

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Case Management for Persons
4 with Mental Retardation or Related Conditions (Parts 9525.0004
5 to 9525.0036) and Technical Amendments to Rules Governing
6 Related Services

7

8 Rules as Adopted

9 9503.0055 BEHAVIOR GUIDANCE.

10 [For text of subps 1 and 2, see M.R.]

11 Subp. 3. Prohibited actions. The license holder must have
12 and enforce a policy that prohibits the following actions by or
13 at the direction of a staff person:

14 [For text of items A to F, see M.R.]

15 G. The use of mechanical restraints, such as tying.

16 For children with mental retardation or a related condition
17 or children under the age of five, as specified in parts
18 9525.0004 to 9525.0036, physical and mechanical restraints may
19 be permitted if they are implemented in accordance with the
20 aversive and deprivation procedures governed by parts 9525.2700
21 to 9525.2810.

22 [For text of subps 4 and 5, see M.R.]

23 Subp. 6. Children with mental retardation or related
24 conditions. For children with mental retardation or related
25 conditions or children under the age of five, as specified in
26 parts 9525.0004 to 9525.0036, the standards governing the use of
27 aversive and deprivation procedures in parts 9525.2700 to
28 9525.2810 apply.

29 9503.0065 CHILD CARE FOR CHILDREN WITH SPECIAL NEEDS.

30 Subpart 1. Definition. "Child with special needs" for
31 purposes of this part means a child at least six weeks old but
32 younger than 13 years old who:

33 A. has mental retardation or a related condition or
34 is otherwise eligible for case management as specified in parts
35 9525.0004 to 9525.0036 and has an individual service plan

1 specifying child care to be provided by the center;

2 [For text of items B and C, see M.R.]

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

4 Subp. 3. **Individual child care program plan.** When a
5 license holder admits a child with special needs, the license
6 holder must ensure that an individual child care program plan is
7 developed to meet the child's individual needs. The individual
8 child care program plan must be in writing and specify methods
9 of implementation and be reviewed and followed by all staff who
10 interact with the child.

11 If the child has mental retardation or a related condition
12 or is otherwise eligible for case management as specified in
13 subpart 1, item A, then the individual child care plan must be
14 coordinated with the child's individual service plan developed
15 under parts 9525.0004 to 9525.0036.

16 If the child has a handicap as specified in subpart 1, item
17 B, then the individual child care plan must be coordinated with
18 the child's individual education plan developed under Minnesota
19 Statutes, section 120.17.

20 If the child has a special need determined under subpart 1,
21 item C, the individual child care plan must be coordinated with
22 reports from the licensed physician, licensed psychiatrist,
23 licensed psychologist, or licensed consulting psychologist. The
24 individual child care plan must be evaluated at least annually
25 by the licensed physician, licensed psychiatrist, licensed
26 psychologist, or licensed consulting psychologist and with the
27 child's parent to determine if the needs of the child are being
28 met.

29 Subp. 4. **Service contracts.** The license holder must have
30 copies of all service contracts with the center for care or
31 services provided under parts 9525.0004 to 9525.0036 and
32 Minnesota Statutes, section 120.17, when the care or service is
33 provided to a child while at the center.

34 [For text of subp 5, see M.R.]

35 9505.0323 MENTAL HEALTH SERVICES.

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

3 [For text of items A to F, see M.R.]

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

6 [For text of subitems (1) and (2), see M.R.]

7 (3) an entity that is under contract with the
8 county to operate a program that meets the requirements of
9 Minnesota Statutes, section 245.4712, and parts 9505.0170 to
10 9505.0475.

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

23 [For text of items H to Z, see M.R.]

24 [For text of subps 2 to 4, see M.R.]

25 Subp. 5. Extension of time available to complete a
26 recipient's diagnostic assessment. The two-hour time limit in
27 subpart 4, item C, for completing the diagnostic assessment does
28 not apply if the mental health professional conducting the
29 diagnostic assessment documents in the recipient's record that
30 the recipient has a condition specified in item A and a
31 circumstance specified in item B, C, or D, is present. In this
32 event, medical assistance will pay for the recipient's
33 diagnostic assessment of up to eight hours in length and the
34 mental health professional conducting the diagnostic assessment
35 must develop the recipient's individual treatment plan. The
36 mental health professional conducting the diagnostic assessment

1 must document in the recipient's record the circumstances
2 requiring the extended time. For purposes of this subpart,
3 "initial diagnostic assessment" refers to the first time that a
4 recipient receives a diagnostic assessment of a set of symptoms
5 indicating a possible mental illness.

6 A. The recipient has a diagnosis of mental illness
7 and is:

8 (1) A person with mental retardation as defined
9 in part ~~9525-0004~~ 9525.0016, subpart ~~21~~ 2, or a related
10 condition as defined in Minnesota Statutes, section 252.27,
11 subdivision 1a.

12 [For text of subitems (2) to (6), see M.R.]

13 [For text of item B, see M.R.]

14 C. An extension of the time for an initial diagnostic
15 assessment has been authorized by the case manager according to
16 parts 9525.0004 to 9525.0036.

17 [For text of item D, see M.R.]

18 [For text of subps 6 to 9, see M.R.]

19 Subp. 10. **Limitations on medical assistance payment for**
20 **psychotherapy sessions.** There are limitations on medical
21 assistance payment for psychotherapy sessions as specified in
22 the list of health services published according to Minnesota
23 Statutes, section 256B.0625, subdivision 25.

24 [For text of subps 11 to 26, see M.R.]

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

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

28 H. a service provided to a resident of an
29 intermediate care facility for the mentally retarded if the
30 service is not specified on the resident's individual service
31 plan as set forth in parts 9525.0004 to 9525.0036;

32 [For text of items I to S, see M.R.]

33 [For text of subps 28 to 32, see M.R.]

34 9505.2395 DEFINITIONS.

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

1 Subp. 2. **Adult day care services.** "Adult day care
2 services" means services provided to alternative care grant
3 clients by adult day care programs established under Minnesota
4 Statutes, sections 245A.01 to 245A.16, including adult day care
5 centers licensed under parts 9555.9600 to 9555.9730.

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

7 Subp. 4. **Alternative care grant or ACG.** "Alternative care
8 grant" or "ACG" means funds allocated to a local agency by the
9 commissioner under Minnesota Statutes, section 256B.0913, to pay
10 for alternative care services.

11 [For text of subps 5 to 24, see M.R.]

12 Subp. 25. **Individual service plan.** "Individual service
13 plan" means the written plan of a community service or a
14 combination of community services designed to meet the health
15 and social needs of an applicant or nursing home resident
16 screened according to part 9505.2430. The individual service
17 plan is the plan of care referred to in Minnesota Statutes,
18 section 256B.092.

19 [For text of subps 26 to 29, see M.R.]

20 Subp. 30. **Mental illness.** "Mental illness" means an
21 illness as defined in Minnesota Statutes, section 245.462,
22 subdivision 20, paragraph (a).

23 [For text of subps 31 to 34, see M.R.]

24 Subp. 35. **Person with mental retardation or related
25 conditions.** "Person with mental retardation or related
26 conditions" has the meaning given to "person" under part
27 9525.0004, subpart 19.

28 [For text of subp 36, see M.R.]

29 Subp. 37. **Preadmission screening.** "Preadmission
30 screening" means the activities performed by a preadmission
31 screening team under Minnesota Statutes, section 256B.0911, and
32 parts 9505.2390 to 9505.2500. This definition does not include
33 the activities of teams authorized under Minnesota Statutes,
34 section 256B.092, and established in parts 9525.0004 to
35 9525.0036 and under the Minnesota Comprehensive Mental Health
36 Act, Minnesota Statutes, sections 245.461 to 245.486.

1 [For text of subp 38, see M.R.]

2 Subp. 39. **Preadmission screening team.** "Preadmission
3 screening team" means the team authorized in Minnesota Statutes,
4 section 256B.0911, and required by part 9505.2410, to assess the
5 financial, health, and social needs of an applicant or a nursing
6 home resident.

7 [For text of subps 40 to 47, see M.R.]

8 Subp. 48. **Resident class.** "Resident class" refers to the
9 case mix classification required under Minnesota Statutes,
10 section 256B.0911, and assigned to a person as required under
11 parts 9549.0058, subpart 2, and 9549.0059.

12 [For text of subps 49 to 56, see M.R.]

13 9505.2400 PREADMISSION SCREENING REQUIREMENT.

14 Subpart 1. **Coverage.** The preadmission screening team
15 established by the local agency must complete the preadmission
16 screening of all applicants except individuals who are exempt
17 under subpart 2 and the preadmission screening of current
18 nursing home residents who request a screening. The
19 preadmission screening team shall complete the screening as
20 specified in part 9505.2425, except in the cases of persons with
21 mental retardation or related conditions. Persons with mental
22 retardation or related conditions must be provided services
23 according to parts 9525.0004 to 9525.0036. Persons with mental
24 illness must be provided services according to the Minnesota
25 Comprehensive Mental Health Act, Minnesota Statutes, sections
26 245.461 to 245.486.

27 Subp. 2. **Exemptions.** The following individuals are exempt
28 from the requirement of subpart 1:

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

30 I. an applicant who enters a nursing home
31 administered by and for the adherents of a recognized church or
32 religious denomination described in Minnesota Statutes, section
33 256B.0911; and

34 [For text of item J, see M.R.]

35 9505.2425 SCREENING AND ASSESSMENT PROCEDURES REQUIRED DURING

1 PREADMISSION SCREENING.

2 [For text of subps 1 and 2, see M.R.]

3 Subp. 3. Information given to person being screened by
4 screening team during preadmission screening. The preadmission
5 screening team must give the person being screened or the
6 person's representative the form or forms supplied by the
7 commissioner containing the information specified in items A to
8 E:

9 A. the purpose of the preadmission screening under
10 Minnesota Statutes, section 256B.0911, and the alternative care
11 grant program under Minnesota Statutes, section 256B.0913;

12 [For text of items B and C, see M.R.]

13 D. the person's right to appeal the preadmission
14 screening team's recommendation under part 9505.2500 and
15 Minnesota Statutes, sections 256.045, subdivision 3 and
16 256B.0911, subdivision 7; and

17 [For text of item E, see M.R.]

18 [For text of subp 4, see M.R.]

19 Subp. 5. Preadmission screening team recommendations.

20 After completing the assessment form required in subpart 1, the
21 preadmission screening team must offer the person being screened
22 or the person's representative the most cost effective
23 alternatives available to meet the person's needs and must
24 recommend one of the choices specified in items A to E.

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

26 D. A preadmission screening team that has reason to
27 believe that a person being screened has or may have a diagnosis
28 of mental retardation or related conditions must refer the
29 person for services including screening, development of the
30 individual service plan, and case management according to parts
31 9525.0004 to 9525.0036.

32 [For text of item E, see M.R.]

33 [For text of subps 6 to 12, see M.R.]

34 Subp. 13. Resident class assessment. The preadmission
35 screening team must complete the resident class assessment of
36 the applicant required under parts 9549.0058 and 9549.0059 for

1 an applicant who is not exempt from preadmission screening under
2 part 9505.2400, subpart 2, or 9549.0059, subpart 1, item A,
3 subitem (2). The resident class assessment shall be completed
4 concurrently with preadmission screening performed within the
5 time requirements of part 9505.2420.

6 [For text of subp 14, see M.R.]

7 9505.3015 DEFINITIONS.

8 [For text of subps 1 and 2, see M.R.]

9 Subp. 3. **Adult day care services.** "Adult day care
10 services" means services provided to recipients by adult day
11 care centers licensed under parts 9555.9600 to 9555.9730 and
12 adult day care family homes established under Minnesota
13 Statutes, sections 245A.01 to 245A.16.

14 [For text of subps 4 to 30, see M.R.]

15 Subp. 31. **Person with mental retardation or a related**
16 **condition.** "Person with mental retardation or a related
17 condition" has the meaning given to "person" in part 9525.0004,
18 subpart 19.

19 [For text of subps 32 and 33, see M.R.]

20 Subp. 34. **Preadmission screening or screening.**
21 "Preadmission screening" or "screening" means the activities
22 established under Minnesota Statutes, section 256B.0911, and
23 specified in part 9505.3025.

24 [For text of subps 35 to 37, see M.R.]

25 Subp. 38. **Public health nursing service.** "Public health
26 nursing service" means the nursing program provided by a board
27 of health under Minnesota Statutes, chapter 145A.

28 [For text of subps 39 to 53, see M.R.]

29 9510.1020 DEFINITIONS.

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

31 Subp. 2. **Case manager.** "Case manager" has the meaning
32 given it in part 9525.0004, subpart 4.

33 [For text of subps 3 to 16, see M.R.]

34 9510.1050 COUNTY REVIEW OF PROVIDER'S APPLICATION.

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

2 Subp. 2. Client eligibility. A client shall be eligible
3 for a special needs rate exception if the client meets the
4 criteria in items A to D:

5 [For text of items A and B, see M.R.]

6 C. the client is a person as defined in part
7 9525.0004, subpart 19, and has at least one of the following
8 characteristics:

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

10 [For text of item D, see M.R.]

11 [For text of subps 3 to 5, see M.R.]

12 9510.1070 COUNTY'S APPLICATION TO COMMISSIONER.

13 If the county approves the provider's application, the
14 county shall apply to the commissioner for a special needs rate
15 exception within ten working days of the date of receipt by the
16 county from the provider of a complete application and
17 supporting documentation. To apply for a special needs rate
18 exception, the county shall submit to the commissioner a copy of
19 the provider's approved application and supporting documentation
20 and the following documents:

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

22 B. a copy of the client's current individual service
23 plan which explains the need to place or retain the eligible
24 client in a regional treatment center if the requested services
25 cannot be provided and the sections of the individual program
26 plans which include the methodology and measurable outcomes of
27 the proposed intervention;

28 [For text of items C to G, see M.R.]

29 9525.0004 DEFINITIONS.

30 Subpart 1. Scope. The terms used in parts 9525.0004 to
31 9525.0036 have the meanings given them in this part.

32 Subp. 2. Advocate. "Advocate" means an individual who has
33 been authorized, in a written statement by the person or the
34 person's legal representative, to speak on the person's behalf
35 and help the person understand and make informed choices in

1 matters related to identification of needs and choice of
 2 services and supports. ~~When involved in the case management~~
 3 ~~process under parts 9525.0004 to 9525.0036, an advocate and the~~
 4 ~~advocate's employer must have no direct or indirect financial~~
 5 ~~interest in providing the services or supports, including case~~
 6 ~~management, they are advocating the person receive.~~

7 Subp. 3. Case management. "Case management" means the
 8 administrative activities under part 9525.0016 and the service
 9 activities under part 9525.0024 provided to or arranged for a
 10 person.

11 Subp. 4. Case manager. "Case manager" means the person
 12 designated by the county board under part 9525.0012 or by
 13 contract to work on behalf of the person needing case management.

14 Subp. 5. Commissioner. "Commissioner" means the
 15 commissioner of the Department of Human Services or the
 16 commissioner's designated representative.

17 Subp. 6. County board. "County board" means the county
 18 board of commissioners for the county of financial
 19 responsibility or its designated representative. When a human
 20 service board has been established under Minnesota Statutes,
 21 sections 402.01 to 402.10, it shall be considered the county
 22 board for purposes of parts 9525.0004 to 9525.0036.

23 Subp. 7. County of financial responsibility. "County of
 24 financial responsibility" has the meaning given it in Minnesota
 25 Statutes, section 256G.02, subdivision 4.

26 Subp. 8. Department. "Department" means the Department of
 27 Human Services.

28 Subp. 9. Home and community-based waived services.
 29 "Home and community-based waived services" means services
 30 authorized under Minnesota Statutes, section 256B.092,
 31 subdivision 4.

32 Subp. 10. Host county. "Host county" means the county in
 33 which the services described in a person's individual service
 34 plan are provided. If supported employment ~~is~~ or community
 35 integration services are provided in a setting outside the
 36 county where the license holder is located, the county where

1 supported employment services are provided is not considered the
2 host county for purposes of parts 9525.0004 to 9525.0036.

3 Subp. 11. Individual program plan or IPP. "Individual
4 program plan" or "IPP" means the integrated, coordinated, and
5 comprehensive written plan to provide services to the person
6 that is developed:

7 A. consistent with all aspects of the person's
8 individual service plan;

9 B. in compliance with applicable state and federal
10 law and regulations governing services to persons with mental
11 retardation or a related condition; and

12 C. by the provider in consultation with the
13 interdisciplinary team.

14 Subp. 12. Individual service plan. "Individual service
15 plan" means the written plan developed by the service planning
16 team, containing the components required under Minnesota
17 Statutes, section 256B.092, designed to achieve specified
18 outcomes for the person based on assessed needs and preferences.

19 Subp. 13. Informed choice. "Informed choice" means a
20 voluntary decision made by the person or the person's legal
21 representative, after becoming familiarized with the
22 alternatives, to:

23 A. select a preferred alternative from a number of
24 feasible alternatives;

25 B. select an alternative which may be developed in
26 the future; and

27 C. refuse any or all alternatives.

28 Subp. 14. Interdisciplinary team. "Interdisciplinary team"
29 means a team composed of the case manager, the person, the
30 person's legal representative and advocate, if any, and
31 representatives of providers of the service areas relevant to
32 the needs of the persons as described in the individual service
33 plan.

34 Subp. 15. Intermediate care facility for persons with
35 mental retardation or ICF/MR. "Intermediate care facility for
36 persons with mental retardation" or "ICF/MR" has the meaning

1 given it in part 9525.0225, subpart 18.

2 Subp. 16. Least restrictive environment. "Least
3 restrictive environment" means an environment where services are:

4 A. delivered with minimum limitation, intrusion,
5 disruption, or departure from typical patterns of living
6 available to persons without disabilities and where services;

7 B. do not subject the person or others to unnecessary
8 risks to health or safety; and

9 C. maximize the person's level of independence,
10 productivity, and inclusion in the community.

11 Subp. 17. Legal representative. "Legal representative"
12 means the parent or parents of a person who is under 18 years of
13 age, or a guardian or conservator, or guardian ad litem who is
14 authorized by the court to make decisions about services for a
15 person. Parents or private guardians or conservators who are
16 unable to make decisions about services due to temporary
17 unavailability may delegate their powers according to Minnesota
18 Statutes, section 524.5-505.

19 Subp. 18. Overriding health care needs. "Overriding
20 health care needs" means a health care condition that affects
21 the service options available to the person because the
22 condition requires:

23 A. specialized or intensive medical or nursing
24 supervision; and

25 B. nonmedical service providers to adapt their
26 services to accommodate the health and safety needs of the
27 person.

28 Subp. 19. Person. "Person" means a person with mental
29 retardation or a related condition or a child under the age of
30 five who has been determined to be eligible for case management
31 under parts 9525.0004 to 9525.0036.

32 ~~Subp. 20. Person with a related condition. "Person with a~~
33 ~~related condition" has the meaning given to "related condition"~~
34 ~~under Minnesota Statutes, section 252.277, subdivision 1a.~~

35 ~~Subp. 21. Person with mental retardation. "Person with~~
36 ~~mental retardation" means a person who has been diagnosed under~~

~~part-9525-0016-as-having-substantial-limitations-in-present
functioning, manifested-as-significantly-subaverage-intellectual
functioning-existing-concurrently-with-demonstrated-deficits-in
adaptive-behavior, and-who-manifests-these-conditions-before-the
person's-22nd-birthday.~~

Subp. ~~22~~ 20. **Provider.** "Provider" means a corporation, governmental unit, partnership, individual, or individuals licensed by the state if a license is required, or approved by the county board if a license is not required, to provide one or more services to persons with mental retardation or related conditions.

Subp. ~~23~~ 21. **Public guardian.** "Public guardian" has the meaning given it in Minnesota Statutes, section 252A.02, subdivision 7.

Subp. ~~24~~ 22. **Qualified mental retardation professional.** "Qualified mental retardation professional" means a person who meets the qualifications in Code of Federal Regulations, title 42, section 483.430.

Subp. ~~25~~ 23. **Residential program.** "Residential program" has the meaning given it in Minnesota Statutes, section 245A.02, subdivision 14.

Subp. ~~26~~ 24. **Screening team or service planning team.** "Screening team" or "service planning team" means the team established under Minnesota Statutes, section 256B.092, which must consist of the person, the person's case manager, the legal representative, if any, and a qualified mental retardation professional. The case manager may also act as the qualified mental retardation professional if the case manager meets the definition under subpart ~~24~~ 22. The provisions of Minnesota Statutes, section ~~260~~~~251~~ 260.191, shall also apply. Screening members must have no direct or indirect service provider interest with the person. For purposes of the screening team or service planning team, the case manager shall not be deemed to have a direct or indirect service provider interest.

Subp. ~~27~~ 25. **Semi-independent living services.** "Semi-independent living services" has the meaning given it in

1 Minnesota Statutes, section 252.275, subdivision 1.

2 Subp. ~~28~~ 26. **Training and habilitation services.**

3 "Training and habilitation services" has the meaning given it in
4 part 9525.1500, subpart 36.

5 9525.0008 APPLICABILITY AND PURPOSE.

6 Subpart 1. **Applicability.** Parts 9525.0004 to 9525.0036
7 establish the standards to be met by county boards or others
8 authorized by the commissioner to provide case management and
9 govern the planning, development and provision of services to
10 persons with mental retardation or related conditions.

11 Subp. 2. **Purpose.** The purpose of parts 9525.0004 to
12 9525.0036 is to set standards for the provision of case
13 management to persons with mental retardation or related
14 conditions that are designed to result in the following outcomes:

- 15 A. access to needed services and supports;
16 B. coordinated and cost-effective services and
17 supports;
18 C. continuity of services and supports; and
19 D. services delivered consistent with the goals under
20 subpart 3.

21 Subp. 3. **Goals.** Services and supports for persons
22 eligible for case management under parts 9525.0004 to 9525.0036
23 are to be designed and delivered consistent with the following
24 goals:

25 A. the recognition of each person's history, dignity,
26 and cultural background;

27 B. the affirmation and protection of each person's
28 civil and legal rights;

29 C. the provision of services and supports for each
30 person which:

31 (1) promote community inclusion and
32 self-sufficiency;

33 (2) provide services in the least restrictive
34 environment;

35 (3) promote social relationships, natural

1 supports, and participation in community life;

2 (4) allow for a balance between safety and
3 opportunities; and

4 (5) provide opportunities for development and
5 exercise of age-appropriate skills, decision-making and choice,
6 personal advocacy, and communication; and

7 D. the provision of services and supports for
8 families which address the needs of the person in the context of
9 the family and support family self-sufficiency.

10 9525.0012 COUNTY BOARD CASE MANAGEMENT RESPONSIBILITIES.

11 Subpart 1. Provision of case management. When the county
12 of financial responsibility determines that a person is eligible
13 for case management according to part 9525.0016, the county
14 shall provide the person or the person's legal representative
15 with a written description of available services and an
16 explanation of these services to facilitate an informed choice.
17 The county board shall arrange to provide case management
18 administration and services according to parts 9525.0004 to
19 9525.0036 and 9550.0010 to 9550.0092 (Administration of
20 Community Social Services).

21 Case management may be provided directly by the county
22 board or by contract. The provision of case management must
23 begin after designation of a case manager and must continue
24 until services are terminated under subpart 7.

25 When emergency services are required, the county board
26 shall purchase or arrange services for persons who might be
27 eligible for case management under parts 9525.0004 to 9525.0036,
28 but who have not yet received a diagnosis under part 9525.0016.

29 A. "Emergency services," for purposes of this
30 subpart, means services provided to persons at imminent risk of
31 physical, emotional, or psychological harm.

32 B. "Person who might be eligible for case
33 management," for purposes of this subpart, means a person who
34 the case manager has reason to believe has mental retardation or
35 a related condition and who is undergoing diagnosis, or who is a

1 child under the age of five undergoing diagnosis according to
2 part 9525.0016, subpart 3.

3 Subp. 2. Designation of case manager. Within ten working
4 days after receiving an application for services, the county
5 board shall designate a case manager who meets the requirements
6 in subpart 6. The case manager shall assure that a diagnostic
7 assessment under part 9525.0016 is conducted within 35 working
8 days of receipt of an application for services by the county
9 board. The county board shall send a written notice that
10 includes the name, telephone number, and location of the
11 designated case manager or a change in case manager to
12 the person, the person's legal representative and advocate, if
13 any, and current service providers. Upon the county board's
14 determination that a person is in need of case management and an
15 application for services has not yet been filed, the county
16 board must designate a case manager within ten working days.

17 Subp. 3. Purchase of case management. The county board
18 must not purchase case management from a provider who has direct
19 or indirect financial interest in the provision of other
20 services for that person.

21 Subp. 4. County request to provide case management and
22 other services. The county board ~~may~~ must apply to the
23 commissioner in writing ~~for~~ to request authorization for the
24 county to be both the provider of residential ~~or,~~ training and
25 habilitation ~~services,~~ or semi-independent living services, and
26 the provider of case management. The commissioner shall grant
27 authorization if the county board can demonstrate that a method
28 of preventing conflict of interest has been established ~~and-the~~
29 ~~designated-case-manager-will-not-be-involved-in-the-provision-of~~
30 ~~residential-or-training-and-habilitation-services-for-the-person~~
31 that includes the following assurances:

32 A. that the designated case manager and the case
33 manager's direct supervisor must not be involved in the
34 provision of residential, training and habilitation, or
35 semi-independent living services for the person; and

36 B. that the level of services provided to the person

1 must be consistent with the assessed needs of the person as
2 identified in the individual service plan.

3 Subp. 5. Procedures governing minimum standards for case
4 management. The county board shall establish and monitor
5 implementation of written policies and procedures to:

6 A. assure the provision of case management according
7 to parts 9525.0004 to 9525.0036;

8 B. evaluate the delivery and outcomes of case
9 management according to part 9525.0008; and

10 C. implement the determination of need process and
11 program review under part 9525.0036.

12 The county agency must maintain copies of the policies and
13 procedures on file at the county offices, provide copies to
14 individuals providing case management, and make these policies
15 and procedures available upon request.

16 Subp. 6. Case manager qualifications and training.

17 Individuals providing case management to persons with mental
18 retardation or related conditions must meet the requirements in
19 item A or B.

20 A. The designated case manager must have at least a
21 bachelor's degree in social work, special education, psychology,
22 nursing, human services, or other fields related to the
23 education or treatment of persons with mental retardation or
24 related conditions, and one year of experience in the education
25 or treatment of persons with mental retardation or a related
26 condition.

27 B. Except for screening and service planning
28 development services, the county board may establish procedures
29 permitting others than those identified in item A to assist in
30 providing case management services under the supervision of a
31 case manager who meets the qualifications in item A. Before
32 assisting the case manager, the person must complete 40 hours of
33 training in case management and the education and treatment of
34 persons with mental retardation or a related condition.

35 The county board shall establish a plan for the training of
36 case managers and case aides. The plan must include at least 20

1 hours annually in the area of case management, mental
 2 retardation, or a related condition. Training and development
 3 activities attended by the case managers and case aides must be
 4 documented and kept on file with the county.

5 Subp. 7. Service authorization. The county board shall
 6 determine the adequacy and quality of services provided to meet
 7 the person's needs based on the cost and effectiveness of and-in
 8 ~~consideration-of-the-cost-of~~ the services. The county board
 9 must not authorize, provide, or pay for services unless
 10 identified as needed in the individual service plan, except in
 11 the case of emergency services.

12 Subp. 8. Termination of case management duties. A case
 13 manager retains responsibility for providing case management
 14 services to the person until the responsibility of the county
 15 board is terminated according to items A to D or until the
 16 county board designates another case manager under subpart 2.
 17 The county board may terminate case management when:

18 A. the person or the person's legal representative
 19 makes a written request that case management and other services
 20 designed for the person be terminated, unless the case manager
 21 and the person's legal representative determine that case
 22 management must continue for the protection of the person;

23 B. the person changes state of residence;

24 C. the person dies; or

25 D. the diagnosis under part 9525.0016 has changed
 26 indicating that the person no longer has mental retardation or a
 27 related condition.

28 9525.0016 CASE MANAGEMENT ADMINISTRATION.

29 Subpart 1. Intake. Intake for case management must be
 30 conducted according to established county procedures and part
 31 9550.0070.

32 Subp. 2. Diagnostic definitions. For purposes of subpart
 33 3, the terms in items A to E E have the meanings given them.

34 A. "Person with a related condition" means a person
 35 who has been diagnosed under this part as having a severe,

1 chronic disability that meets all of the following conditions:

2 (1) is attributable to cerebral palsy, epilepsy,
3 autism, Prader-Willi syndrome, or any other condition, other
4 than mental illness as defined under Minnesota Statutes, section
5 245.462, subdivision 20, or an emotional disturbance, as defined
6 under Minnesota Statutes, section 245.4871, subdivision 15,
7 found to be closely related to mental retardation because the
8 condition results in impairment of general intellectual
9 functioning or adaptive behavior similar to that of persons with
10 mental retardation and requires treatment or services similar to
11 those required for persons with mental retardation;

12 (2) is manifested before the person reaches 22
13 years of age;

14 (3) is likely to continue indefinitely; and

15 (4) results in substantial functional limitations
16 in three or more of the following areas of major life activity:

- 17 (a) self-care;
- 18 (b) understanding and use of language;
- 19 (c) learning;
- 20 (d) mobility;
- 21 (e) self-direction; or
- 22 (f) capacity for independent living.

23 B. "Person with mental retardation" means a person
24 who has been diagnosed under this part as having substantial
25 limitations in present functioning, manifested as significantly
26 subaverage intellectual functioning, existing concurrently with
27 demonstrated deficits in adaptive behavior and who manifests
28 these conditions before the person's 22nd birthday.

29 C. "Deficits in adaptive behavior" means a
30 significant limitation in an individual's effectiveness in
31 meeting the standards of maturation, learning, personal
32 independence, and social responsibility expected for the
33 individual's age level and cultural group, as determined by
34 clinical assessment and, generally, standardized scales.

35 B- D. "Significantly subaverage intellectual
36 functioning" means a full scale IQ score of 70 or less based on

1 assessment that includes one or more individually administered
2 standardized intelligence tests developed for the purpose of
3 assessing intellectual functioning. Errors of measurement must
4 be considered according to subpart 5.

5 E- E. "Substantial functional limitations" means the
6 long-term inability to significantly perform ~~or-direct-the~~
7 ~~performance-of~~ an activity or task.

8 Subp. 3. Diagnostic requirements to determine eligibility
9 for case management. The county agency shall arrange for a
10 comprehensive diagnostic evaluation to be completed within 35
11 working days following receipt of an application for case
12 management. To be eligible for case management under parts
13 9525.0004 to 9525.0036, the case manager, based on all parts of
14 the comprehensive diagnostic evaluation, must determine that the
15 person has a diagnosis of mental retardation ~~or~~, a related
16 condition, or is a child under the age of five who demonstrates
17 significantly subaverage intellectual functioning concurrent
18 with demonstrated deficits in adaptive behavior, but for whom,
19 because of the child's age, a diagnosis may be inconclusive.

20 The comprehensive diagnostic evaluation must consist of:

21 A. a standardized test of intellectual functioning
22 and an assessment of adaptive skills, or for children under the
23 age of five, standardized assessments of developmental
24 functioning;

25 B. a social history report prepared no more than 12
26 months before the date of application for case management that
27 contains:

28 (1) the individual's social and developmental
29 history, including information about the person's previous and
30 current supports;

31 (2) identification of social, psychological, or
32 environmental factors that may have contributed to the
33 individual's current functioning level; and

34 (3) any information supporting or contradicting
35 the assertion that the individual had mental retardation or a
36 related condition before the age of 22; and

1 C. a medical evaluation prepared by a licensed
2 physician no more than 12 months before the date of application
3 for case management that evaluates the individual's general
4 physical health, including vision, hearing, and any physical or
5 neurological disorders. The case manager must request that the
6 evaluation include the physician's comments on the individual's
7 mental health and emotional well-being, if known.

8 Diagnostic information obtained by other providers
9 according to law, including school information, may be used in
10 whole or in part to meet the diagnostic requirements, when the
11 final diagnosis contains all information required under this
12 part.

13 Subp. 4. Administration of tests of intellectual
14 functioning and assessments of adaptive behavior. Standardized
15 tests of intellectual functioning and assessments of adaptive
16 behavior, adaptive skills, and developmental functioning must be
17 normed for individuals of similar chronological age and be
18 administered by a person who is trained and experienced in
19 administration of these tests and who is a licensed
20 psychologist, certified school psychologist, or certified
21 psychometrist ~~who-is-trained-and-experienced-in-the~~
22 administration-of-these-tests working under technical
23 supervision of a licensed psychologist. The written narrative
24 report shall reflect any specific behavioral, psychological,
25 sensory, health, or motor deficits, as well as cultural, social,
26 or physical environmental factors that may bias the results of
27 the testing. Testing methods must be modified to accommodate
28 individuals whose background, culture, or language differs from
29 the general population from which specific tests were
30 standardized.

31 Subp. 5. Diagnostic conclusions and recommendations.
32 Diagnostic conclusions and recommendations must be based on the
33 results of the comprehensive evaluation required under subpart
34 3. Narrative reports of intellectual functioning must include a
35 discussion of whether obtained IQ scores are considered valid
36 and consistent with developmental history and the degree of

1 functional restriction. Errors of measurement and actual
2 changes in performance outcome must be considered in the
3 interpretation of test results.

4 Substantial limitation in current functioning,
5 significantly subaverage intellectual functioning, and
6 disabilities in adaptive skills must not be the result of a
7 mental illness as defined in Minnesota Statutes, section
8 245.462, subdivision 20, or an emotional disturbance as defined
9 in Minnesota Statutes, section 245.4871, subdivision 15, to
10 conclude a diagnosis of a related condition. If standardized
11 tests of intellectual functioning or assessments of adaptive
12 skills are not available due to the individual's age, or cannot
13 be administered for other reasons such as severe illness,
14 diagnostic conclusions must be based on reasonable and available
15 information or may be reconstructed from information about the
16 individual before the age of 22 obtained from the individual,
17 near relatives, providers, or the individual's social network.

18 Subp. 6. Review of diagnosis of mental retardation or a
19 related condition. The case manager shall review the results of
20 the diagnostic assessment at least once every three years and
21 shall refer the person for reevaluation to determine current
22 intellectual and adaptive functioning under circumstances where
23 the diagnosis is no longer consistent with the person's current
24 level of functioning.

25 Subp. 7. Screening. The case manager shall convene a
26 screening team to evaluate the level of care needed by the
27 person if the assessment indicates that the person is at risk of
28 placement in an ICF/MR or nursing facility or is requesting
29 services in the areas of residential, training and habilitation,
30 nursing facility, or family support. The county board may
31 contract with a public or private agency or individual for the
32 public guardianship representation required for the screening or
33 the individual service planning process. If the assessment
34 indicates that the person has overriding health care needs, the
35 county agency must comply with the additional requirements in
36 Minnesota Statutes, section 256B.092, subdivision 7. The case

1 manager shall:

2 A. convene the screening team within 60 working days
3 of a request for service by a person and within five working
4 days of the date of an emergency admission to an ICF/MR; and

5 B. notify the members of the screening team of the
6 meeting date and convene the meeting at a time and place that
7 ensures the participation of all screening team members.

8 Subp. 8. Screening team duties. The screening team shall
9 review:

10 A. the results of the diagnostic evaluation and
11 assessment of the person's needs for services and supports;

12 B. the current individual service plan, if any; and

13 C. other data related to the person's eligibility and
14 need for services, as determined necessary by the screening team.

15 The screening team shall determine the level of care needed
16 by the person and identify the least restrictive service types.
17 If it is determined that the person is eligible for ICF/MR and
18 home and community-based services, an informed choice between
19 those services must be made by the person or the person's legal
20 representative.

21 Subp. 9. Screening document. The screening team shall
22 complete and sign the screening document prescribed by the
23 commissioner and submit the document to the commissioner's
24 designee for authorization of medical assistance payments and to
25 record compliance with the requirements of the federally
26 approved waiver plan and the state Medicaid plan under title XIX
27 of the Social Security Act.

28 If there is no formal annual meeting of the screening team,
29 the case manager shall complete and submit the screening
30 document to the commissioner to record the annual review of the
31 person's eligibility for the level of care identified, informed
32 choice among feasible alternatives, and review and revision of
33 the service plan.

34 Subp. 10. Use of screening team recommendations in
35 commitment proceedings. If a person with mental retardation who
36 has been referred to a screening team is the subject of

1 commitment proceedings under Minnesota Statutes, chapter 253B,
2 the screening team shall make recommendations to the court as
3 needed and make recommendations and a report available to the
4 prepetition screening unit in compliance with the Data Practices
5 Act, Minnesota Statutes, chapter 13.

6 Subp. 11. **Criteria for service authorization.** The case
7 manager shall arrange for authorization of services consistent
8 with:

- 9 A. the needs and preferences of the person as
10 identified in the person's individual service plan;
- 11 B. established county procedures;
- 12 C. contracts and agreements between providers and the
13 county agency as determined according to part 9550.0040;
- 14 D. the extent to which the provider can:
- 15 (1) provide services consistent with the
16 individual service plan in a cost-effective manner;
- 17 (2) assure the health and safety of the person;
- 18 (3) coordinate services and consult with other
19 providers of service to the person, including the case manager;
20 and
- 21 (4) prepare reviews, incident reports, and other
22 reports required by contract or other agreements, the individual
23 service plan, or other applicable state and federal
24 requirements; and
- 25 E. state and federal law governing authorization for
26 services provided in ICFs/MR, nursing facilities, and for
27 services provided under medical assistance waivers, state
28 support services, and grants.

29 Subp. 12. **Authorization of medical assistance for ICF/MR,**
30 **home and community-based services, and nursing facility**
31 **services.** The authorization of medical assistance by the
32 commissioner's designee is effective for one year from the date
33 of the screening team meeting and must be reauthorized
34 annually. Authorization for payment of ICF/MR, home and
35 community-based, and nursing facility services must be made
36 based on the following:

1 A. the person for whom the payment is requested has
2 been determined eligible for case management according to part
3 9525.0016;

4 B. the assessment verifies that the person's need for
5 services is consistent with the level of care and the risk
6 status indicated on the screening document;

7 C. less restrictive and less costly alternative
8 services have been considered and discussed with the person and
9 the person's legal representative and advocate, if any; and

10 D. the person and the person's legal representative,
11 if any, have made an informed choice among feasible service
12 alternatives.

13 Subp. 13. **Review of eligibility.** The case manager shall
14 make a determination annually, based on diagnostic and
15 assessment information, of the person's eligibility to receive:

16 A. case management;

17 B. types of services currently authorized based on
18 level of care, risk status, and need for services and supports;
19 and

20 C. new or additional services.

21 The case manager shall place documentation of this
22 determination in the person's county file. The screening form
23 may serve as documentation of this subpart and be incorporated
24 into the individual service plan.

25 Subp. 14. **Conciliation and appeals.** The county agency
26 shall arrange a conciliation conference as required by Minnesota
27 Statutes, section 256.045, subdivision 4a, upon request of the
28 person or the person's legal representative if there is a
29 dispute about the county's actions or failure to act under parts
30 9525.0004 to 9525.0036 and Minnesota Statutes, section
31 256B.092. The conference must be facilitated by a
32 representative of the commissioner and must be conducted within
33 30 days of the request at a time and place that allows for
34 participation of the person, the person's legal representative,
35 if any, and the appropriate representative of the county
36 agency. Other interested persons may participate in the

1 conciliation conference if requested by the person or the
2 person's legal representative. The county agency shall prepare
3 a written summary report of the conference results and submit
4 the report to the participants and the department within 30 days
5 of the request for a conference. Case management appeals must
6 be conducted according to Minnesota Statutes, section 256.045.

7 9525.0024 CASE MANAGEMENT SERVICE PRACTICE STANDARDS.

8 Subpart 1. **Assessment of individual needs.** The case
9 manager shall assess or arrange for an assessment of the
10 functional skills and needs of the person and the supports and
11 services which meet the person's identified needs and
12 preferences. Assessment information obtained by other
13 providers, including schools and vocational rehabilitation
14 agencies, may be used to meet the assessment requirements of
15 this subpart. This subpart does not require assessment in areas
16 agreed to as unnecessary by the case manager and the person, or
17 the person's legal representative, or when there has been
18 functional assessment completed in the previous 12 months, for
19 which the case manager and the person or the person's legal
20 representative agree that further assessment is not necessary.
21 Where the county is acting as public guardian, the case manager
22 shall seek authorization from the department public guardianship
23 office for waiving any assessment requirements. Assessments
24 related to health, safety, and protection of the person for the
25 purpose of identifying service type, amount, and frequency, or
26 assessments required to authorize services, must not be waived.

27 The assessment of service the person's preference,
28 functional skills, and need for services and support-needs
29 supports must address the following areas:

30 A. basic needs: income or support, money management,
31 shelter, food, clothing, and assistive technology and
32 adaptations;

33 B. health and safety: physical and dental health,
34 vision, hearing, medication management, mental health and
35 emotional well-being, and ability to keep oneself safe;

1 C. social skills and interpersonal relationships;

2 D. communication skills;

3 E. self-care: toileting, eating, dressing, hygiene,
4 and grooming;

5 F. home living skills: clothing care, housekeeping,
6 food preparation and cooking, shopping, daily schedule, and home
7 maintenance;

8 G. community use: transportation and mobility,
9 leisure and recreation, and other community resources;

10 H. employment/vocational skills;

11 I. educational skills/cognitive ~~skills~~ abilities; and

12 J. legal representation.

13 Subp. 2. Review of person's needs for services and
14 support. The case manager shall review the assessment
15 information as it becomes available through program evaluation
16 and monitoring, provider reports, team meetings, and other
17 sources of formal or informal assessment. The service planning
18 team shall also review the assessment information at least
19 annually for purposes of making modifications to the person's
20 individual service plan for needed services and supports. The
21 case manager shall coordinate the performance of assessments.
22 This subpart does not require duplication of assessment
23 responsibilities fulfilled by providers. The case manager shall
24 assure that the person's medical status and ongoing health care
25 needs are assessed annually when not otherwise arranged by
26 family or service providers.

27 Subp. 3. Individual service plan development. The
28 designated case manager, who is familiar with the person and the
29 person's need for services and supports, shall lead the
30 individual service planning team activities. Annual service
31 planning activities must result in the development or revision
32 and implementation of the person's individual service plan.
33 Individual service plans may be completed on forms developed for
34 interagency planning, such as transition and individual family
35 service plans, if they contain the components required under
36 items A to K. Service plans containing the components in items

1 A to K meet the service plan requirements under parts 9550.0010
2 to 9550.0092.

3 The written individual service plan must contain:

4 A. the person's preferences for services as stated by
5 the person or the person's legal representative;

6 B. the person's service and support needs based on
7 results of assessment information, including identification of
8 needs that are currently met in whole or in part by the person's
9 relatives, friends, and community services used by the general
10 public;

11 C. the person's long- and short-range goals;

12 D. specific supports and services, including case
13 management services, and the amount and frequency of the
14 services to be provided to the person based on available
15 resources, and the person's needs and preferences;

16 E. specification of services the person needs that
17 are not available and actions to be taken to obtain or develop
18 these services;

19 F. a determination of whether there is a need for an
20 individual program plan developed by the provider according to
21 applicable state and federal licensing and certification
22 standards;

23 G. identification of additional assessments to be
24 completed or arranged by the provider after service initiation;

25 H. specification of any information that providers or
26 subcontractors must submit to the case manager, the frequency
27 with which the information must be provided when not otherwise
28 specified in contract, service agreement, or authorization form,
29 and provider responsibilities to implement and make
30 recommendations for modification to the individual service plan;

31 I. notice of the right to request a conciliation
32 conference or a hearing under Minnesota Statutes, section
33 256.045;

34 J. signatures of the person, the person's legal
35 representative, and the case manager at least annually and
36 whenever changes are made; and

1 K. documentation that the plan was reviewed by a
2 health professional if the person has overriding medical needs
3 that impact the delivery of services.

4 Subp. 4. **Other service plans.** Unless otherwise required
5 by federal law, a person or the person's legal representative
6 may make an informed choice to request that a service plan be
7 developed under parts 9550.0010 to 9550.0092 rather than parts
8 9525.0004 to 9525.0036 as provided for under Minnesota Statutes,
9 section 256B.092, subdivision 1g.

10 Subp. 5. **Identification of service options and providers.**
11 Case managers shall assist the service planning team members in
12 making informed choices of service options and providers by
13 identifying for the team:

14 A. service types that would meet the level and
15 frequency of services needed by the person, the funding streams,
16 the general comparative costs, and the location;

17 B. resources and providers within the county or other
18 areas if requested by the person or the person's legal
19 representative, including resources not currently available;

20 C. provider capacities to meet assessed needs and
21 preferences of the person, or to develop services if not
22 immediately available; and

23 D. other community resources or services necessary to
24 meet the person's or the person's family's needs.

25 The case manager may survey providers or may develop a
26 request for a proposal to locate services. When the case
27 manager is unable to locate appropriate service providers, the
28 case manager shall indicate this in the person's individual
29 service plan. The case manager shall follow county procedures
30 for:

31 (1) maintaining unmet need or waiting list
32 information according to Minnesota Statutes, section 256B.092,
33 subdivision 1f;

34 (2) community social service planning activities;
35 and

36 (3) developing additional resources.

1 Subp. 6. Assisting the person to access services. The
2 case manager shall assist the person in accessing selected
3 housing, services, and supports through the following activities:

4 A. coordinating the application process and
5 preplacement planning activities and visits;

6 B. assuring that financial arrangements, contracts,
7 or provider agreements are in place;

8 C. promoting the person's access to services that fit
9 the person's needs;

10 D. assisting the person in securing the services
11 identified in the individual service plan, including services
12 not currently available; and

13 E. participating with the interdisciplinary team in
14 the development of individual program plans that are consistent
15 with the person's individual service plan.

16 Subp. 7. Coordination of service delivery. The case
17 manager shall assure coordinated approaches to services among
18 providers that are consistent with all aspects of the person's
19 individual service plan. Before the initiation of service, and
20 at least annually thereafter, the case manager shall make
21 available to and may review with the providers the person's
22 individual service plan. The case manager shall participate in
23 interdisciplinary team meetings and maintain contact with
24 providers sufficient to facilitate coordination and cooperation
25 necessary to meet the person's needs.

26 Subp. 8. Monitoring and evaluation activities. The case
27 manager shall specify the frequency of monitoring and evaluation
28 activities in the person's individual service plan based on the
29 level of need of the person and other factors which might affect
30 the type, amount, or frequency of service. The case manager
31 shall conduct a monitoring visit with each person on at least a
32 semiannual basis. Case manager monitoring and evaluation
33 activities must result in a determination of:

34 A. whether services are implemented consistent with
35 the person's service plan, and are directed at achieving the
36 goals identified for the person, and are consistent with the

1 goals specified under part 9525.0008, subpart 3;

2 B. changes needed in the individual service plan to
3 achieve desired outcomes or meet newly identified needs,
4 including changes resulting from the recommendations of
5 providers;

6 C. the extent to which providers are fulfilling their
7 responsibilities and coordinating approaches to services with
8 other providers;

9 D. the assurance of the person's health and safety;

10 E. the protection of the person's civil and legal
11 rights; and

12 F. whether the person and the person's legal
13 representative are satisfied with the services received.

14 If the provider fails to carry out the provider's
15 responsibilities consistent with the individual service plan or
16 develop an individual program plan when needed, ~~or-the-case~~
17 ~~manager-is-otherwise-dissatisfied-with-the-provision-of~~
18 ~~services~~, the case manager shall notify the provider and, as
19 necessary, the interdisciplinary team. If the concerns are not
20 resolved by the provider or interdisciplinary team, the case
21 manager shall notify the person or the person's legal
22 representative, the appropriate licensing and certification
23 agencies, and the county board where services are being
24 provided. The case manager shall identify other steps needed to
25 assure that the person receives the needed services and
26 protections.

27 9525.0028 QUALITY ASSURANCE.

28 The commissioner shall supervise social services
29 administered by county agencies as specified in Minnesota
30 Statutes, section 256E.05. County boards must comply fully with
31 parts 9525.0004 to 9525.0036. To facilitate the implementation
32 of parts 9525.0004 to 9525.0036, the commissioner shall provide
33 technical assistance to county agencies according to Minnesota
34 Statutes, sections 256B.092 and 256E.05. The commissioner shall
35 evaluate case management provided by county agencies to

1 determine that services are consistent with part 9525.0008.

2 If the commissioner determines that a county board has not
3 provided case management consistent with the outcomes under part
4 9525.0008 or has otherwise failed to comply with the standards
5 of parts 9525.0004 to 9525.0036, the county board shall develop
6 a corrective action plan as required by Minnesota Statutes,
7 section 256E.05, subdivision 5. The commissioner may take
8 action necessary to assure continuity of services for persons
9 receiving case management under parts 9525.0004 to 9525.0036 as
10 authorized by Minnesota Statutes, section 256E.05, subdivision
11 5, and other applicable state and federal law.

12 9525.0032 HOST COUNTY CONCURRENCE.

13 If services are to be provided in a county other than the
14 county of financial responsibility, the county of financial
15 responsibility must request county concurrence from the county
16 where services are to be provided. Concurrence must be granted
17 according to Minnesota Statutes, section 256B.092, subdivision
18 8a. If the county of service fails to notify the county of
19 financial responsibility of concurrence or refusal to concur
20 within 20 working days after receipt of the request, concurrence
21 shall be deemed granted.

22 9525.0036 DETERMINATION OF NEED.

23 Subpart 1. County recommendation for determination of need
24 for services. For purposes of this part, "determination of
25 need" means the commissioner's determination of need for
26 services by program type, location, demographics, and size of
27 licensed services for persons with mental retardation or related
28 conditions according to Minnesota Statutes, section 252.28.

29 The host county shall apply for a determination of need by
30 the commissioner upon identifying the need to:

- 31 A. develop new services;
32 B. terminate services; or
33 C. modify existing services in the form of expansion
34 or reduction of services, or services for which a change of
35 ownership, program, location, or licensure is proposed.

1 In applying for the determination of need, the host county
2 must use information from the individual service plans of
3 persons for whom the county board is financially responsible and
4 for persons from other counties for whom the county board has
5 agreed to be the host county. The host county shall also
6 consider the community social services plan, waiting lists,
7 screenings, and other sources which identify unmet needs for
8 services. Application for determination of need must be
9 submitted on forms prescribed by the commissioner.

10 Subp. 2. Duties of commissioner for determination of
11 need. The commissioner shall make the determination of need for
12 the program, location, type, size, frequency, ownership, and
13 staffing needs of the service proposed in the county's
14 application. In determining the need for services, the
15 commissioner shall consider whether:

16 A. the proposed service, including size of the
17 service, relates to the needs of the persons to be served;

18 B. cost projections for the proposed service are
19 within the fiscal limitations of the state;

20 C. the distribution of and access to the services
21 throughout the state is based on current or projected
22 demographics, and does not contribute to excessive concentration
23 of services;

24 D. the provider has the overall administrative,
25 financial, and programmatic capability to develop, provide, and
26 maintain the services that are proposed;

27 E. the application is in compliance with applicable
28 state and federal law and with the state plan;

29 F. the proposed service is consistent with the goals
30 under part 9525.0008, subpart 3; and

31 G. the proposed service furthers state policy of
32 access to residences and employment services typical of the
33 general population.

34 Within 30 days of receipt of the completed application for
35 need determination from the county board, the commissioner shall
36 notify the county board of the decision. The commissioner may

1 request further information if the proposal is incomplete or
2 waive any part of the application that would require the county
3 to provide information that is already available to the
4 commissioner. The commissioner's decision may include
5 conditions of approval. If the commissioner determines that the
6 service, modification, or expansion is not needed, or the
7 proposal does not meet state fiscal projections or limitations,
8 approval shall be denied and there must be no licensure of or
9 reimbursement from federal or state funds for the proposed
10 service, modification, or expansion.

11 **Subp. 3. County review of existing programs.** At least
12 every four years, the host county board shall review each
13 service and submit to the commissioner a request for approval of
14 each licensed service located in the county. The county board's
15 review must state whether the county board recommends
16 continuation, modification, discontinuation, decertification, or
17 delicensure of the service. The county board must base its
18 recommendations on the criteria described in subpart 2.

19 The commissioner shall notify the county board of the
20 decision to approve or deny the need determination, or request
21 additional information within 30 days of receipt of a completed
22 application. The commissioner shall notify the county and the
23 provider of the right to appeal the commissioner's determination
24 according to subpart 4.

25 If the commissioner accepts the county board's
26 recommendations for program modifications, the host county board
27 shall submit a need determination application according to
28 subpart 1. The service may be modified only after the
29 commissioner has determined the need for the modification
30 according to subpart 2. Counties may review a service at more
31 frequent intervals at their own discretion.

32 **Subp. 4. Appeal of commissioner's determination.** The
33 county board or the provider making the application may appeal
34 the commissioner's determination under this part.

35 Appeals are governed by Minnesota Statutes, chapter 14.
36 Notice of appeal must be received by the commissioner within 30

1 days after notification of the commissioner's decision is sent
2 to the county board.

3 9525.0225 DEFINITIONS.

4 [For text of subps 1 and 2, see M.R.]

5 Subp. 3. **Advocate.** "Advocate" has the meaning given it in
6 part 9525.2710, subpart 3.

7 [For text of subps 4 and 5, see M.R.]

8 Subp. 6. **Case manager.** "Case manager" means the
9 individual designated by the county board to provide case
10 management as defined in parts 9525.0004 to 9525.0036.

11 [For text of subps 7 to 12, see M.R.]

12 Subp. 13. **Host county.** "Host county" has the meaning
13 given in part 9525.0004, subpart 10.

14 [For text of subp 14, see M.R.]

15 Subp. 15. [See repealer.]

16 Subp. 15a. **Individual program plan or IPP.** "Individual
17 program plan" or "IPP" has the meaning given it in part
18 9525.0004, subpart 11. For purposes of parts 9525.0215 to
19 9525.0355, the individual program plan or IPP is equivalent to
20 the provider implementation plan or PIP.

21 Subp. 16. **Individual service plan or ISP.** "Individual
22 service plan" or "ISP" means the written plan required by and
23 developed under parts 9525.0004 to 9525.0036.

24 Subp. 17. **Interdisciplinary team.** "Interdisciplinary
25 team" has the meaning given it in part 9525.0004, subpart 14.

26 [For text of subps 18 to 22, see M.R.]

27 Subp. 23. **Objective.** "Objective" means a short-term
28 expectation and its accompanying measurable behavioral criteria
29 specified in the individual program plan or provider
30 implementation plan. Objectives are designed to result in
31 achievement of the annual goals in a person's individual service
32 plan.

33 [For text of subp 24, see M.R.]

34 Subp. 25. **Person.** "Person" means a person as defined in
35 part 9525.0004, subpart 19, who is receiving services in a

1 residential program licensed under parts 9525.0215 to 9525.0355.

2 [For text of subp 26, see M.R.]

3 Subp. 27. **Provider implementation plan or PIP.** "Provider
4 implementation plan" or "PIP" means a detailed internal plan
5 developed by the license holder and used within the residential
6 program to direct the daily activities of staff in carrying out
7 the goals established within a person's individual service
8 plan. The provider implementation plan is frequently referred
9 to as an individual program plan. For purposes of parts
10 9525.0215 to 9525.0355, the provider implementation plan or PIP
11 is equivalent to the individual program plan or IPP.

12 [For text of subps 28 to 30, see M.R.]

13 9525.0235 LICENSURE.

14 [For text of subps 1 and 2, see M.R.]

15 Subp. 3. **Approved need determination.** The commissioner
16 shall not issue a license to any applicant that does not have an
17 approved need determination under part 9525.0036. This subpart
18 does not apply to regional treatment centers.

19 [For text of subps 4 to 15, see M.R.]

20 9525.0265 PROVIDER IMPLEMENTATION PLAN.

21 Subpart 1. **Plan development.** The license holder must
22 develop a provider implementation plan (PIP) or individual
23 program plan (IPP) for each person.

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

25 B. The plan must be based on the residential service
26 needs identified in the person's ISP.

27 C. The plan must be initially developed within 30
28 days after admission to the residential program and must be
29 revised annually or when requested by the case manager.

30 [For text of items D and E, see M.R.]

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

32 Subp. 3. **Contents of provider implementation plan.** The
33 PIP or the IPP must include:

34 A. written, measurable, behavioral objectives,
35 including measurable criteria for mastery, that are designed to

1 result in achievement of the residential service outcomes
2 specified in the person's current ISP and assigned to the
3 license holder;

4 [For text of items B to H, see M.R.]

5 [For text of subp 4, see M.R.]

6 Subp. 5. **Monthly review.** The living unit supervisor shall
7 monitor the person's performance in achieving the plan
8 objectives monthly and shall:

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

10 D. comply with the requirements of part 9525.0024,
11 subpart 3, if the monthly review results in a modification of
12 the objectives or methodologies identified within the PIP OR IPP.

13 Subp. 6. **Quarterly evaluations.** The license holder must
14 provide the person or the person's legal representative and the
15 person's case manager with a quarterly report containing a
16 summary of data, an analysis of the data, and an evaluation of
17 services actually provided, sufficient to determine the extent
18 to which services have resulted in achievement of the goals and
19 objectives of the person's ISP and PIP or IPP and whether
20 services are being provided in accordance with the ISP and PIP
21 or IPP. The report must also state whether any changes are
22 needed in the ISP, PIP, or IPP.

23 Subp. 7. **Annual review.** At least 30 days before the
24 annual review of the person's ISP, the license holder shall
25 provide the person's case manager with:

26 A. a written evaluation of service outcomes,
27 including the extent to which residential services have resulted
28 in achievement of the person's PIP or IPP objectives;

29 [For text of item B, see M.R.]

30 C. recommendations for changes in the person's ISP
31 and PIP or IPP.

32 Subp. 8. **Coordination with case manager.** The license
33 holder shall ensure coordination with each person's case manager
34 in accordance with items A to C.

35 A. Staff who have worked with the person shall
36 participate in the interdisciplinary team meeting that develops

1 a PIP or IPP for each person.

2 B. Within 30 days after an interdisciplinary team
3 meeting, the license holder shall revise the PIP or IPP in
4 accordance with subpart 1 and implement changes.

5 C. The license holder shall notify the case manager
6 of:

7 (1) significant changes in the person's condition
8 or circumstances that affect the person's ability to participate
9 in accordance with the ISP, PIP, or IPP;

10 [For text of subitems (2) and (3), see M.R.]

11 9525.0295 ADMISSION AND DISCHARGE.

12 Subpart 1. **County authorization.** The license holder shall
13 admit only persons for whom residence in a residential program
14 has been authorized by a county board under parts 9525.0004 to
15 9525.0036, or persons committed to the residential program under
16 Minnesota Statutes, chapter 253B.

17 [For text of subps 2 to 6, see M.R.]

18 9525.0305 RESIDENT RECORDS.

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

20 Subp. 2. **Admission records.** The license holder shall
21 develop a record for each person upon admission that contains
22 the following information:

23 [For text of items A to F, see M.R.]

24 G. copies of the person's ISP, PIP, or IPP, if
25 developed, and supplemental reports included in the PIP or IPP;
26 and

27 [For text of item H, see M.R.]

28 Subp. 3. **Postadmission record keeping.** Each person's
29 record must include up-to-date records of the following:

30 A. A plan file that includes:

31 (1) The person's individual service plan and
32 individual program plan. When a person's case manager does not
33 provide a current ISP, the license holder shall make a written
34 request to the case manager to provide copies of the ISP. The
35 license holder shall make a written request to the case manager

1 to convene the service planning team when a current ISP has not
2 been developed.

3 [For text of subitems (2) to (5), see M.R.]

4 [For text of items B to G, see M.R.]

5 Subp. 4. **Access to records.** The license holder must
6 ensure that the following people have access to the person's
7 record:

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

9 D. direct service staff on the person's living unit
10 and professional service staff unless the information is not
11 relevant to carrying out the ISP and PIP or IPP.

12 [For text of subp 5, see M.R.]

13 9525.0325 WRITTEN POLICIES.

14 [For text of subps 1 and 2, see M.R.]

15 Subp. 3. **Required policies.** Policies must cover the
16 following areas:

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

18 B. a description of the services offered by the
19 residential program consistent with the need determination made
20 under part 9525.0036;

21 [For text of items C to K, see M.R.]

22 L. policies for use of psychotropic medications that
23 comply with the Psychotropic Medication Use Checklist which is
24 incorporated by reference. This document is available for
25 inspection at the Minnesota State Law Library, 25 Constitution
26 Avenue, Saint Paul, Minnesota 55155. It is not subject to
27 frequent change.

28 9525.0335 ADMINISTRATIVE RECORDS.

29 The license holder shall maintain the following
30 administrative records and shall make the records available for
31 inspection by the commissioner:

32 [For text of items A and B, see M.R.]

33 C. a copy of the current certificate of need
34 determination required under part 9525.0036;

35 [For text of item D, see M.R.]

1 E. copies of all contracts, including contracts or
 2 agreements required under parts 9525.0004 to 9525.0036,
 3 subcontracts with consultants, and purchase-of-service contracts
 4 with other providers of persons' services;

5 [For text of items F to K, see M.R.]

6 9525.0345 STAFFING REQUIREMENTS.

7 [For text of subps 1 to 3, see M.R.]

8 Subp. 4. **Minimum staffing requirements.** The license
 9 holder must ensure that there are present the number of direct
 10 service staff necessary to:

11 A. implement each person's ISP and PIP or IPP; and

12 [For text of item B, see M.R.]

13 Subp. 5. **Special staffing needs.** The license holder must
 14 employ or contract with specially trained staff to meet special
 15 physical, communication, or behavior needs of each person in
 16 accordance with the person's ISP and PIP or IPP.

17 [For text of subp 6, see M.R.]

18 9525.0900 DEFINITIONS.

19 [For text of subps 1 and 2, see M.R.]

20 Subp. 3. **Case management.** "Case management" has the
 21 meaning given it in part 9525.0004, subpart 3.

22 Subp. 4. **Case manager.** "Case manager" has the meaning
 23 given it in part 9525.0004, subpart 4.

24 [For text of subps 5 to 10, see M.R.]

25 Subp. 11. [See repealer.]

26 Subp. 11a. **Individual program plan.** "Individual program
 27 plan" has the meaning given it in part 9525.0004, subpart 11.

28 Subp. 12. **Individual service plan.** "Individual service
 29 plan" has the meaning given it in part 9525.0004, subpart 12.

30 [For text of subps 13 to 15, see M.R.]

31 Subp. 16. **Person with mental retardation.** "Person with
 32 mental retardation" has the meaning given it in part ~~9525-0004~~
 33 9525.0016, subpart ~~21~~ 2.

34 [For text of subps 17 to 21, see M.R.]

1 9525.1210 DEFINITIONS.

2 [For text of subps 1 to 4, see M.R.]

3 Subp. 5. County of financial responsibility. "County of
4 financial responsibility" has the meaning given it in Minnesota
5 Statutes, section 256G.02, subdivision 4.

6 [For text of subps 6 to 8, see M.R.]

7 Subp. 9. Individual service plan. "Individual service
8 plan" has the meaning given it in part 9525.0004, subpart 12.

9 [For text of subps 10 to 14, see M.R.]

10 9525.1220 CLIENT ELIGIBILITY.

11 The day service provider may receive medical assistance
12 reimbursement for providing day training and habilitation
13 services to an eligible person if the person meets the criteria
14 in items A to G:

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

16 B. the person is determined to have mental
17 retardation or a related condition in accordance with the
18 definitions in parts 9525.0004 to 9525.0036;

19 [For text of items C and D, see M.R.]

20 E. the person is determined to be in need of day
21 training and habilitation services as specified in the
22 individual service plan under parts 9525.0004 to 9525.0036; and23 F. the person does not receive day training and
24 habilitation services at the ICF/MR from an approved day service
25 provider or as part of the medical assistance rate of the ICF/MR.

26 9525.1230 APPROVAL OF DAY SERVICE PROVIDER.

27 Subpart 1. General requirements. A day service provider
28 is approved by the commissioner to receive medical assistance
29 reimbursement for day training and habilitation services when
30 the day service provider meets the requirements in items A to J
31 and complies with parts 9525.1200 to 9525.1330.

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

33 B. The day service provider must have a current need
34 determination approved by the commissioner under part 9525.0036
35 and Minnesota Statutes, section 252.28.

1 C. The day service provider and the ICF/MR must not
2 be under the control of the same or related entities which
3 provide residential services to the day service provider's
4 clients. For this purpose, "control" means having power to
5 direct or affect management, operations, policies, or
6 implementation, whether through the ownership of voting
7 securities, by contract or otherwise; "related legal entities"
8 are entities that share a majority of governing board members or
9 are owned by the same person or persons. If both the ICF/MR and
10 the day service provider are wholly or partially owned by
11 individuals, those individuals must not be related by marriage
12 or adoption as spouses or as parents and children. Two
13 exceptions to this requirement are:

14 [For text of subitem (1), see M.R.]

15 (2) the day service provider is a developmental
16 achievement center which applied for licensure before April 15,
17 1983, as provided for under Minnesota Statutes, section 252.41,
18 subdivision 9, clause (2).

19 D. The day service provider must have a written
20 agreement with the ICF/MR and the county in which the ICF/MR is
21 located as required by Minnesota Statutes, section 252.45,
22 clause (4), and part 9525.1240.

23 [For text of items E to G, see M.R.]

24 H. The day service provider must be selected by the
25 county board, as provided by Minnesota Statutes, section 252.24,
26 because of its demonstrated ability to provide the day training
27 and habilitation services required by the client's individual
28 service plan as provided in parts 9525.0004 to 9525.0036.

29 I. The day service provider must have service and
30 transportation rates recommended by the county board and
31 approved by the commissioner as provided by Minnesota Statutes,
32 section 252.46.

33 J. The day service provider must be in compliance
34 with the standards in Code of Federal Regulations, title 42,
35 sections 483.410(d) and 483.440.

1 9525.1240 DAY TRAINING AND HABILITATION AGREEMENT.

2 Subpart 1. Agreement contents. An agreement must be
3 entered into by the day service provider, the ICF/MR whose
4 residents will receive day training and habilitation services
5 under the agreement, and the county where the ICF/MR is located,
6 as specified under Minnesota Statutes, section 252.45, clause
7 (4). This agreement must be completed annually on forms
8 provided by the commissioner and must include at least the
9 information in items A to E:

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

11 D. a statement of payment rates which have been
12 approved by the commissioner under Minnesota Statutes, section
13 252.46;

14 E. respective duties and responsibilities of the
15 county board, the day service provider, and the ICF/MR which
16 include:

17 [For text of subitem (1), see M.R.]

18 (2) participation of the day service provider and
19 the ICF/MR in the development of each resident's individual
20 program plan in accordance with the goals in the resident's
21 individual service plan;

22 [For text of subitems (3) to (5), see M.R.]

23 (6) provision of at least quarterly progress
24 reports measured against the goals and objectives of the
25 client's individual service plan and individual program plan
26 under parts 9525.0004 to 9525.0036 by the day service provider
27 to the ICF/MR on residents served by the day service provider;

28 (7) compliance by the day service provider with
29 the auditing and surveillance requirements under parts 9505.2160
30 to 9505.2245 and applicable to providers of medical assistance;

31 (8) compliance by the day service provider with
32 parts 9525.0004 to 9525.0036; Minnesota Statutes, sections
33 245A.01 to 245A.16 and 252.28; and Code of Federal Regulations,
34 title 42, sections 483.410(d) and 483.440;

35 [For text of subitems (9) and (10), see M.R.]

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

1 9525.1500 DEFINITIONS.

2 [For text of subps 1 to 4, see M.R.]

3 Subp. 5. **Aversive or deprivation procedure.** "Aversive or
4 deprivation procedure" has the meaning given to "aversive
5 procedure" under part 9525.2710, subpart 4, and "deprivation
6 procedure" under part 9525.2710, subpart 12.

7 [For text of subp 6, see M.R.]

8 Subp. 7. **Case manager.** "Case manager" means the
9 individual designated by the county board under parts 9525.0004
10 to 9525.0036 to provide case management services.

11 [For text of subp 8, see M.R.]

12 Subp. 9. **County board.** "County board" has the meaning
13 given it in Minnesota Statutes, section 256E.03, subdivision 6.

14 Subp. 10. **County of financial responsibility.** "County of
15 financial responsibility" has the meaning given it in Minnesota
16 Statutes, section 256G.02, subdivision 4.

17 [For text of subp 11, see M.R.]

18 Subp. 12. **Direct service staff.** "Direct service staff"
19 means employees of a training and habilitation service provider
20 who train or directly supervise persons receiving services and
21 who participate in the development or implementation of a
22 person's individual program plan. Professional support staff as
23 defined in subpart 28 are considered to be direct service staff
24 when they are working directly with persons receiving services
25 and are involved in daily activities with those persons.

26 [For text of subps 13 to 19, see M.R.]

27 Subp. 20. [See repealer.]

28 Subp. 20a. **Individual program plan.** "Individual program
29 plan" has the meaning given it in part 9525.0004, subpart 11.

30 Subp. 21. **Individual service plan.** "Individual service
31 plan" means the written plan required by and developed under
32 parts 9525.0004 to 9525.0036.

33 Subp. 22. **Interdisciplinary team.** "Interdisciplinary team"
34 means a team composed of the case manager, the person with
35 mental retardation or a related condition, the person's legal

1 representative, the person's advocate as defined in part
2 9525.0004, subpart 2, if any, and representatives of providers
3 of service under the individual service plan.

4 [For text of subs 23 and 24, see M.R.]

5 Subp. 25. **Objective.** "Objective" means a short-term
6 expectation and its accompanying measurable behavioral criteria
7 as specified in the individual program plan. Objectives are set
8 to facilitate achieving the annual goals in a person's
9 individual service plan.

10 [For text of subp 26, see M.R.]

11 Subp. 27. **Person with mental retardation or a related**
12 **condition or person.** "Person with mental retardation or a
13 related condition" or "person" means:

14 A. a person with mental retardation as defined under
15 part ~~9525.0004~~ 9525.0016, subpart ~~21~~ 2; or

16 B. a person with a related condition as defined under
17 part ~~9525.0004~~ 9525.0016, subpart ~~20~~ 2.

18 [For text of subs 28 and 29, see M.R.]

19 Subp. 30. **Provider implementation plan or individual**
20 **program plan.** "Provider implementation plan" or "individual
21 program plan" means a detailed internal plan developed by the
22 provider and used within the service site to direct the daily
23 activities of staff in carrying out the goals established within
24 the individual service plan developed under parts 9525.0004 to
25 9525.0036 for a person receiving services.

26 [For text of subs 31 to 35, see M.R.]

27 Subp. 36. **Training and habilitation services.** "Training
28 and habilitation services" means services that include training,
29 supervision, assistance, and other support activities designed
30 and implemented in accordance with a person's individual program
31 plan to help that person attain and maintain the highest
32 possible level of independence, productivity, and integration
33 into the community where the person lives and works. The term
34 as used throughout parts 9525.1500 to 9525.1690 refers
35 specifically to training and habilitation services with the
36 characteristics in items A to D.

1 A. A need for the services offered by the provider
2 has been determined under part 9525.0036.

3 [For text of items B to D, see M.R.]

4 [For text of subp 37, see M.R.]

5 9525.1520 LICENSING PROCESS.

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

7 Subp. 2. **Completed application.** An application for
8 licensure or relicensure is complete when the applicant signs
9 and submits to the department the completed application form
10 accompanied by:

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

12 B. documentation that:

13 [For text of subitems (1) and (2), see M.R.]

14 (3) a current determination of need or a biennial
15 redetermination of need for the service and service site has
16 been approved by the commissioner as required by part 9525.0036
17 and Minnesota Statutes, section 252.28; and

18 [For text of subitem (4), see M.R.]

19 [For text of subps 3 to 7, see M.R.]

20 Subp. 8. **Change in license terms.** The provider shall
21 notify the commissioner and apply for a new license and the
22 commissioner shall conduct a new or partial inspection and study
23 of the provider and of the service site for which the license
24 will be issued when the provider proposes to do any one or any
25 combination of the following:

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

27 D. make changes in program governance, program
28 direction, or clients served based on a redetermination of need
29 under part 9525.0036.

30 [For text of subps 9 to 14, see M.R.]

31 9525.1550 ADMINISTRATIVE POLICIES AND RECORDS.

32 Subpart 1. **Maintenance and availability of policies and**
33 **records.** A provider shall follow the written policies and
34 maintain the records required in this part. The written
35 policies and records must be provided to the commissioner upon

1 request. The provider must make copies of all written policies
2 available to counties, applicants for services, and to others as
3 requested.

4 Subp. 2. Provider's organization and policy manual. The
5 provider shall maintain an organization and policy manual. The
6 manual must be made available on request to the commissioner,
7 host county, and county boards that contract with the provider.
8 The manual's contents must be reviewed annually by the governing
9 body or a designated staff member or committee and must show a
10 date indicating when it was most recently revised. The manual
11 must contain up to date (current within the last calendar year)
12 versions of the information in items A to H:

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

14 B. a copy of the most current determination of need
15 completed by the host county under part 9525.0036;

16 [For text of items C to H, see M.R.]

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

18 Subp. 4. Personnel file. The provider must have a
19 personnel file for each employee that includes:

20 [For text of items A to D, see M.R.]

21 E. documentation of all training completed under part
22 9525.1640.

23 Subp. 5. Records of persons receiving services. A
24 provider shall keep a record for each person served that
25 contains the person's admission file as required in part
26 9525.1560, subpart 3, including current assessments; the
27 individual program plan file described in part 9525.1630; and
28 the progress reports and evaluations completed by the provider
29 or received from other service providers as required in parts
30 9525.0004 to 9525.0036 and 9525.1630.

31 Subp. 6. Contracts. The provider must have copies of all
32 contracts and agreements required under parts 9525.0004 to
33 9525.0036, 9525.1200 to 9525.1320, 9550.0010 to 9550.0092, and
34 under federal law when services are provided to residents of an
35 ICF/MR, and any subcontracts entered into with qualified
36 consultants or commercial businesses to provide training and

1 habilitation for persons receiving services.

2 [For text of subp 7, see M.R.]

3 Subp. 8. **Work performed for provider by persons receiving**
4 **services.** A person receiving services from a provider shall
5 work for the provider in place of an employee only when the
6 conditions in items A to C are met:

7 A. the work training is specified in the person's
8 individual program plan;

9 [For text of items B and C, see M.R.]

10 Subp. 9. **Evidence of insurance.** Unless a provider has
11 written proof of exemption from insurance, the provider must
12 provide evidence of having insurance, including evidence of
13 compliance with the workers' compensation insurance coverage
14 requirement in Minnesota Statutes, section 176.181.

15 Subp. 10. **Financial records.** A provider must keep
16 financial records necessary to comply with parts 9550.0010 to
17 9550.0092. In addition, a provider who receives medical
18 assistance funds must keep bills, financial records, statements,
19 and audits necessary to comply with parts 9505.2160 to 9505.2245
20 and applicable federal regulations. The provider must keep the
21 financial records for five years.

22 [For text of subps 11 to 13, see M.R.]

23 9525.1560 **ADMISSION, EXCLUSION, SUSPENSION, AND DISCHARGE.**

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

25 Subp. 2. **Admission policy and criteria.** A provider shall
26 not refuse to admit a person solely on the basis of the type of
27 residential services a person is receiving or solely on the
28 basis of the person's severity of disability, orthopedic or
29 neurological handicaps, sight or hearing impairments, lack of
30 communication skills, physical disabilities, toilet habits,
31 behavioral disorders, or past failure to make progress. The
32 provider shall have an admission policy that specifies the
33 criteria to be applied in determining whether the provider can
34 develop services to meet the needs specified in the person's
35 individual service plan. The provider's determination of

1 capability to meet a person's needs must be consistent with the
2 host county's determination of need for the provider's service
3 under part 9525.0036. The admission policy must provide for
4 ensuring that the host county concurs before the provider admits
5 a person from a county other than the host county. The
6 procedures established by the admission policy must specify a
7 timeline for notifying a person applying for services of the
8 provider's decision. The timeline must allow for a person's
9 receiving notification within 30 days after the written request
10 for service is received.

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

12 Subp. 4. **Suspension procedures.** A provider may suspend a
13 person only when the provider has documented that the person's
14 behavior prompting the suspension presented an immediate danger
15 as defined in part 9525.1500, subpart 19. The provider must
16 notify the person's case manager and legal representative of the
17 suspension within 24 hours of the suspension's effective date.
18 A person may be suspended for no more than three consecutive
19 service days up to a maximum of six days per calendar year.
20 Within 24 hours after the suspension the provider must:

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

22 D. consult with the person's case manager and members
23 of the interdisciplinary team to establish changes in the
24 person's individual program plan as defined in part 9525.0004,
25 subpart 11, that will make suspension from service unnecessary
26 in the future.

27 Subp. 5. **Discharge procedures.** A provider may discharge a
28 person only when a condition or the conditions specified in item
29 A, B, or C is met.

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

31 B. The person's case manager has arranged the
32 person's participation in a service that better meets the needs
33 identified in the individual service plan or has determined
34 through the procedures in parts 9525.0004 to 9525.0036 that the
35 service provided by the provider is no longer needed.

36 [For text of item C, see M.R.]

1 [For text of subp 6, see M.R.]

2 9525.1570 SERVICES REQUIRED FOR LICENSURE.

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

4 Subp. 2. **Employment and employment related services.**

5 Providers shall offer or provide employment and employment
6 related services in accordance with the objectives specified in
7 each person's individual program plan when the services are
8 reimbursable under state and federal regulations. Employment
9 and employment related services shall be designed to increase
10 integration into the community, increase productivity, increase
11 income level, and improve the employment status or job
12 advancement of the person served. Supported employment shall be
13 offered as a choice to any person, regardless of the severity of
14 that person's disability, who is currently not able to work
15 competitively and is authorized to receive employment or
16 employment related services that are reimbursable under state
17 and federal regulations. Employment and employment related
18 services offered or provided are required to have the components
19 specified in items A to I:

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

21 I. training to improve related individual skill areas
22 as identified in the individual program plan.

23 Providers offering or providing employment and employment
24 related services are not limited to offering or providing only
25 the required services listed in items A to I.

26 Subp. 3. **Community integration services.** Providers shall
27 offer or provide community integration services designed to
28 increase and enhance each person's social and physical
29 interaction with nondisabled individuals who are not paid
30 caregivers or staff members. Community integration services
31 offered or provided are required to have the components
32 specified in items A to G:

33 [For text of items A to F, see M.R.]

34 G. training to improve individual skill areas
35 identified in the individual program plan.

1 Providers offering or providing community integration
2 services are not limited to offering or providing only the
3 required services listed in items A to G.

4 [For text of subps 4 to 6, see M.R.]

5 9525.1600 MINIMUM STAFFING REQUIREMENTS.

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

7 Subp. 2. **Determining and documenting the staff ratio**
8 **requirement for each person receiving services.** The case
9 manager in consultation with the interdisciplinary team shall
10 determine at least once each year which of the ratios in
11 subparts 3, 4, and 5 is appropriate for each person receiving
12 services on the basis of the characteristics described in
13 subparts 3, 4, and 5. The ratio assigned each person and
14 documentation of how the ratio was arrived at must be kept in
15 each person's individual program plan file. Documentation must
16 include an assessment of the person with respect to the
17 characteristics in subparts 3, 4, and 5 recorded on a standard
18 assessment form required by the commissioner and the contents of
19 the individual program plan file.

20 [For text of subps 3 to 9, see M.R.]

21 9525.1620 STAFF TRAINING.

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

23 Subp. 2. **Orientation for new employees.** Orientation for
24 new employees must meet the requirements in items A to F.

25 [For text of items A to D, see M.R.]

26 E. The orientation must be counted toward the ongoing
27 staff training requirements under this subpart.

28 [For text of item F, see M.R.]

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

30 Subp. 4. **Content of ongoing training.** Providers must be
31 able to document that the ongoing training required in subpart 3
32 includes content that addresses:

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

34 B. development, implementation, and evaluation of
35 individual program plans including data collection and analysis;

1 [For text of items C to H, see M.R.]

2 [For text of subps 5 to 8, see M.R.]

3 9525.1630 INDIVIDUAL PROGRAM PLAN REQUIREMENTS.

4 Subpart 1. Establishing an individual program plan. A
5 staff member with the qualifications in part 9525.1610, subpart
6 1, item B, shall participate in the interdisciplinary team
7 meeting required by parts 9525.0004 to 9525.0036 to develop an
8 individual program plan for each person receiving services and
9 shall coordinate and monitor provision of services under the
10 plan.

11 Subp. 2. Plan file. The provider must have an individual
12 program plan file for each person who is receiving services.
13 The file must contain:

14 A. the individual service plan developed for the
15 person under parts 9525.0004 to 9525.0036;

16 B. the progress reports described in subpart 3;

17 C. the provider's implementation plan or individual
18 program plan, which must include the individualized application
19 of information stated in the provider manual under part
20 9525.1550, subpart 2, item B;

21 D. an annual review that includes the assessment
22 information described in subpart 6; and

23 E. the documentation required in part 9525.1600.

24 Subp. 3. Review of progress toward individual program plan
25 objectives. The provider must quarterly review and summarize
26 each person's progress or lack of progress in achieving the
27 objectives of the training and habilitation services in the
28 person's individual program plan. The progress report shall
29 include the provider's recommendation and rationale for changing
30 or continuing those objectives. This progress report must
31 become part of the person's plan file.

32 Subp. 4. Initial assessment. After a person begins
33 receiving services, the provider must assess the person to
34 further determine the person's training and habilitation needs
35 related to the attainment of short-term and long-range goals

1 identified in the person's individual service plan. The
2 assessment must be completed prior to the meeting of the
3 interdisciplinary team where the person's individual program
4 plan is developed. In making this assessment, the provider may
5 draw on and incorporate relevant information about the person
6 obtained by the case manager in the process of completing the
7 assessment required under parts 9525.0004 to 9525.0036. The
8 assessment completed by the provider must address at least items
9 A to E.

10 [For text of items A to E, see M.R.]

11 [For text of subps 5 and 6, see M.R.]

12 9525.1640 BEHAVIOR MANAGEMENT.

13 Subpart 1. **Behavior management policy.** The provider must
14 have a written policy governing the use of behavior management
15 techniques and must ensure that staff are familiar with and
16 follow the policy. The written policy must:

17 [For text of items A and B, see M.R.]

18 C. specify that behavior management procedures are to
19 be used only as one element of an individual program plan that
20 focuses on developing adaptive behaviors to increase a person's
21 ability to function independently in daily living;

22 [For text of items D to F, see M.R.]

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

24 9525.1650 SERVICE SITES OWNED OR LEASED BY PROVIDER.

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

26 Subp. 2. **Building space limitations.** The licensed
27 capacity of a service site owned or leased by the provider must
28 be determined by the amount of primary space available, the
29 scheduling of activities at other service sites, and the space
30 requirements of persons receiving services. In this subpart,
31 "primary space" does not include hallways, stairways, closets,
32 utility areas, bathrooms, kitchens, floor area beneath
33 stationary equipment, and floor area beneath movable equipment
34 or furniture not used by persons receiving services or staff
35 members. Primary space may include up to 25 percent of the

1 floor area occupied by movable equipment and furniture used by
2 persons receiving services and staff. The following guidelines
3 apply in determining the licensed capacity:

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

5 B. The commissioner may require more than 40 square
6 feet of primary space for each person engaged in a training and
7 habilitation activity at the site for which licensed capacity
8 must be determined when a number of square feet greater than 40
9 square feet is specified in the individual program plan.

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

11 Subp. 4. **Hazards.** The provider shall comply with items A
12 to F to ensure that service sites owned or leased by the
13 provider are free from hazards.

14 A. The provider shall store hazardous materials,
15 chemicals, and equipment in places inaccessible to persons
16 receiving services except when persons are engaged in activities
17 requiring the use of such materials, chemicals, or equipment in
18 accordance with their individual program plans.

19 [For text of items B to F, see M.R.]

20 9525.1670 FOOD SERVICE.

21 Subpart 1. **General requirements.** The provider shall
22 prepare and serve meals for a person receiving services only
23 when meal service by the provider is specified in the person's
24 individual program plan.

25 Subp. 2. **Sanitation.** When food service is provided at a
26 site owned or leased by the provider, the procedures for
27 handling, preparing, serving, and storing food and for washing
28 food utensils and equipment must comply with parts 4625.2401 to
29 4625.4701 or local ordinances.

30 Subp. 3. **Special diets.** If a person has special dietary
31 needs prescribed by a physician or due to religious beliefs and
32 the person eats food prepared by the provider, a written
33 description of the specific dietary needs must be added to the
34 person's individual program plan file and must be available in
35 the food preparation area.

1 [For text of subp 4, see M.R.]

2 Subp. 5. **Time for meals.** The provider must allow time for
3 persons in attendance for more than five consecutive hours to
4 eat a meal. The meal time scheduled shall not exceed one hour
5 unless a person requires additional time to eat a meal as
6 specified in the person's individual program plan.

7 [For text of subp 6, see M.R.]

8 9525.1680 EQUIPMENT.

9 The provider must provide and maintain any equipment,
10 supplies, and materials needed to carry out the objectives of
11 all persons' individual program plans or to ensure their health,
12 safety, nutrition, training, and habilitation needs. General
13 equipment and adaptive devices must be appropriate to the
14 chronological age, cultural norms, and development of the
15 persons using the equipment and devices and must be in good
16 repair.

17 9525.1690 TRANSPORTATION.

18 [For text of subps 1 and 2, see M.R.]

19 Subp. 3. **Supervision.** When the individual program plan of
20 a person being transported requires that person to have
21 programming or supervision by the provider's staff while being
22 transported, a staff member or adult volunteer must be present
23 in the vehicle in addition to the driver.

24 [For text of subp 4, see M.R.]

25 9525.1800 DEFINITIONS.

26 [For text of subps 1 to 3, see M.R.]

27 Subp. 4a. **Case management.** "Case management" has the
28 meaning given it in part 9525.0004, subpart 3.

29 [For text of subps 5 to 19a, see M.R.]

30 Subp. 19b. **Mental retardation or related condition or**
31 **MR/RC.** "Mental retardation or related condition" or "MR/RC" has
32 the meaning given to "mental retardation" in part ~~9525-0004~~
33 9525.0016, subpart ~~2~~ 2, and the meaning given to "related
34 condition" in Minnesota Statutes, section 252.27, subdivision 1a.

1 [For text of subps 19c to 27, see M.R.]

2 9525.1820 ELIGIBILITY.

3 Subpart 1. Eligibility criteria for MR/RC waiver. A
4 person is eligible to receive home and community-based services
5 through the MR/RC waiver if the person meets all the criteria in
6 items A to E and if home and community-based services are
7 provided according to part 9525.1830:

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

9 B. the person has been determined to meet the
10 diagnostic requirements under parts 9525.0004 to 9525.0036;

11 [For text of items C to E, see M.R.]

12 [For text of subps 1a to 3, see M.R.]

13 9525.1830 PROVISION OF HOME AND COMMUNITY-BASED SERVICES.

14 Subpart 1. Conditions. The county board shall provide or
15 arrange to provide home and community-based services to a person
16 if the person is eligible for home and community-based services
17 under part 9525.1820 and all the conditions in items A to F have
18 been met:

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

20 B. the screening team has recommended home and
21 community-based services instead of ICF/MR services for the
22 person under parts 9525.0004 to 9525.0036;

23 [For text of items C to F, see M.R.]

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

25 9525.1900 AGREEMENT BETWEEN STATE AND COUNTY.

26 Subpart 1. Contents of agreement. The county board must
27 have a legally binding written agreement with the state for each
28 approved waiver plan to receive home and community-based
29 services money. The agreement must include provisions
30 specifying that:

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

32 F. the county board will comply with all applicable
33 standards in parts 9525.0004 to 9525.0036;

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

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

2 9525.2010 DEFINITIONS.

3 [For text of subps 1 and 2, see M.R.]

4 Subp. 3. **Advocate.** "Advocate" has the meaning given in
5 part 9525.2710, subpart 3.

6 [For text of subps 4 to 6, see M.R.]

7 Subp. 7. **Case manager.** "Case manager" means the
8 individual designated by the county board to provide case
9 management as defined in parts 9525.0004 to 9525.0036.

10 [For text of subps 8 and 9, see M.R.]

11 Subp. 10. **County board.** "County board" has the meaning
12 given it in Minnesota Statutes, section 256E.03, subdivision 6.

13 [For text of subps 11 to 13, see M.R.]

14 Subp. 14. **Direct service.** "Direct service" means training
15 or supervision and assistance of a person receiving
16 residential-based habilitation services and participation in the
17 development or implementation of a person's individual program
18 plan.

19 [For text of subps 15 to 19, see M.R.]

20 Subp. 20. [See repealer.]

21 Subp. 20a. **Individual program plan or IPP.** "Individual
22 program plan" or "IPP" has the meaning given it in part
23 9525.0004, subpart 11.

24 Subp. 21. **Individual service plan.** "Individual service
25 plan" means the written plan required by and developed under
26 parts 9525.0004 to 9525.0036.

27 [For text of subp 22, see M.R.]

28 Subp. 23. **Interdisciplinary team.** "Interdisciplinary
29 team" has the meaning given it in part 9525.0004, subpart 14.

30 [For text of subps 24 and 25, see M.R.]

31 Subp. 26. **Objective.** "Objective" means a short-term
32 expectation, accompanied by measurable behavioral criteria, that
33 is written in the individual program plan. Objectives are
34 designed to result in achievement of the annual goals in a
35 person's individual service plan.

1 [For text of subp 27, see M.R.]

2 Subp. 28. Person with mental retardation or a related
3 condition or person. "Person with mental retardation or a
4 related condition" or "person" has the meaning given to
5 "person" under part 9525.0004, subpart 19.

6 [For text of subps 29 to 36, see M.R.]

7 9525.2040 SERVICE AUTHORIZATION.

8 Before a license holder provides a residential-based
9 habilitative service identified in a person's individual service
10 plan, the conditions in items A and B must be met:

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

12 B. the license holder has been authorized by the
13 county of financial responsibility pursuant to parts 9525.0016;
14 9525.1830, subpart 1, item E; and 9525.1850, item H, to provide
15 the type, amount, and frequency of services specified in the
16 person's individual service plan.

17 9525.2050 SERVICE INITIATION.

18 Subpart 1. Written policy required. The license holder
19 must have a written policy that sets forth procedures for
20 initiating services to persons. This policy must be consistent
21 with the county's determination or redetermination of need for
22 the license holder's service under parts 9525.0004 to 9525.0036,
23 if applicable; the county contract required by parts 9525.1870;
24 and 9525.2000 to 9525.2140.

25 [For text of subps 2 and 3, see M.R.]

26 9525.2080 SERVICE RECOMMENDATIONS.

27 The license holder shall provide written service
28 recommendations to the county case manager and the person or the
29 person's legal representative. Written service recommendations
30 must be directed toward achieving the outcomes stated in part
31 9525.2030 and shall be prepared:

32 A. before the interdisciplinary team meeting, held
33 during the first 30 days of service provision, where the
34 individual program plan is developed;

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

2 9525.2090 ASSESSMENT.

3 An initial assessment, as required in part 9525.0024,
4 subpart 1, is the responsibility of the person's case manager.
5 The license holder shall assess the person in any areas
6 authorized by the case manager. When conducting an assessment,
7 the license holder shall compare the person's performance,
8 behavior, activity, and participation to that of nondisabled
9 individuals in general. The license holder must provide the
10 case manager and the person or the legal representative with a
11 written summary of the completed assessment before the
12 development of the ISP OR IPP, or when requested by the case
13 manager. For each authorized area of assessment, the written
14 summary must include an analysis of:

15 [For text of items A to F, see M.R.]

16 9525.2100 INDIVIDUAL PROGRAM PLAN (IPP) DEVELOPMENT AND
17 IMPLEMENTATION.

18 Subpart 1. Participation in development of IPP. The IPP
19 is developed at an interdisciplinary team meeting convened
20 within 30 days of service initiation. The license holder must
21 participate in interdisciplinary team meetings and be involved
22 in the development of the person's IPP.

23 Subp. 2. Implementation of IPP. The license holder must
24 provide the residential-based habilitation services specified in
25 the IPP and authorized by the case manager. The license holder
26 shall document the procedures and methods used to implement
27 these services and describe how these procedures and methods are
28 directed toward achieving the requirements listed in part
29 9525.2030. This documentation must be initially developed
30 within ten calendar days of development of the IPP, must be
31 reviewed at least annually, and revised as necessary. The
32 procedures and methods must be consistent with the requirements
33 of the IPP unless a modification of the IPP is agreed to by the
34 person or the legal representative and is authorized by the case
35 manager or unless modifications are required by emergency

1 intervention described in subpart 3. The license holder's
2 documentation of the procedures and methods used must be made
3 available to the person or the person's legal representative and
4 must include:

5 A. written, measurable behavioral objectives
6 including measurable criteria for mastery that are designed to
7 result in achievement of the residential service outcomes
8 specified in the person's current individual service plan and
9 IPP and assigned to the license holder;

10 [For text of items B to G, see M.R.]

11 H. a description of how implementation of the IPP
12 involves family and friends; and

13 [For text of item I, see M.R.]

14 Subp. 3. **Emergency intervention.** When the health or
15 safety of the person is in imminent danger and the license
16 holder is responsible for the care and supervision of the
17 person, the license holder must secure or provide necessary
18 emergency intervention. Emergency intervention secured or
19 provided by the license holder does not require prior county
20 approval or prior referencing in the individual service plan or
21 IPP. Within 24 hours of the incident, the license holder must
22 notify the county, the person's family, and the person's legal
23 representative of the emergency and the intervention provided.
24 Within five working days of the incident, the license holder
25 shall provide the case manager and the person or the person's
26 legal representative a written summary of the incident. The
27 summary must include a description of the presenting
28 circumstances, the manner and results of the emergency
29 intervention, a description and cost of the intervention, and
30 written recommendations in accordance with part 9525.2080.

31 Subp. 4. **Plan file.** The license holder must have an
32 individual plan file for each person receiving services. This
33 file must be immediately available to the staff responsible for
34 service implementation. The file must contain:

35 [For text of items A and B, see M.R.]

36 C. The current ISP and IPP for the person.

1 D. Documentation of the license holder's
2 implementation of the IPP, as required by subpart 2, including
3 the data collected to measure the person's progress.

4 [For text of items E to I, see M.R.]

5 J. A record of all medications administered by the
6 license holder and documentation of the monitoring of side
7 effects. If a license holder administers psychotropic
8 medication, the license holder must have a policy for use of
9 psychotropic medications that complies with the Psychotropic
10 Medication Use Checklist, and must fill out the checklist at
11 least annually and maintain a copy in the person's plan file.
12 The Psychotropic Medication Use Checklist is incorporated by
13 reference and is available for inspection at the Minnesota State
14 Law Library, 25 Constitution Avenue, Saint Paul, Minnesota
15 55155. It is not subject to frequent change.

16 [For text of items K and L, see M.R.]

17 9525.2710 DEFINITIONS.

18 [For text of subps 1 to 6, see M.R.]

19 Subp. 7. **Case manager.** "Case manager" means the
20 individual designated by the county board under parts 9525.0004
21 to 9525.0036 to provide case management.

22 [For text of subps 8 to 15, see M.R.]

23 Subp. 16. [See repealer.]

24 Subp. 16a. **Individual program plan.** "Individual program
25 plan" has the meaning given it in part 9525.0004, subpart 11.

26 [For text of subps 17 to 23, see M.R.]

27 Subp. 24. **Person with mental retardation or a related**
28 **condition or person.** "Person with mental retardation or a
29 related condition" or "person" means a person who has been
30 determined to meet the diagnostic requirements under parts
31 9525.0004 to 9525.0036.

32 [For text of subps 25 to 35, see M.R.]

33 9525.3015 DEFINITIONS.

34 [For text of subps 1 to 5, see M.R.]

35 Subp. 6. **Case manager.** "Case manager" has the meaning

1 given it in part 9525.0004, subpart 4.

2 [For text of subps 7 and 8, see M.R.]

3 Subp. 9. [See repealer.]

4 [For text of subps 10 to 22, see M.R.]

5 Subp. 23. **Person with mental retardation.** "Person with
6 mental retardation" has the meaning given it in part 9525-0004
7 9525.0016, subpart ~~2~~ 2.

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

9 Subp. 29. **Residential program.** "Residential program" has
10 the meaning given it in Minnesota Statutes, section 245A.02,
11 subdivision 14.

12 [For text of subps 30 to 34, see M.R.]

13 9525.3065 MONITORING AND EVALUATION.

14 Subpart 1. **Annual review.** Under Minnesota Statutes,
15 section 252A.16, the county staff acting as public guardian
16 shall conduct an annual review of the status of each ward. The
17 county staff acting as public guardian shall submit to the
18 department by the annual birthday of each ward, a copy of the
19 annual review for each ward receiving public guardianship
20 services during the past calendar year. The annual review must
21 be in writing in the form determined by the local agency and
22 must minimally include a description of the ward's:

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

24 D. legal status based on items A to C.

25 The annual review required under parts 9525.0004 to
26 9525.0036 may be used to fulfill the annual review requirement
27 of this subpart only when that review contains all of the
28 criteria required under items A to D. The county staff acting
29 as public guardian must review and sign all annual reviews.

30 If the county staff acting as public guardian determines
31 that the ward is no longer in need of guardianship or is capable
32 of functioning under a less restrictive conservatorship, the
33 local agency shall petition the court for a termination or
34 modification of public guardianship as specified in part
35 9525.3085.

1 [For text of subps 2 and 3, see M.R.]

2 9550.0040 GRANTS AND PURCHASE OF SERVICE CONTRACTS.

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

4 Subp. 2. Grant and contract requirements. Grants and
5 contracts for the purchase of community social services must
6 contain the following:

7 [For text of items A to E, see M.R.]

8 F. a statement that the amount, frequency, and
9 duration of purchased services will be provided in accordance
10 with the client's individual service plan and, where applicable,
11 the individual program plan, and shall be directed toward
12 clients' achievement of goals and objectives;

13 [For text of items G to Q, see M.R.]

14 [For text of subps 3 to 9, see M.R.]

15 9550.6210 DEFINITIONS.

16 [For text of subps 1 to 10, see M.R.]

17 Subp. 11. Mental retardation or a related condition.

18 "Mental retardation or a related condition" has the meaning of
19 "mental retardation" under part ~~9525-0004~~ 9525.0016, subpart ~~21~~
20 2, and the meaning of "related condition" given in Minnesota
21 Statutes, section 252.27, subdivision 1a.

22 [For text of subps 12 to 16, see M.R.]

23 9553.0050 DETERMINATION OF TOTAL OPERATING COST PAYMENT RATE.

24 [For text of subps 1 and 2, see M.R.]

25 Subp. 3. One time adjustment to program operating cost
26 payment rate. For the purposes of this subpart, "additional
27 program staff" means staff in excess of the number included in
28 the facility's total payment rate during the rate year covering
29 the date of the finding of deficiency or need. The one time
30 adjustment shall be determined according to items A to H.

31 A. A facility is eligible for a one time adjustment
32 to the facility's program operating cost payment rate when the
33 facility meets one of the conditions in subitems (1) to (4) and
34 the conditions in item B.

1 (1) The commissioner or the commissioner of
2 health has issued a correction order to the facility under parts
3 9525.0215 to 9 9525.0355 or 4665.0100 to 4665.9900.

4 (2) The federal government has issued a
5 deficiency order under Code of Federal Regulations, title 42,
6 section 442, as amended through October 1, 1991, requiring the
7 facility to correct a deficiency in the number or type of
8 program staff necessary to implement the residents' individual
9 program plans.

10 (3) The commissioner has determined a need exists
11 based on a determination or redetermination of need plan
12 approved under parts 9525.0004 to 9525.0036 and Minnesota
13 Statutes, section 252.28.

14 (4) The commissioner has approved, under parts
15 9525.0004 to 9525.0036 and Minnesota Statutes, section 252.28, a
16 Class A facility's plan to substantially modify the facility to
17 serve persons who require a facility that meets the standards
18 for impractical evacuation capability as provided in the Code of
19 Federal Regulations, title 42, section 483.470(j), as amended
20 through October 1, 1991. For purposes of this subitem,
21 "substantially modify" means to modify the facility so that at
22 least 50 percent of the licensed beds may be used to serve
23 persons who meet the criteria in part 9510.1050, subpart 2,
24 items C and D.

25 [For text of item B, see M.R.]

26 C. The facility must submit to the commissioner a
27 written request for the one time adjustment to the program
28 operating cost payment rate. The request must include:

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

30 (5) an explanation of the reasons the facility
31 was unable to meet staff ratios necessary to implement
32 individual resident program plans under payment rates
33 established by current or prior reimbursement rules.

34 [For text of items D to H, see M.R.]

35 9555.5105 DEFINITIONS.

1 [For text of subps 1 to 10, see M.R.]

2 Subp. 11. **County of financial responsibility.** "County of
3 financial responsibility" means the county responsible for
4 paying for foster care services for a resident under Minnesota
5 Statutes, section 256G.02, subdivision 4.

6 [For text of subps 12 to 17, see M.R.]

7 Subp. 18. **Individual service plan.** "Individual service
8 plan" means the written plan agreed upon and signed by the
9 county of financial responsibility and the resident or
10 resident's legal representative for the provision of social
11 services under part 9550.0090. For persons with mental
12 retardation or a related condition or otherwise determined
13 eligible for case management, it means the plan agreed upon and
14 signed under parts 9525.0004 to 9525.0036.

15 Subp. 19. **Individual resident placement agreement.**
16 "Individual resident placement agreement" means the written
17 document specifying the terms for provision of foster care to an
18 adult that is developed under part 9555.5705 for persons
19 receiving services under parts 9525.0004 to 9525.0036 or part
20 9550.0090 or under part 9555.6167 for persons not receiving
21 community social services or services for persons with mental
22 retardation or a related condition. The individual resident
23 placement agreement must:

24 [For text of items A to D, see M.R.]

25 E. coordinate with the contents of the individual
26 program plan as defined under part 9525.0004, subpart 11, for
27 persons with mental retardation or a related condition; and

28 F. coordinate with the individual service plan
29 developed under parts 9525.0004 to 9525.0036 or part 9550.0090.

30 [For text of subps 20 to 25, see M.R.]

31 Subp. 26. **Minnesota Uniform Fire Code.** "Minnesota Uniform
32 Fire Code" means those codes and regulations adopted by the fire
33 marshal under Minnesota Statutes, section 299F.011 and parts
34 7510.3100 to 7510.3280.

35 [For text of subps 27 to 39, see M.R.]

1 9555.5605 ASSESSMENT.

2 Subpart 1. **Assessment.** A social worker from the local
3 agency or service agency of the county of financial
4 responsibility shall ensure that a person seeking adult foster
5 home placement has an assessment to determine the person's need
6 for adult foster care.

7 A. An adult who has or may have a diagnosis of mental
8 retardation or a related condition shall be assessed under parts
9 9525.0004 to 9525.0036.

10 [For text of item B, see M.R.]

11 C. An assessment performed under Minnesota Statutes,
12 section 256B.0911 shall satisfy the provisions of item D.

13 [For text of item D, see M.R.]

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

15 Subp. 3. **Placement standards.** A person shall be
16 appropriate for adult foster home placement if the person:

17 [For text of items A to E, see M.R.]

18 F. has been approved for placement under parts
19 9525.0004 to 9525.0036, if the adult has mental retardation or a
20 related condition.

21 [For text of subps 4 to 6, see M.R.]

22 9555.6125 LICENSING STUDY.

23 [For text of subps 1 to 3, see M.R.]

24 Subp. 4. **Qualifications.** Operators, caregivers, and
25 household members must meet the qualifications in items A to G.

26 [For text of items A to D, see M.R.]

27 E. Operators and caregivers must not have a diagnosis
28 of mental retardation or a related condition and be receiving
29 services under parts 9525.0004 to 9525.0036.

30 [For text of items F and G, see M.R.]

31 [For text of subps 5 to 8, see M.R.]

32 Subp. 9. **Variance procedure.** An applicant or operator may
33 request a variance from compliance with parts 9555.5105 and
34 9555.6105 to 9555.6265. A request for a variance must comply
35 with and be handled according to the following procedures:

1 A. An applicant or operator must submit a written
2 request for a variance to the commissioner. The request must
3 include:

4 (1) the sections or parts 9555.6105 to 9555.6265
5 with which the applicant or operator cannot comply;

6 [For text of subitems (2) to (4), see M.R.]

7 [For text of item B, see M.R.]

8 C. An applicant or operator must submit to the
9 commissioner written approval from a health authority of the
10 alternative measures identified to ensure the health of
11 residents when a variance of parts 9555.6215 and 9555.6225 is
12 requested.

13 [For text of subps 10 to 13, see M.R.]

14 9555.6167 INDIVIDUAL RESIDENT PLACEMENT AGREEMENT.

15 The operator shall ensure that an individual resident
16 placement agreement as defined in part 9555.5105, subpart 19, is
17 developed, signed, and on file for the resident who is not
18 receiving community social services under parts 9550.0010 to
19 9550.0092, and who does not have an individual service plan
20 developed under parts 9525.0004 to 9525.0036 or part 9550.0090.

21 9560.0652 DEFINITIONS.

22 [For text of subps 1 and 2, see M.R.]

23 Subp. 3. **Mental retardation.** "Mental retardation" means
24 the condition of a person with mental retardation as defined in
25 part ~~9525.0004~~ 9525.0016, subpart ~~2~~ 2.

26 Subp. 4. **Mental illness.** "Mental illness" has the meaning
27 given in Minnesota Statutes, section 245.462, subdivision 20.

28 REPEALER. Minnesota Rules, parts 9525.0015; 9525.0025;
29 9525.0035; 9525.0045; 9525.0055; 9525.0065; 9525.0075;
30 9525.0085; 9525.0095; 9525.0105; 9525.0115; 9525.0125;
31 9525.0135; 9525.0145; 9525.0155; 9525.0165; 9525.0180;
32 9525.0185; 9525.0190; 9525.0225, subpart 15; 9525.0900, subpart
33 11; 9525.1500, subpart 20; 9525.2010, subpart 20; and 9525.2710,
34 subpart 16; 9525.3015, subpart 9, are repealed.