

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Mental Health Services

4

5 Rules as Adopted

6 9505.0175 DEFINITIONS.

7 Subpart 1. **Scope.** The terms used in parts 9505.0170 to  
8 9505.0475 have the meanings given them in this part.

9 [For text of subps 2 to 26, see M.R.]

10 Subp. 27. **Mental health practitioner.** "Mental health  
11 practitioner" means a person who is qualified as specified in  
12 Minnesota Statutes, section 245.4871, subdivision 26, to serve a  
13 person under age 21, or who is qualified as specified in  
14 Minnesota Statutes, section 245.462, subdivision 17, to serve a  
15 person at least age 21.

16 Subp. 28. **Mental health professional.** "Mental health  
17 professional" means a person who provides clinical services in  
18 the treatment of mental illness of an adult and who is qualified  
19 in at least one of the ways specified in Minnesota Statutes,  
20 section 245.462, subdivision 18, clauses (1) to (4), or a person  
21 who provides clinical services in the treatment of the emotional  
22 disturbance of a child and is qualified in at least one of the  
23 ways specified in Minnesota Statutes, section 245.4871,  
24 subdivision 27, clauses (1) to (4), or in the manner specified  
25 in the state Medicaid plan and who receives clinical supervision  
26 as specified in part 9505.0323, subpart 31.

27 [For text of subps 29 to 50, see M.R.]

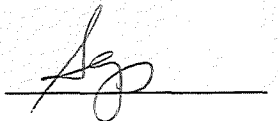
28 9505.0260 COMMUNITY MENTAL HEALTH CENTER SERVICES.

29 [For text of subpart 1, see M.R.]

30 Subp. 2. **Eligible providers of community mental health**  
31 **center services.** To be eligible to enroll in the medical  
32 assistance program as a provider of community mental health  
33 center services, a provider must:

34 [For text of items A to G, see M.R.]

35 H. provide mental health services specified in



1 Minnesota Statutes, sections 245.461 to 245.4888;  
2 [For text of items I and J, see M.R.]  
3 [For text of subp 3, see M.R.]  
4 Subp. 4. [See repealer.]  
5 [For text of subp 5, see M.R.]

6 9505.0322 MENTAL HEALTH CASE MANAGEMENT SERVICES.

7 Subpart 1. Definitions. The terms used in this part have  
8 the meanings given them in items A to G and in part 9505.0323,  
9 subpart 1.

10 A. "Clinical supervision" has the meaning given in  
11 Minnesota Statutes, section 245.462, subdivision 4a, for case  
12 management services to an adult, or section 245.4871,  
13 subdivision 7, for case management services to a child.

14 B. "Face-to-face" means the recipient is physically  
15 present with the case manager.

16 C. "Mental health case management service" or "case  
17 management service" means a service that assists a person  
18 eligible for medical assistance in gaining access to needed  
19 medical, social, educational, and other services necessary to  
20 meet the person's mental health needs and that coordinates and  
21 monitors the delivery of these needed services.

22 D. For purposes of this part, "recipient" means a  
23 person who has been determined by the local agency to be  
24 eligible for the medical assistance program, who has a serious  
25 and persistent mental illness or severe emotional disturbance as  
26 determined by a diagnostic assessment, and who has been  
27 determined eligible for case management services by the local  
28 agency.

29 E. "Serious and persistent mental illness" means the  
30 condition of an adult as specified in Minnesota Statutes,  
31 section 245.462, subdivision 20, paragraph (c).

32 F. "Severe emotional disturbance" means the condition  
33 of a child as specified in Minnesota Statutes, section 245.4871,  
34 subdivision 6.

35 G. "Updating" or "updated" has the meaning given in

1 Minnesota Statutes, section 245.467, subdivision 2, for an  
2 adult, or section 245.4876, subdivision 2, for a child.

3 Subp. 2. Determination of eligibility to receive case  
4 management services. The local agency must determine whether a  
5 person is eligible for case management services. The  
6 determination must be based on a diagnostic assessment of the  
7 person as a person with a serious and persistent mental illness  
8 or a severe emotional disturbance or on a determination  
9 according to subpart 4.

10 Subp. 3. Required contents of a diagnostic assessment. To  
11 be eligible for medical assistance payment, the diagnostic  
12 assessment required for a determination of a recipient's  
13 eligibility to receive mental health case management services  
14 must comply with the requirements of part 9505.0323, subpart 4.  
15 Additionally, the diagnostic assessment must identify the needs  
16 that must be addressed in the recipient's individual treatment  
17 plan if the recipient is determined to have a serious and  
18 persistent mental illness or a severe emotional disturbance.

19 Subp. 4. Eligibility if person does not have a current  
20 diagnostic assessment. Medical assistance payment is available  
21 for case management services provided to a medical assistance  
22 eligible person who does not have a current diagnostic  
23 assessment if all of the following criteria are met:

24 A. the person requests or is referred for and accepts  
25 case management services;

26 B. the diagnostic assessment is refused at the time  
27 of the person's referral or request for case management services  
28 by:

29 (1) an adult for reasons related to the adult's  
30 mental illness;

31 (2) a child for reasons related to the child's  
32 emotional disturbance who meets a criterion specified in part  
33 9505.0323, subpart 20; or

34 (3) the parent of a child;

35 C. the case manager determines that the person is  
36 eligible for case management services; and

1 D. the person obtains a new or updated diagnostic  
2 assessment within four months of the day the person first  
3 receives case management services.

4 Subp. 5. **Determination of recipient's continued**  
5 **eligibility for case management services.** A recipient's  
6 continued eligibility for case management services under this  
7 part and parts 9520.0900 to 9520.0926 must be determined every  
8 ~~18~~ 36 months by the local agency. The determination of whether  
9 the recipient continues to have a diagnosis of serious and  
10 persistent mental illness or severe emotional disturbance must  
11 be based on updating the recipient's diagnostic assessment or on  
12 the results of conducting a complete diagnostic assessment  
13 because the recipient's mental health status or behavior has  
14 changed markedly. Unless a recipient's mental health status or  
15 behavior has changed markedly since the recipient's most recent  
16 diagnostic assessment, only updating is necessary. If the  
17 recipient's mental health status or behavior has changed  
18 markedly, a new diagnostic assessment must be completed.

19 Subp. 6. **Eligible provider of case management services.** A  
20 local agency, or an entity under contract to a local agency to  
21 provide case management services, is eligible to enroll as a  
22 provider of case management services.

23 Subp. 7. **Condition to receive medical assistance payment;**  
24 **case manager qualifications.** To be eligible for medical  
25 assistance payment, a case management service must be provided  
26 by a case manager who is qualified under Minnesota Statutes,  
27 section 245.462, subdivision 4, for services to an adult, or  
28 section 245.4871, subdivision 4, for services to a child.

29 Subp. 8. **Condition to receive medical assistance payment;**  
30 **clinical supervision required.** To be eligible for medical  
31 assistance payment for a case management service provided to a  
32 recipient by a mental health practitioner, the mental health  
33 practitioner must receive clinical supervision according to the  
34 requirements of Minnesota Statutes, section 245.462, subdivision  
35 4a, for an adult, or section 245.4871, subdivision 7, for a  
36 child.

1 Subp. 9. Case management services eligible for medical  
2 assistance payment. Case management services provided to a  
3 recipient that are eligible for medical assistance payment are:

4 A. face-to-face contact between the case manager and  
5 the recipient;

6 B. telephone contact between the case manager and the  
7 recipient; the recipient's mental health provider or other  
8 service providers; the recipient's family members, legal  
9 representative, or primary caregiver; or other interested  
10 persons;

11 C. face-to-face contacts between the case manager and  
12 the recipient's family, legal representative, or primary  
13 caregiver; mental health providers or other service providers;  
14 or other interested persons;

15 D. contacts between the case manager and the case  
16 manager's clinical supervisor about the recipient;

17 E. individual community support plan and assessment  
18 development, review, and revision required under Minnesota  
19 Statutes, section 245.4711, subdivision 4, for an adult, or  
20 section 245.4881, subdivision 4, for a child;

21 F. travel time spent by the case manager to meet  
22 face-to-face with the recipient who resides outside of the  
23 county of financial responsibility; and

24 G. travel time spent by the case manager within the  
25 county of financial responsibility to meet face-to-face with the  
26 recipient or the recipient's family, legal representative, or  
27 primary caregiver.

28 For purposes of items F and G, if a case manager arrives on  
29 time for a scheduled face-to-face appointment with a recipient,  
30 the recipient's family, legal representative, or primary  
31 caregiver and the person fails to keep the appointment, the time  
32 spent by the case manager in traveling to and from the site of  
33 the scheduled appointment is eligible for medical assistance  
34 payment.

35 Subp. 10. Limitation on payments for services. Payment  
36 for case management services shall be limited according to items

1 A to H G.

2 A. Payment for case management services is limited to  
3 no more than ~~six~~ ten hours per recipient per month, excluding  
4 time required for out-of-county travel under subpart 9, item F,  
5 ~~except under the conditions specified in item B~~. The payment  
6 may be for any combination of the services specified in subpart  
7 9, except that payment for telephone contact between a case  
8 manager and the recipient; the recipient's family, legal  
9 representative, or primary caregiver; mental health provider and  
10 other service providers; or other interested persons is limited  
11 to no more than ~~two~~ three hours per recipient per month.

12 ~~B. If the recipient is at risk because of the~~  
13 ~~recipient's mental illness or emotional disturbance, the payment~~  
14 ~~limitation:~~

15 ~~(1) on case management services to the recipient~~  
16 ~~shall be ten hours per month, excluding out-of-county travel as~~  
17 ~~specified in subpart 9, item F, unless, in the case of a child~~  
18 ~~with severe emotional disturbance, prior authorization is~~  
19 ~~obtained, and~~

20 ~~(2) on telephone contact in item A shall be~~  
21 ~~increased to three hours per recipient per month.~~

22 ~~The case manager must document the factor or factors~~  
23 ~~placing the recipient at risk. For purposes of this item, "at~~  
24 ~~risk" refers to a risk of hospitalization, losing a job, losing~~  
25 ~~a place to live, failing or dropping out of school before~~  
26 ~~completing the requirements of the program in which the~~  
27 ~~recipient is enrolled, being subjected to abuse or neglect as~~  
28 ~~set forth in Minnesota Statutes, section 626.556, in the case of~~  
29 ~~a child, or section 626.557, in the case of an adult, or in~~  
30 ~~danger of harming self or others.~~

31 E B. When traveling with a recipient, a case manager  
32 may not bill concurrently for both a face-to-face session with  
33 the recipient and travel time.

34 D C. An assessment that duplicates an assessment  
35 eligible for payment under subpart 2 or 5 is not eligible for  
36 medical assistance payment.

1           E D. Payment for case management services to a  
2 recipient is limited to the services of one case manager per  
3 unit of time per recipient.

4           F E. Time spent by the case manager in charting and  
5 record keeping is not eligible for separate medical assistance  
6 payment as a case management service.

7           G F. Time spent by the case manager in court during  
8 which the case manager is not providing a case management  
9 service that would otherwise be eligible for medical assistance  
10 payment is not a covered service.

11           H G. Time spent in communication with other case  
12 managers who are members of the recipient's case management team  
13 under part 9520.0916 or 9520.0917 is not a covered service  
14 unless the recipient is a face-to-face participant in the  
15 communication.

16           Subp. 11. **Documentation of services.** To obtain medical  
17 assistance payment for case management services, the case  
18 manager must document the recipient's case management services  
19 according to the requirements of part 9505.0323, subpart 26, and  
20 parts 9505.2175 and 9505.2180. Additionally, if a case manager  
21 who provides other mental health services eligible for medical  
22 assistance payment to a recipient who receives case management  
23 services from the case manager and intersperses the recipient's  
24 case management service and the other mental health services  
25 eligible for medical assistance payment within the same session,  
26 the case manager must clearly document in the recipient's record  
27 the intervals in which each service was provided.

28           Subp. 12. **Recovery of payment.** Medical assistance  
29 payments received by a case management provider for case  
30 management services that are not documented as required in  
31 subpart 11 are subject to recovery under parts 9505.2160 to  
32 9505.2245.

33           Subp. 13. **Excluded service.** Client outreach for the  
34 purpose of seeking persons who potentially may be eligible for  
35 medical assistance and mental health case management services  
36 under this part is not eligible for medical assistance payment.

1           Subp. 14.   **Coordination of case management services with**  
2 **other programs.** Case management services to recipients  
3 receiving case management services through a program other than  
4 medical assistance shall be coordinated as specified in items A  
5 to D.

6           A. Recipients who are receiving case management  
7 services through the Veterans Administration are not eligible  
8 for case management services under parts 9520.0900 to 9520.0926  
9 and this part while they are receiving case management through  
10 the Veterans Administration.

11           B. Persons receiving home- and community-based  
12 services under a waiver are not eligible for case management  
13 services under parts 9520.0900 to 9520.0926 and this part if  
14 these services duplicate each other. For purposes of this  
15 subpart, "home- and community-based services under a waiver"  
16 refers to services furnished under a waiver obtained by the  
17 state from the United States Department of Health and Human  
18 Services as specified in Code of Federal Regulations, title 42,  
19 sections 440.180 and 441.300 to 441.310.

20           C. Except as provided in subpart 2, if a recipient  
21 has the diagnosis of mental retardation or a related condition  
22 and the diagnosis of mental illness or emotional disturbance,  
23 the county shall assign the recipient a case manager for  
24 services to persons with mental retardation according to parts  
25 9525.0015 to 9525.0165 and shall notify the recipient of the  
26 availability of case management services under parts 9520.0900  
27 to 9520.0926. If the adult or the adult's legal representative  
28 or, in the case of a child, the child's parent or legal  
29 representative or, if appropriate, the child chooses case  
30 management services under parts 9520.0900 to 9520.0926, the case  
31 manager assigned under parts 9525.0015 to 9525.0165 and the case  
32 manager chosen under parts 9520.0900 to 9520.0926 shall work  
33 together as a team to ensure that the person receives services  
34 required under parts 9520.0900 to 9520.0926 and 9525.0015 to  
35 9525.0165. The case manager under parts 9520.0900 to 9520.0926  
36 shall be responsible for assuring that the requirements of parts



1 9520.0900 to 9520.0926 and 9525.0015 to 9525.0165 are met.

2 D. A recipient who has been assessed as chemically  
3 dependent under parts 9530.6615 and 9530.6620 and who also is  
4 determined to have a serious and persistent mental illness or a  
5 severe emotional disturbance is eligible to receive case  
6 management services under parts 9520.0900 to 9520.0926 and this  
7 part. The case manager assigned under parts 9520.0900 to  
8 9520.0926 must coordinate the recipient's case management  
9 services with any similar services the person is receiving from  
10 other sources.

11 E. For purposes of this part, a recipient enrolled  
12 with a prepaid health plan under a prepaid medical assistance  
13 plan established under Minnesota Statutes, section 256B.031, is  
14 eligible for case management services as specified in this part  
15 on a fee-for-service basis from a provider other than the  
16 prepaid health plan.

17 9505.0323 MENTAL HEALTH SERVICES.

18 Subpart 1. **Definitions.** For this part, the following  
19 terms have the meanings given them.

20 [For text of item A, see M.R.]

21 B. "Case management services" means the activities  
22 specified in Minnesota Statutes, section 245.462, subdivision 3,  
23 in the case of an adult, or section 245.4871, subdivision 3, in  
24 the case of a child.

25 C. "Case manager" has the meaning given in Minnesota  
26 Statutes, section 245.462, subdivision 4, for services to an  
27 adult, or section 245.4871, subdivision 4, for services to a  
28 child.

29 D. "Child" means a person under 18 years of age.

30 E. "Client" means a recipient who is determined to be  
31 mentally ill or emotionally disturbed as specified in subpart 2.

32 F. "Clinical supervision" means the process of  
33 control and direction of a client's mental health services by  
34 which a mental health professional who is a provider accepts  
35 full professional responsibility for the supervisee's actions

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

4 [For the text of subitems (1) to (3), see M.R.]

5 G. "Day treatment" or "day treatment program" means a  
6 structured program of treatment and care provided to persons in:

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

10 (2) a community mental health center under part  
11 9505.0260; or

12 (3) an entity that is under contract with the  
13 county to operate a program that meets the requirements of  
14 Minnesota Statutes, section 245.471, subdivision 3, and parts  
15 9505.0170 to 9505.0475.

16 Day treatment consists of group psychotherapy and other  
17 intensive therapeutic services that are provided by a  
18 multidisciplinary staff. The services are aimed at stabilizing  
19 the client's mental health status, providing mental health  
20 services, and developing and improving the client's independent  
21 living and socialization skills. The goal of day treatment is  
22 to reduce or relieve the effects of mental illness and provide  
23 training to enable the client to live in the community. Day  
24 treatment services are not a part of inpatient or residential  
25 treatment services. Day treatment services are distinguished  
26 from day care by their structured therapeutic program of  
27 psychotherapy services.

28 H. "Diagnostic assessment" means a written evaluation  
29 by a mental health professional of a person's:

30 (1) current life situation and sources of stress  
31 and the reasons for referral;

32 (2) history of the person's current mental health  
33 problem, important developmental incidents, strengths, and  
34 vulnerabilities;

35 (3) current functioning and symptoms;

36 (4) diagnosis and determination of whether the

1 person has a serious and persistent mental illness or severe  
2 emotional disturbance; and

3 (5) needed mental health services.

4 I. "Emotional disturbance" has the meaning given in  
5 Minnesota Statutes, section 245.4871, subdivision 15.

6 J. "Explanation of findings" means analysis and  
7 explanation of a diagnostic assessment, psychological testing,  
8 client's treatment program, consultation with special mental  
9 health consultants as required under parts 9520.0900 to  
10 9520.0926, or other accumulated data and recommendations to the  
11 client's family, primary caregiver, or other responsible  
12 persons. Examples of responsible persons are a qualified mental  
13 retardation professional; a case manager; providers; a child  
14 protection worker; a vulnerable adult worker; the recipient's  
15 guardian, if any; and representatives of a local education  
16 agency, school, or community corrections agency that has a  
17 responsibility to provide services for the recipient.

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

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

35 M. "Hour" means a 60-minute session of mental health  
36 service other than a diagnostic assessment. At least 45 minutes

1 of the period must be spent in face-to-face contact with the  
2 client. The other 15 minutes may be spent in client-related  
3 activities. Examples of client-related activities are  
4 scheduling, maintaining clinical records, consulting with others  
5 about the client's mental health status, preparing reports,  
6 receiving the clinical supervision directly related to the  
7 client's psychotherapy session, and revising the client's  
8 individual treatment plan. If the period of service is longer  
9 or shorter than one hour, up to one-fourth of the time may be  
10 spent in client-related activities.

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

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

17 P. "Individual treatment plan" has the meaning given  
18 it in Minnesota Statutes, section 245.462, subdivision 14, for  
19 an adult, or section 245.4871, subdivision 21, for a child.

20 Q. "Mental health services" means the services  
21 defined in items A, B, F, G, H, J, K, L, N, O, S, U, W, X, and Y  
22 and subpart 30, home-based mental health services as specified  
23 in part 9505.0324, and mental health case management services as  
24 specified in part 9505.0322.

25 R. "Mental illness" has the meaning given it in  
26 Minnesota Statutes, section 245.462, subdivision 20.

27 S. "Multiple family group psychotherapy" means  
28 psychotherapy as specified in subpart 28.

29 T. "Neurological examination" means an examination of  
30 a person's nervous system by or under the supervision of a  
31 physician skilled in the diagnosis and treatment of disorders of  
32 the nervous system.

33 U. "Partial hospitalization" or "partial  
34 hospitalization program" means a time-limited, structured  
35 program of psychotherapy and other therapeutic services provided  
36 in an outpatient hospital licensed under Minnesota Statutes,

1 sections 144.50 to 144.55 and accredited by the Joint Committee  
2 on Accreditation of Hospitals. Partial hospitalization is an  
3 appropriate alternative or adjunct to inpatient hospitalization  
4 for a client who is experiencing an acute episode of mental  
5 illness that meets the criteria for an inpatient hospital  
6 admission as specified in part 9505.0540, subpart 1, and who has  
7 the family and community resources necessary and appropriate to  
8 support the client's residence in the community. Partial  
9 hospitalization consists of multiple and intensive therapeutic  
10 services provided by a multidisciplinary staff to treat the  
11 client's mental illness. The goal of partial hospitalization is  
12 to resolve or stabilize an acute episode of mental illness.  
13 Examples of services provided in partial hospitalization are  
14 individual, group, and family psychotherapy services.

15 V. "Primary caregiver" means a person who has primary  
16 responsibility for providing the recipient with food, clothing,  
17 shelter, direction, guidance, and nurturance. A primary  
18 caregiver is someone other than the recipient's parent or a  
19 shift or facility staff member in a facility or institution  
20 where the recipient is residing or receiving a health service.  
21 An example of a primary caregiver is a recipient's relative who  
22 is not the recipient's parent and with whom the recipient lives.

23 W. "Psychological testing" means the use of tests or  
24 other psychometric instruments to determine the status of the  
25 recipient's mental, intellectual, and emotional functioning. A  
26 face-to-face interview sufficient to validate the psychological  
27 test is a required component of psychological testing.

28 X. "Psychotherapy" means a health service for the  
29 face-to-face treatment of a client or clients with mental  
30 illness through the psychological, psychiatric, or interpersonal  
31 method most appropriate to the needs of the client and in  
32 conformity with prevailing community standards of mental health  
33 practice. The treatment is a planned structured program or  
34 other intervention based on a diagnosis of mental illness  
35 resulting from a diagnostic assessment and is directed to  
36 accomplish measurable goals and objectives specified in the

1 client's individual treatment plan. Individual, family, and  
2 group psychotherapy are the types of psychotherapy. Examples of  
3 psychotherapy goals and objectives are relieving subjective  
4 distress, alleviating specific existing symptoms, modifying  
5 specific patterns of disturbed behavior, stabilizing the level  
6 of functioning attainable by the client, and enhancing the  
7 ability of the client to adapt to and cope with specific  
8 internal and external stressors.

9           Y. "Psychotherapy session" means a planned and  
10 structured face-to-face treatment episode between the vendor or  
11 provider of psychotherapy and one or more individuals. A  
12 psychotherapy session may consist of individual psychotherapy,  
13 family psychotherapy, or group psychotherapy.

14           Z. "Special mental health consultant" means the  
15 mental health practitioner or professional defined in Minnesota  
16 Statutes, section 245.4871, subdivision 33a.

17           Subp. 2. **Determination of mental illness or emotional**  
18 **disturbance.** Except as provided in subpart 3, a diagnostic  
19 assessment that results in a diagnosis of mental illness or  
20 emotional disturbance is the criterion used to determine a  
21 recipient's eligibility for mental health services under this  
22 part. The diagnostic assessment of a recipient who is receiving  
23 mental health services other than case management services under  
24 parts 9505.0322 and 9520.0900 to 9520.0926 must be reviewed once  
25 every 12 months to determine whether the recipient continues to  
26 have a diagnosis of mental illness or emotional disturbance.  
27 Unless a recipient's mental health condition has changed  
28 markedly since the recipient's most recent diagnostic  
29 assessment, only updating is necessary. If the recipient's  
30 mental health condition has changed markedly, a new diagnostic  
31 assessment must be completed. For purposes of this subpart,  
32 "updating" means a written summary by a mental health  
33 professional of the recipient's current mental health status and  
34 service needs.

35                           [For text of subp 3, see M.R.]

36           Subp. 4. **Eligibility for payment; diagnostic assessment.**

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

6 [For text of items A to H, see M.R.]

7 I. The mental health professional conducting the  
8 diagnostic assessment must:

9 [For text of subitems (1) to (4), see M.R.]

10 (5) consider the recipient's need for referral  
11 for psychological testing, psychiatric consultation, a  
12 neurological examination, a physical examination, a  
13 determination of the need for prescribed drugs, the evaluation  
14 of the effectiveness of prescribed drugs, and a chemical  
15 dependency assessment as specified in part 9530.6615. If the  
16 recipient has never had a psychiatric consultation or medication  
17 evaluation, the mental health professional must refer the  
18 recipient to a psychiatrist or other physician for an evaluation  
19 of biological factors which may be contributing to the  
20 recipient's mental illness or emotional disturbance. The mental  
21 health professional may complete the diagnostic assessment,  
22 initiate treatment, and bill medical assistance for the mental  
23 health services before the physician consultation is completed.  
24 If, upon review of the report of the psychiatrist or physician,  
25 the mental health professional believes the diagnostic  
26 assessment needs to be updated to include the recommendations of  
27 the psychiatrist or physician, the updating of the diagnostic  
28 assessment will be eligible for medical assistance payment. If  
29 a psychiatrist or physician subsequently recommends the  
30 recipient's treatment with either an antipsychotic medication or  
31 an antidepressant medication prescribed for the purpose of  
32 treating the recipient's mental illness, medical assistance  
33 payment for ongoing medication management, evaluation, and  
34 monitoring is limited to a psychiatrist or a registered nurse  
35 who qualifies as a mental health practitioner and who works  
36 under the clinical supervision of a psychiatrist;

1 (6) refer the recipient for a psychiatric  
 2 ~~consultation-and-medication-evaluation-if-the-recipient-has-not~~  
 3 ~~had-an-initial-psychiatric-consultation-or-medical-evaluation-or~~  
 4 ~~the-mental-health-professional-providing-the-recipient's~~  
 5 ~~diagnostic-assessment-believes-that-an-updated-consultation-or-a~~  
 6 ~~reevaluation-of-the-recipient's-need-for-medication-is-necessary~~  
 7 medically necessary services that are outside the scope of  
 8 practice of the mental health professional;

9 [For text of subitems (7) and (8), see M.R.]

10 [For text of items J to L, see M.R.]

11 [For text of subps 5 to 21, see M.R.]

12 Subp. 22. [See repealer.]

13 Subp. 23. **Medical assistance payment for mental health**  
 14 **services; required personnel.** A mental health service provided  
 15 by a mental health professional or a mental health practitioner  
 16 as specified in subpart 31 is a covered service. A mental  
 17 health service other than day treatment; partial  
 18 hospitalization; service provided by a mental health  
 19 practitioner according to subpart 31; individual, family, or  
 20 group skills training as a component of home-based mental health  
 21 services; or a mental health case management service under part  
 22 9505.0322 that is provided by a mental health practitioner is  
 23 not eligible for medical assistance payment. To be eligible for  
 24 medical assistance payment, services provided by a mental health  
 25 practitioner according to this subpart must be under the  
 26 clinical supervision of a mental health professional who is a  
 27 provider.

28 [For text of subps 24 to 26, see M.R.]

29 Subp. 27. **Excluded services.** The mental health services  
 30 in items A to S are not eligible for medical assistance payment:

31 [For text of items A to C, see M.R.]

32 D. a diagnostic assessment that requires the clinical  
 33 supervision of a provider, and the mental health service or  
 34 services provided in response to the diagnosis made in the  
 35 diagnostic assessment, if the clinical supervision was not  
 36 provided;



1 [For text of items E to S, see M.R.]

2 [For text of subp 28, see M.R.]

3 Subp. 29. Required participation of psychiatrist in  
4 treatment of person with serious and persistent mental illness  
5 or child with severe emotional disturbance. A psychiatrist or,  
6 in the case of a child with severe emotional disturbance, a  
7 psychiatrist or a provider as specified in item B must  
8 participate in the diagnostic assessment, formulation of an  
9 individual treatment plan, and monitoring of the clinical  
10 progress of a client as specified in item A or B. The extent of  
11 the participation of the psychiatrist or, in the case of a child  
12 with severe emotional disturbance, a psychiatrist or a provider  
13 as specified in item B shall be according to the individual  
14 clinical needs of the client as mutually determined by the  
15 mental health professional who is conducting the assessment and  
16 by the psychiatrist or, in the case of a child with severe  
17 emotional disturbance, a psychiatrist or a provider as specified  
18 in item B who participates. At a minimum, the participation  
19 must consist of timely reviews of the activities specified in  
20 this subpart and verbal interaction between the psychiatrist or,  
21 in the case of a child with severe emotional disturbance, a  
22 psychiatrist or a provider as specified in item B and the mental  
23 health professional. The following cases require participation:

24 A. When a client who has a mental illness that meets  
25 the definition of serious and persistent mental illness under  
26 Minnesota Statutes, section 245.462, subdivision 20, paragraph  
27 (c), is currently under the care of a psychiatrist, and is  
28 receiving antipsychotic or antidepressant medication.

29 B. When the client is a child with a severe emotional  
30 disturbance who meets the definition under Minnesota Statutes,  
31 section 245.4871, subdivision 6, is currently under the care of  
32 a psychiatrist, and is receiving antipsychotic or antidepressant  
33 medication for treatment of a depressive illness. In the case  
34 of a child with severe emotional disturbance whose response to  
35 psychoactive drugs other than antipsychotic and antidepressant  
36 medication is being followed by a physician who is a behavioral

1 pediatrician or a neurologist, the required participation must  
2 be provided by a psychiatrist or provider who is competent to  
3 prescribe and monitor the effects of psychoactive medication for  
4 a pediatric population with severe emotional disturbance. When  
5 a child with a severe emotional disturbance is receiving an  
6 antidepressant medication for treating a condition other than a  
7 depressive illness, the participation of a psychiatrist is not  
8 required but the child's response to the antidepressant  
9 medication must be monitored by a behavioral pediatrician or  
10 neurologist.

11 [For text of subps 30 and 31, see M.R.]

12 Subp. 32. **Coordination of services.** If a recipient  
13 receives mental health services from more than one mental health  
14 professional or mental health practitioner, the persons  
15 providing the services must coordinate the mental health  
16 services they provide to the recipient.

17 REPEALER. Minnesota Rules, parts 9505.0260, subpart 4; and  
18 9505.0323, subpart 22, are repealed. Minnesota Rules, parts  
19 9505.0476; 9505.0477; 9505.0478; 9505.0479; 9505.0480;  
20 9505.0481; 9505.0482; 9505.0483; 9505.0484; 9505.0485;  
21 9505.0486; 9505.0487; 9505.0488; 9505.0489; 9505.0490; and  
22 9505.0491, subparts 1, 2, 3, 4, 5, 6, 9, and 10, are repealed  
23 upon the effective date of parts 9505.0322 and 9505.0923 and  
24 9520.0900 to 9520.0926.