

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Mental Health Services

4

5 Rules as Adopted

6 9505.0323 MENTAL HEALTH SERVICES.

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

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

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

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

13 (3) an entity that is under contract with the  
14 county to operate a program that meets the requirements of  
15 Minnesota Statutes, sections 245.4712, subdivision 2, and  
16 245.4884, subdivision 2, and parts 9505.0170 to 9505.0475.

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

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

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

31 Subp. 4. Eligibility for payment; diagnostic assessment.

32 To be eligible for medical assistance payment, a diagnostic  
33 assessment must be conducted by a provider who is a mental  
34 health professional. Additionally, to be eligible for medical  
35 assistance payment, a diagnostic assessment must comply with the

1 requirements in items A to L.

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

3 I. The mental health professional conducting the  
4 diagnostic assessment must:

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

6 (5) consider the recipient's need for referral  
7 for psychological testing, psychiatric consultation, a  
8 neurological examination, a physical examination, a  
9 determination of the need for prescribed drugs, the evaluation  
10 of the effectiveness of prescribed drugs, and a chemical  
11 dependency assessment as specified in part 9530.6615. The  
12 mental health professional must refer the recipient to a  
13 psychiatrist for a psychiatric consultation or medication  
14 evaluation if:

15 (a) the recipient has not had a psychiatric  
16 consultation or medication evaluation within the 180 days before  
17 the current diagnostic assessment; and

18 (b) in the case of an adult, the recipient  
19 is given a diagnosis of schizophrenia, bipolar disorder, major  
20 depression, or borderline personality disorder as specified in  
21 the definition of serious and persistent mental illness in  
22 Minnesota Statutes, section 245.462, subdivision 20, paragraph  
23 (c), clause (3)(i); or

24 (c) in the case of a child, the recipient is  
25 given a diagnosis of mood disorder or obsessive compulsive  
26 disorder or, as specified in the definition of severe emotional  
27 disturbance in Minnesota Statutes, section 245.4871, subdivision  
28 6, clause (3)(i) or (ii), a diagnosis of psychosis or clinical  
29 depression, risk of harming self or others as a result of  
30 emotional disturbance; or

31 (d) in the case of a child, the recipient's  
32 treatment plan may include the use of medication or residential  
33 treatment.

34 The mental health professional must refer the recipient who  
35 is a child and who is given a diagnosis of attention deficit  
36 hyperactivity disorder or undifferentiated attention deficit

1 disorder as specified in the Diagnostic and Statistical Manual  
2 of Mental Disorders (DSM-IIIR), current edition, to a  
3 psychiatrist or a physician who is competent to prescribe and  
4 monitor the effects of psychoactive medication for a pediatric  
5 population with attention deficit hyperactivity disorder or  
6 undifferentiated attention deficit disorder.

7 The mental health professional may complete the diagnostic  
8 assessment, initiate treatment, and bill medical assistance for  
9 the mental health services before the consultation or evaluation  
10 is completed. If, upon review of the report of the psychiatrist  
11 or, in the case of a child with attention deficit hyperactivity  
12 disorder or undifferentiated attention deficit disorder, the  
13 report of the psychiatrist or physician, the mental health  
14 professional believes the diagnostic assessment needs to be  
15 updated to include the recommendations of the psychiatrist or  
16 physician, the updating of the diagnostic assessment will be  
17 eligible for medical assistance payment. The mental health  
18 professional conducting the diagnostic assessment for an adult  
19 or a child must specify, in the recipient's record, the  
20 consideration of biological factors which may be contributing to  
21 the recipient's mental illness or emotional disturbance and the  
22 recipient's referral or the reason why the referral was not made.

23 The Diagnostic and Statistical Manual of Mental Disorders  
24 is published by the American Psychiatric Association, 1400 K  
25 Street N.W., Washington, D.C. 20005. The DSM-IIIR is  
26 incorporated by reference, available through the Minitex  
27 interlibrary loan system, and is subject to frequent change.

28 [For text of subitems (6) to (8), see M.R.]

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

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

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

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

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

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

17                       [For text of items B to 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 32, see M.R.]