure ongoing contact and coordination between a child's case
16 manager and providers of family community support services and
17 other mental health services needed by the child.

18 Subp. 13. **Local agency responsibility; reasonable**
19 **caseload.** A local agency shall assign to a case manager a
20 reasonable caseload that assures the case manager is available
21 to meet with the child and the child's family in the home, or
22 school setting, attend pertinent meetings and staff conferences,
23 coordinate and monitor the child's services, is able to meet the
24 needs of the child and the child's family for case management
25 services, and carry out the other responsibilities specified in
26 part 9520.0918 [Emergency].

27 9520.0912 [Emergency] AUTHORIZATION TO RELEASE INFORMATION AND
28 CONTACT CHILD'S FAMILY.

29 Notwithstanding that Minnesota Statutes, sections 245.487
30 to 245.4887, require a county board, within the limits of
31 available resources, to make the mental health services
32 specified in those sections available to a child residing in the
33 county who needs the services, the county board shall not
34 provide any services, either directly or by contract, unless
35 consent to receive services is obtained as required under

1 Minnesota Statutes, section 245.4876, subdivision 5.

2 9520.0914 [Emergency] DIAGNOSTIC ASSESSMENT.

3 Subpart 1. Diagnostic assessment required. A diagnostic
4 assessment is required to determine a child's eligibility for
5 case management services under parts 9520.0900 to 9520.0926
6 [Emergency] and in family community support services. A
7 diagnostic assessment of a child completed no earlier than 180
8 days before the child was referred for or the child's parent,
9 legal representative, or primary caregiver requested case
10 management services must be reviewed and brought up to date by a
11 mental health professional if the child's parent or legal
12 representative or, as appropriate, the child wants case
13 management services for the child. If the child has not had a
14 diagnostic assessment within 180 days before the request or
15 referral for case management services, a new diagnostic
16 assessment must be obtained.

17 Subp. 2. Assistance in obtaining a required diagnostic
18 assessment. If the child has not had a diagnostic assessment
19 that meets the requirement of this part, a local agency or case
20 manager, as appropriate, shall take the actions specified in
21 items A to F to assist in obtaining a diagnostic assessment of
22 the child as required under subpart 1:

23 A. inform the child's parent or legal representative
24 or, as appropriate, the child about choosing a mental health
25 professional to conduct a diagnostic assessment;

26 B. assist the child's parent or legal representative
27 or, as appropriate, the child to make an appointment for the
28 diagnostic assessment;

29 C. explain to the child's parent or legal
30 representative or, as appropriate, the child that the
31 information about the child can only be released with the
32 consent specified in part 9520.0912 [Emergency], or in Minnesota
33 Statutes, section 245.4876, subdivision 5;

34 D. inform the mental health professional that the
35 diagnostic assessment must comply with Minnesota Statutes,

1 sections 245.4871, subdivision 11, and 245.4876, subdivision 2,
2 and that a report of the findings must be provided to the local
3 agency;

4 E. request the mental health professional identified
5 under subpart 1 to complete the determination of whether the
6 child meets the criteria of severe emotional disturbance within
7 ten working days after the mental health professional has
8 completed the diagnostic assessment; and

9 F. inform the mental health professional that the
10 authorization of the child's parent or legal representative or,
11 as appropriate, the child to release information must comply
12 with the requirements of part 9520.0912 [Emergency].

13 **Subp. 3. Qualifications to provide a diagnostic assessment.**

14 A diagnostic assessment required to receive case management
15 services under parts 9520.0900 to 9520.0926 [Emergency] shall be
16 conducted by a person specified in item A or B.

17 A. Except as provided in item B, a child's diagnostic
18 assessment must be conducted by a mental health professional.

19 B. A mental health practitioner, with only a
20 bachelor's degree, may conduct a child's diagnostic assessment
21 under clinical supervision if the practitioner is qualified as
22 specified in part 9505.0323, subpart 31.

23 **Subp. 4. Diagnostic assessment; general requirements.** The

24 mental health professional or mental health practitioner
25 conducting a child's diagnostic assessment must document that
26 the mental health professional or mental health practitioner
27 considered the child's need for referral for psychological
28 testing, neurological examination, physical examination, and
29 chemical dependency evaluation under part 9530.6615. The mental
30 health professional or mental health practitioner must document
31 in the report of the diagnostic assessment the inclusion of the
32 child's parent or legal representative or family, or, if
33 applicable, the reason why they were not included. The
34 assessment must include:

35 A. a face-to-face interview of the child and, if
36 clinically appropriate, the child's parent or parents or primary

1 caregiver;

2 B. a mental status examination, and an examination of
3 pertinent records related to services to the child. For
4 purposes of this item, "mental status" means the description of
5 the child's appearance, general behavior, motor activity,
6 speech, alertness, mood, cognitive functioning, and attitude
7 toward the symptoms;

8 C. contact with the child's parent, legal
9 representative or primary caregiver if clinically appropriate,
10 and to the extent necessary and reasonable to complete the
11 diagnostic assessment;

12 D. identification of the mental health services
13 needed by the child; and

14 E. the child's diagnosis and a determination of
15 whether the child meets at least one of the criteria of severe
16 emotional disturbance.

17 Subp. 5. Diagnostic assessment of child of a minority race
18 or minority ethnic heritage. If a mental health professional or
19 mental health practitioner meeting the qualifications in subpart
20 3, item A or B, conducts a diagnostic assessment of a child of a
21 minority race or minority ethnic heritage, the mental health
22 professional or mental health practitioner also must be skilled
23 in and knowledgeable about the child's minority racial and
24 minority ethnic heritage and must use assessment tools and
25 content that are appropriate to the child's racial and ethnic
26 heritage. When the mental health professional or mental health
27 practitioner is not skilled and knowledgeable in conducting a
28 diagnostic assessment of a child of a minority race or minority
29 ethnic heritage, the mental health professional or mental health
30 practitioner conducting the diagnostic assessment must consult a
31 special mental health consultant to assure that the diagnostic
32 assessment is relevant, culturally-specific, and sensitive to
33 the child's cultural needs.

34 Subp. 6. Diagnostic assessment; extension of time to
35 complete a diagnostic assessment. If a mental health
36 professional or mental health practitioner meeting the

1 qualifications in subpart 3, item A or B, conducts a diagnostic
2 assessment of a child who has an emotional disturbance and who
3 has a condition specified in part 9505.0323, subpart 5, item A,
4 the mental health professional or mental health practitioner may
5 have an extension of time to complete the diagnostic assessment
6 in the same manner as allowed in part 9505.0323, subpart 5,
7 items B to D, and subpart 6.

8 9520.0916 [Emergency] CASE MANAGER QUALIFICATIONS AND TRAINING.

9 Subpart 1. **Qualifications of case manager.** Except as
10 provided in subpart 2, a case manager must have a bachelor's
11 degree in one of the behavioral sciences or related fields from
12 an accredited college or university and have at least 2,000
13 hours of supervised experience in the delivery of mental health
14 services to children with emotional disturbance, be skilled in
15 identifying and appraising the child's needs, and be
16 knowledgeable about local community resources and how to use the
17 resources for the benefit of the child and the child's family.
18 A person who is from any professional discipline that is part of
19 the local system of care serving children or who is employed by
20 or under contract to the local agency is eligible to serve as a
21 case manager for children with severe emotional disturbance if
22 the person meets the qualifications of this part.

23 Subp. 2. **Case manager; supervision.** Case managers who are
24 not qualified as mental health professionals and who have at
25 least 2,000 hours of supervised experience in the delivery of
26 mental health services to children must meet in person with a
27 mental health professional at least once each month to receive
28 clinical supervision. Case managers who have a bachelor's
29 degree in one of the behavioral sciences or a related field from
30 an accredited college or university but who do not have 2,000
31 hours of supervised experience in the delivery of mental health
32 services to children with emotional disturbance, must receive
33 clinical supervision from a mental health professional who is
34 skilled and knowledgeable about children with emotional
35 disturbance at least once each week until the requirement of

1 2,000 hours of experience is met. The mental health
 2 professional providing the clinical supervision must document
 3 the clinical supervision in the child's record. The local
 4 agency must provide or contract for clinical supervision
 5 required under this subpart.

6 Subp. 3. Case manager; training requirements. Case
 7 managers with a bachelor's degree but without 2,000 hours of
 8 supervised experience in the delivery of services to children
 9 with severe emotional disturbance must complete 40 hours of
 10 training approved by the department in case management skills
 11 and in the characteristics and needs of children with severe
 12 emotional disturbance.

13 9520.0918 [Emergency] CASE MANAGER'S RESPONSIBILITIES; RELATION
 14 WITH INTERAGENCY CASE MANAGEMENT TEAM.

15 Subpart 1. Responsibilities of case manager; child
 16 determined to meet criteria for case management services. If a
 17 child is determined to meet the criteria for case management
 18 services and the child's parent or legal representative or, as
 19 appropriate, the child accepts case management services, the
 20 case manager must meet with the child's parent or legal
 21 representative or, as appropriate, the child as necessary to
 22 carry out the responsibilities specified in parts 9520.0900 to
 23 9520.0926 [Emergency]. The case manager shall meet with the
 24 child and the child's parent or legal representative at places
 25 other than the case manager's office as necessary or appropriate
 26 to the child's need. Additionally, the case manager must:

27 A. assure that the child has timely access to the
 28 mental health services specified as needed in the child's
 29 diagnostic assessment;

30 B. assist the child's parent or legal representative
 31 or, as appropriate, the child to make informed choices about
 32 case management and other mental health services needed by the
 33 child;

34 C. explain the potential benefits of an interagency
 35 case management team and the role of the parent or legal

1 representative or, as appropriate, the child as partners of the
2 team;

3 D. assist the child's parent or legal representative
4 or, as appropriate, the child to decide whether to request an
5 interagency case management team and explain the opportunity for
6 choosing an interagency service coordinator;

7 E. if an interagency case management team is
8 convened, work with the interagency service coordinator, if any,
9 chosen from among members of the team according to subpart 2;

10 F. complete, or if an interagency case management
11 team is convened, assure the completion of, the child's
12 functional assessment;

13 G. develop the child's individual family community
14 support plan according to subpart 5;

15 H. coordinate family community support services
16 needed by the child and the child's family with other services
17 that the child and the child's family are receiving, according
18 to subpart 6;

19 I. review and revise the child's functional
20 assessment and services according to subpart 7;

21 J. be available to meet the child at least once
22 monthly;

23 K. be available to meet with the child's parent or
24 legal representative upon the request of the parent or
25 representative;

26 L. if the child has coverage through a third party
27 payor, help the child's parent or legal representative or, as
28 appropriate, the child access payment for mental health
29 services;

30 M. before a child who is receiving case management
31 services is admitted to a regional treatment center, residential
32 treatment facility, or inpatient hospital for mental health
33 services, assure that the child is screened as required under
34 Minnesota Statutes, section 245.4885, subdivision 1;

35 N. if the child is in a residential treatment
36 facility, regional treatment center, or inpatient hospital for

1 mental health services, take part in discharge planning for the
2 child and, to the extent possible, coordinate the services
3 necessary to assure a smooth transition to the child's home or
4 foster home, school, and community-based services;

5 O. as specified in subpart 12, at least six months
6 before the child's 18th birthday, assist the child and, as
7 appropriate, the child's parent or legal representative to
8 assess the child's need for continued mental health services and
9 case management service under parts 9505.0476 to 9505.0491; and

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

16 Subp. 2. Convening of interagency case management team.

17 The case manager may establish an interagency case management
18 team. The case manager may convene the interagency case
19 management team on the manager's own initiative or upon the
20 request of the child's parent or legal representative or, as
21 appropriate, the child, or at the request of any other member of
22 the team. When a team is established, the case manager, the
23 parent unless clinically inappropriate, and the members of the
24 interagency case management team shall meet face-to-face with
25 the child and, as appropriate, the child's parents at least once
26 quarterly or more frequently at the request of the interagency
27 service coordinator or the child's parent unless the child's
28 parent or legal representative or, as appropriate, the child
29 refuses further case management services or case management
30 services are terminated as provided in part 9520.0924
31 [Emergency]. The interagency case management team shall carry
32 out the duties specified in subpart 4.

33 Subp. 3. Interagency service coordinator. If an
34 interagency case management team is established, the child's
35 parent or legal representative or, as appropriate, the child may
36 request that the child's services be coordinated by a member of

1 the interagency case management team who is the representative
2 of an agency other than the local agency that provides case
3 management services to the child. If the child's parent or
4 legal representative or, as appropriate, the child chooses a
5 member of the interagency case management team other than the
6 case manager as the interagency service coordinator and if the
7 agency represented on the team by the person chosen as
8 interagency service coordinator agrees, the interagency service
9 coordinator shall convene the interagency case management team
10 and, to the extent possible, coordinate the services provided to
11 the child and the child's family among the local system of care
12 serving the child and the child's family. In this event, the
13 case manager must work with the interagency service coordinator,
14 must coordinate the child's mental health services with the
15 interagency service coordinator, and must refer mental health
16 service recommendations of the interagency case management team
17 or the interagency service coordinator to the county board for
18 the board's consideration according to part 9520.0910
19 [Emergency], subpart 2.

20 Subp. 4. Duties of interagency case management team. If
21 an interagency case management team is established, the team
22 must clarify and address the roles and responsibilities of the
23 individual team members and the agencies they represent. The
24 child's parent or legal representative or, as appropriate, the
25 child must be asked to participate in the activities of the
26 team. The team shall assist the case manager to:

27 A. complete the child's functional assessment as
28 specified in subpart 7;

29 B. develop the child's individual family community
30 support plan as specified in subpart 5;

31 C. revise the child's functional assessment and
32 individual family community support plan according to subpart 7;
33 and

34 D. identify resources to be used to fund the services
35 specified in the child's individual family community support
36 plan.

1 Subp. 5. **Development of child's individual family**
2 **community support plan.** The development of the child's
3 individual family community support plan must comply with
4 Minnesota Statutes, section 245.4881, subdivision 4. The plan
5 must incorporate the child's individual treatment plans. The
6 case manager shall ask the child's parent or legal
7 representative or, as appropriate, the child to sign the
8 completed individual family community support plan as evidence
9 that the case manager and the child's parent or legal
10 representative or, as appropriate, the child agree with the plan.

11 Subp. 6. **Coordination of family community support plan**
12 **with other service plans.** When a child receiving case
13 management is also receiving special education services, the
14 case manager together with the interagency service coordinator,
15 if any, must coordinate the child's mental health services
16 specified in the child's individual family community support
17 plan with the child's individual education plan. If a child at
18 age 16 is not receiving educational services, or the child
19 receiving case management is not identified as needing special
20 education services, the individual family community support plan
21 must incorporate the goals related to the child's mental health
22 needs from other service plans developed by the agencies
23 providing services to the child. Any other service plan
24 developed by an agency providing services to the child may
25 substitute for the child's individual family community support
26 plan if the other service plan meets the requirements for an
27 individual family community support plan.

28 Subp. 7. **Review and revision of child's services.** With
29 the consent of the child's parent or legal representative or, as
30 appropriate, the child, the case manager, interagency service
31 coordinator, if any, and other members of the interagency case
32 management team shall review and revise a child's functional
33 assessment, the child's individual family community support
34 plan, and the child's and family's service needs. The review
35 and, if necessary, revision shall occur at least once every 90
36 calendar days after the development of the child's first

1 individual family community support plan. Insofar as possible,
2 the review and revision must be coordinated with the review and
3 revision of other plans when the child is in out-of-home
4 placement.

5 Subp. 8. Referral for neurological examination,
6 psychological testing, and chemical evaluation. Upon the
7 request of the child's parent or legal representative or, as
8 appropriate, the child, the case manager shall assist the child
9 and the child's family ~~if recommended by a mental health~~
10 ~~professional,~~ to obtain a neurological examination,
11 psychological testing, or a chemical dependency evaluation as
12 specified in part 9530.6615 when the examination, testing, or
13 evaluation is recommended by a mental health professional as
14 necessary to complete the child's diagnostic assessment.

15 Subp. 9. Coordination and monitoring of services. The
16 case manager shall monitor the provision of mental health
17 services to the child to determine whether the goals of the
18 child's individual family community support plan are being met,
19 or appropriate progress toward the goals is taking place. If
20 the case manager determines the goals are not being met, or
21 progress toward the goals is not taking place, the case manager
22 together with the child's parent or legal representative and, as
23 appropriate, the child and the interagency case management team,
24 if any, shall modify the child's individual family community
25 support plan. The determination of whether the goals are being
26 met or progress toward the goals is taking place shall be made
27 through regular meetings between the case manager, the
28 interagency service coordinator, if any, the interagency case
29 management team, if any, the child's parent or legal
30 representative and, as appropriate, the child and the child's
31 mental health social services, education, corrections,
32 vocational services, health services, and family community
33 support services, and other service providers. The meetings may
34 be conducted face-to-face or through conference telephone calls.

35 Subp. 10. Case manager responsibility; crisis assistance.
36 An individual family community support plan developed by a case

1 manager according to subpart 5 must specify any crisis
2 assistance needed by the child including, if necessary and
3 appropriate, crisis placement and respite. The crisis
4 assistance must be based on the factors that may precipitate a
5 crisis in the child, the behavior or symptoms related to the
6 child's crisis, the resources available to assist the child and
7 the child's family when the child is in crisis and, if possible
8 and appropriate, intervention strategies. Additionally, the
9 case manager must review and update the crisis assistance
10 components of a child's individual family community support plan
11 when a child is discharged from a residential treatment
12 facility, regional treatment center, or inpatient hospital to
13 which the child was admitted for treatment of an emotional
14 disturbance or becomes eligible for services for an adult with
15 serious and persistent mental illness under Minnesota Statutes,
16 sections 245.461 to 245.486, or when the child's parent or legal
17 representative or, as appropriate, the child requests a review
18 to determine whether the crisis assistance continues to meet the
19 child's needs. To assure continuity of services as required
20 under Minnesota Statutes, section 245.4876, subdivision 1,
21 clause (7), the case manager must provide the information about
22 crisis assistance to the providers of the child's other services.

23 Subp. 11. **Emergency services.** A case manager must inform
24 a child's parent or legal representative or, as appropriate, the
25 child about the availability of and how to access emergency
26 services that are provided by the county board in accordance
27 with Minnesota Statutes, section 245.4879.

28 Subp. 12. **Transition to case management services for**
29 **persons with serious and persistent mental illness.** A case
30 manager must inform a child who is age 17 and who is eligible
31 for or receiving case management services under parts 9520.0900
32 to 9520.0926 [Emergency] about the availability of case
33 management services for persons with serious and persistent
34 mental illness under parts 9505.0476 to 9505.0491. No later
35 than six months before the child attains age 18 and becomes
36 ineligible for case management services under parts 9520.0900 to

1 9520.0926 [Emergency], the case manager must assess the child's
2 need for continued case management and other mental health
3 services. If the case manager determines that the child
4 continues to be eligible for and needs case management and other
5 mental health services, and if the child consents to accept the
6 services, the case manager must identify with the child the
7 services needed for a smooth transition to case management
8 services for persons with serious and persistent mental illness
9 under parts 9505.0476 to 9505.0491. The identified services
10 must assist the child to make a transition to adult community
11 support services or other adult services the child will need as
12 an adult in areas of physical and mental health, housing,
13 vocational, social recreational activities, and financial
14 resources.

15 Subp. 13. Case manager's records. The case manager must
16 keep the records required in Minnesota Statutes, section
17 245.4881, subdivision 3, paragraph (b).

18 Subp. 14. Case management services for a child residing in
19 a residential treatment facility or acute care hospital. A case
20 manager must maintain contact with a child residing in a
21 residential treatment facility or acute care hospital for the
22 treatment of emotional disturbance in a manner that assists the
23 case manager to meet the requirements of Minnesota Statutes,
24 sections 245.4881, subdivision 3, paragraph (a); 245.4882,
25 subdivision 3; and 245.4883, subdivision 1, clause (5).

26 Subp. 15. Case manager's provision of other mental health
27 services. A case manager shall not provide psychotherapy as
28 defined in part 9505.0323, subpart 1, item T, day treatment
29 services, or residential treatment services to a child or the
30 family of a child for whom the case manager is providing case
31 management services. Furthermore, a case manager shall not
32 determine the child's need for a prescribed drug or evaluate the
33 effectiveness of a drug prescribed in a child's individual
34 treatment plan as defined in part 9505.0323, subpart 17, unless
35 the case manager is also qualified as a physician or a nurse
36 practitioner eligible to prescribe and administer drugs within

1 the scope of practice defined under Minnesota Statutes, section
2 148.235. The case manager may directly provide, or assist a
3 child and the child's family in accessing, services specified in
4 items A to D to assist the child in remaining with the family,
5 attending school, participating in leisure and recreational
6 opportunities, finding or maintaining employment, and
7 participating in age-appropriate relationships with the child's
8 family and friends. The services are:

9 A. assisting the child with severe emotional
10 disturbance or the child's family to access basic living needs
11 and skills such as housing, food, medical care, and financial
12 benefits;

13 B. crisis assistance;

14 C. assisting the child and the child's family to
15 access mental health services by providing or arranging
16 transportation; and

17 D. assisting the child to participate in leisure and
18 recreational activities.

19 9520.0922 [Emergency] INFORMATION TO CHILD'S PARENT AND TO CHILD.

20 A case manager shall give to a child's parent or legal
21 representative and to the child a copy of Minnesota Statutes,
22 section 144.651, subdivisions 1, 3 to 16, 18, 20, and 30, and a
23 statement that Minnesota Statutes, chapter 13, governs
24 government protection of information on individuals when the
25 case manager meets initially with the child's parent or legal
26 representative and the child and annually thereafter while the
27 child is receiving case management services.

28 9520.0924 [Emergency] TERMINATION OF CASE MANAGEMENT SERVICES.

29 Case management services for a child according to parts
30 9520.0900 to 9520.0926 [Emergency] shall terminate when one of
31 the events listed in items A to F occurs.

32 A. A mental health professional who has provided
33 mental health services to the child and the child's family
34 states in writing that the child no longer needs case management
35 services.

1 B. The child's parent or legal representative or, as
2 appropriate, the child and the case manager agree that the child
3 no longer needs case management services.

4 C. The child's parent or legal representative or, as
5 appropriate, the child refuses further case management services
6 as specified in part 9520.0918 [Emergency], subpart 17.

7 D. No face-to-face contact has occurred between the
8 child and the child's case manager for 60 consecutive days,
9 unless the child is in a residential treatment facility,
10 regional treatment center, or acute care hospital for the
11 treatment of severe emotional disturbance in a county outside
12 the county of financial responsibility.

13 E. The child's parents or legal representative or, as
14 appropriate, the child, in consultation with the mental health
15 professionals who provide the child's mental health services,
16 choose to have the child's case management services provided
17 according to parts 9505.0476 to 9505.0491.

18 F. The child becomes 18 years of age.

19 9520.0926 [Emergency] APPEALS.

20 Subpart 1. **Right to appeal.** A child who applies for or
21 receives case management services has the right to a fair
22 hearing under Minnesota Statutes, section 256.045, if the county
23 terminates, denies, or suspends case management services, or
24 does not act within five days upon a request or referral for
25 case management services. A county of financial responsibility
26 has an absolute defense to an appeal under this part if it
27 proves by a preponderance of the evidence that it has no more
28 resources available with which to avoid a denial, reduction,
29 suspension, or termination of case management services and that
30 it has met the requirements of Minnesota Statutes, section
31 256E.081.

32 Subp. 2. **Notice of adverse action.** The local agency shall
33 mail a written notice to the child's parent or legal
34 representative or, as appropriate, the child at least ten
35 calendar days before denying, reducing, suspending, or

1 terminating case management services. The written notice shall
2 clearly state:

3 A. what action the local agency proposes to take;

4 B. the reason for the action;

5 C. the legal authority for the proposed action;

6 D. that the child and the child's parent or legal

7 representative have the right to appeal the action within 30

8 days after the receipt of the notice or within 90 days if the

9 person has good cause for delaying; and

10 E. where and how to file an appeal.

11 Subp. 3. **General information about appeal rights.** At the
12 time of the request for case management services and at the
13 annual review of the child's individual family community support
14 plan, the case manager shall give the child's parent or legal
15 representative or, as appropriate, the child a written notice of
16 the right to appeal under this part.

17 Subp. 4. **Commissioner's record of appeals.** The
18 commissioner shall monitor the nature and frequency of appeals
19 under this part.