Department of Human Services

Adopted Permanent Rules Relating to Outpatient Mental Health Services

9505.0370 DEFINITIONS.

Subpart 1. **Scope.** For parts 9505.0370 to 9505.0372, the following terms have the meanings given them.

Subp. 2. **Adult day treatment.** "Adult day treatment" or "adult day treatment program" means a ~~time-limited,~~ structured program of treatment and care.

Subp. 3. **Child.** "Child" means a person under 18 years of age.

Subp. 4. **Client.** "Client" means an eligible recipient who is determined to have or who is being assessed for a mental illness as specified in part 9505.0371.

Subp. 5. **Clinical summary.** "Clinical summary" means a written description of a clinician's ~~conceptualization~~ formulation of the cause of the client's mental health symptoms, the client's prognosis, and the likely consequences of the symptoms; how the client meets the criteria for the diagnosis by describing the client's symptoms, the duration of symptoms, and functional impairment; an analysis of the client's other symptoms, strengths, relationships, life situations, cultural influences, and health ~~problems~~ concerns and their potential interaction with the diagnosis and ~~conceptualization~~ formulation of the ~~problem~~ client's mental health condition; and alternative diagnoses that were considered and ruled out.

Subp. 6. **Clinical supervision.** "Clinical supervision" means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. It includes the documented oversight and supervision responsibility for planning, implementation, and evaluation of services for a client's mental health treatment.

2.1 Subp. 7. **Clinical supervisor.** "Clinical supervisor" means the mental health
2.2 professional who is responsible for clinical supervision.

2.3 Subp. 8. **Cultural competence or culturally competent.** "Cultural competence" or
2.4 "culturally competent" means the mental health provider's:

2.5 A. awareness of the provider's own cultural background, and the related
2.6 assumptions, values, biases, and preferences that influence assessment and intervention
2.7 processes;

2.8 B. ability and will to respond to the unique needs of an individual client that
2.9 arise from the client's culture;

2.10 C. ability to utilize the client's culture as a resource and as a means to optimize
2.11 mental health care; and

2.12 D. willingness to seek educational, consultative, and learning experiences to
2.13 expand knowledge of and increase effectiveness with culturally diverse populations.

2.14 Subp. 9. **Cultural influences.** "Cultural influences" means historical, geographical,
2.15 and familial factors that affect assessment and intervention processes. Cultural influences
2.16 that are relevant to the client may include the client's:

2.17 A. racial or ethnic self-identification;

2.18 B. experience of cultural bias as a stressor;

2.19 C. immigration history and status;

2.20 D. level of acculturation;

2.21 E. time orientation;

2.22 F. social orientation;

2.23 G. verbal communication style;

2.24 H. locus of control;

I. spiritual beliefs; and

J. health beliefs and the endorsement of or engagement in culturally specific healing practices.

Subp. 10. **Culture.** "Culture" means the distinct ways of living and understanding the world that are used by a group of people and are transmitted from one generation to another or adopted by an individual.

Subp. 11. **Diagnostic assessment.** "Diagnostic assessment" means a written assessment that documents a clinical and functional face-to-face evaluation of the client's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the client, and ~~identification of~~ identifies the client's strengths and resources~~, that results in the issuance of a written diagnostic assessment report~~.

Subp. 12. **Dialectical behavior therapy.** "Dialectical behavior therapy" means ~~a~~ an evidence-based treatment approach provided in an intensive outpatient treatment program using a combination of individualized rehabilitative and psychotherapeutic interventions. A dialectical behavior therapy program is certified by the commissioner and involves the following service components: individual dialectical behavior therapy, group skills training, telephone coaching, and ~~case~~ team consultation meetings.

Subp. 13. **Explanation of findings.** "Explanation of findings" means the explanation of a client's diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants as required under parts 9520.0900 to 9520.0926, or other accumulated data and recommendations to the client, client's family, primary caregiver, or other responsible persons.

Subp. 14. **Family.** "Family" means a person who is identified by the client or the client's parent or guardian as being important to the client's mental health treatment. Family may include, but is not limited to, parents, children, spouse, committed partners,

4.1 former spouses, persons related by blood or adoption, or persons who are presently
4.2 residing together as a family unit.

4.3 Subp. 15. **Individual treatment plan.** "Individual treatment plan" means a written
4.4 plan that outlines and defines the course of treatment. It delineates the goals, measurable
4.5 objectives, target dates for achieving specific goals, main participants in treatment process,
4.6 and recommended services that are based on the client's diagnostic assessment and other
4.7 meaningful data that are needed to aid the client's recovery and enhance resiliency.

4.8 Subp. 16. **Medication management.** "Medication management" means a service
4.9 that determines the need for or effectiveness of the medication prescribed for the treatment
4.10 of a client's symptoms of a mental illness.

4.11 Subp. 17. **Mental health practitioner.** "Mental health practitioner" means a person
4.12 who is qualified according to part 9505.0371, subpart 5, items B and C, and provides
4.13 mental health services to a client with a mental illness under the clinical supervision
4.14 of a mental health professional.

4.15 Subp. 18. **Mental health professional.** "Mental health professional" means a person
4.16 who is enrolled to provide medical assistance services and is qualified according to part
4.17 9505.0371, subpart 5, item A.

4.18 Subp. 19. **Mental health telemedicine.** "Mental health telemedicine" has the
4.19 meaning given in Minnesota Statutes, section 256B.0625, subdivision 46.

4.20 Subp. 20. **Mental illness.** "Mental illness" has the meaning given in Minnesota
4.21 Statutes, section 245.462, subdivision 20. "Mental illness" includes "emotional
4.22 disturbance" as defined in Minnesota Statutes, section 245.4871, subdivision 15.

4.23 Subp. 21. **Multidisciplinary staff.** "Multidisciplinary staff" means a group of
4.24 individuals from diverse disciplines who come together to provide services to clients
4.25 under part 9505.0372, subparts 8, 9, and 10.

5.1 Subp. 22. **Neuropsychological assessment.** "Neuropsychological assessment"
5.2 means a specialized clinical assessment of the client's underlying cognitive abilities related
5.3 to thinking, reasoning, and judgment that is conducted by a qualified neuropsychologist.

5.4 Subp. 23. **Neuropsychological testing.** "Neuropsychological testing" means
5.5 administering standardized tests and measures designed to evaluate the client's ability to
5.6 attend to, process, interpret, comprehend, communicate, learn and recall information;
5.7 and use problem-solving and judgment.

5.8 Subp. 24. **Partial hospitalization program.** "Partial hospitalization program" means
5.9 a provider's time-limited, structured program of psychotherapy and other therapeutic
5.10 services, as defined in United States Code, title 42, chapter 7, subchapter XVIII, part E,
5.11 section 1395x, (ff), that is provided in an outpatient hospital facility or community mental
5.12 health center that meets Medicare requirements to provide partial hospitalization services.

5.13 Subp. 25. **Primary caregiver.** "Primary caregiver" means a person, other than the
5.14 ~~client's parent or~~ facility staff, who has primary legal responsibility for providing the client
5.15 with food, clothing, shelter, direction, guidance, and nurturance.

5.16 Subp. 26. **Psychological testing.** "Psychological testing" means the use of tests
5.17 or other psychometric instruments to determine the status of the recipient's mental,
5.18 intellectual, and emotional functioning.

5.19 Subp. 27. **Psychotherapy.** "Psychotherapy" means treatment of a client with mental
5.20 illness that applies the most appropriate psychological, psychiatric, psychosocial, or
5.21 interpersonal method that conforms to prevailing community standards of professional
5.22 practice to meet the mental health needs of the client.

5.23 Subp. 28. **Supervisee.** "Supervisee" means an individual who requires clinical
5.24 supervision because the individual does not meet mental health professional standards in
5.25 part 9505.0371, subpart 5, item A.

9505.0371 MEDICAL ASSISTANCE COVERAGE REQUIREMENTS FOR OUTPATIENT MENTAL HEALTH SERVICES.

Subpart 1. **Purpose.** This part describes the requirements that outpatient mental health services must meet to receive medical assistance reimbursement.

Subp. 2. **Client eligibility for mental health services.** The following requirements apply to mental health services:

A. The provider must use a diagnostic assessment as specified in part 9505.0372 to determine a client's eligibility for mental health services under this part, except:

(1) prior to completion of a client's initial diagnostic assessment, a client is eligible for:

(a) one explanation of findings;

(b) one psychological testing; and

(c) either one individual psychotherapy session, one family psychotherapy session, or one group psychotherapy session; and

(2) for a client who is not currently receiving mental health services covered by medical assistance, a crisis assessment as specified in Minnesota Statutes, section 256B.0944 or 256B.0624, conducted in the past 60 days may be used to allow up to ten sessions of mental health services within a ~~one-year~~ 12-month period.

B. A brief diagnostic assessment must meet the requirements of part 9505.0372, subpart 1, item ~~C~~ D, and:

(1) may be used to allow up to ten sessions of mental health services as specified in part 9505.0372 within a ~~one-year~~ 12-month period before a standard or extended diagnostic assessment is required when the client is:

(a) a new client; or

(b) an existing client who has had fewer than ten sessions of psychotherapy in the previous 12 months and is projected to need fewer than ten sessions of psychotherapy in the next 12 months, or who only needs medication management; and

(2) may be used for a subsequent annual assessment, if based upon the client's treatment history and the provider's clinical judgment, the client will need ten or fewer sessions of mental health services in the upcoming ~~year~~ 12-month period; and

(3) must not be used for:

(a) a client or client's family who requires a language interpreter to participate in the assessment unless the client meets the requirements of subitem (1), unit (b), or (2); or

(b) more than ten sessions of mental health services in a ~~calendar year~~ 12-month period. If, after completion of ten sessions of mental health services, the mental health professional determines the need for additional sessions, a standard assessment or extended assessment must be completed.

C. For a child, a new standard or extended diagnostic assessment must be completed:

(1) when the child does not meet the criteria for a brief diagnostic assessment;

(2) at least annually following the initial diagnostic assessment, if:

(a) additional services are needed; and

(b) the child does not meet criteria for brief assessment;

(3) when the child's mental health condition has changed markedly since the child's most recent diagnostic assessment; or

8.1 (4) when the child's current mental health condition does not meet criteria
8.2 of the child's current diagnosis.

8.3 D. For an adult, a new standard diagnostic assessment or extended diagnostic
8.4 assessment must be completed:

8.5 (1) when the adult does not meet the criteria for a brief diagnostic
8.6 assessment or an adult diagnostic assessment update;

8.7 (2) at least every three years following the initial diagnostic assessment for
8.8 an adult who receives mental health services;

8.9 (3) when the adult's mental health condition has changed markedly since
8.10 the adult's most recent diagnostic assessment; or

8.11 (4) when the adult's current mental health condition does not meet criteria
8.12 of the current diagnosis.

8.13 E. An adult diagnostic assessment update must be completed at least annually
8.14 unless a new standard or extended diagnostic assessment is performed. An adult
8.15 diagnostic assessment update must include an update of the most recent standard or
8.16 extended diagnostic assessment and any recent adult diagnostic assessment updates that
8.17 have occurred since the last standard or extended diagnostic assessment.

8.18 Subp. 3. **Authorization for mental health services.** Mental health services under
8.19 this part are subject to authorization criteria and standards published by the commissioner
8.20 according to Minnesota Statutes, section 256B.0625, subdivision 25.

8.21 Subp. 4. **Clinical supervision.**

8.22 A. Clinical supervision must be based on each supervisee's written supervision
8.23 plan and must:

8.24 (1) promote professional knowledge, skills, and values development;

9.1 (2) model ethical standards of practice;

9.2 (3) promote cultural competency by:

9.3 (a) developing the supervisee's knowledge of cultural norms of
9.4 behavior for individual clients and generally for the clients served by the supervisee
9.5 regarding the client's cultural influences, age, class, gender, sexual orientation, literacy,
9.6 and mental or physical disability;

9.7 (b) addressing how the supervisor's and supervisee's own cultures and
9.8 privileges affect service delivery;

9.9 (c) developing the supervisee's ability to assess their own cultural
9.10 competence and to identify when consultation or referral of the client to another provider
9.11 is needed; and

9.12 (d) emphasizing the supervisee's commitment to maintaining cultural
9.13 competence as an ongoing process;

9.14 (4) recognize that the client's family has knowledge about the client and
9.15 will continue to play a role in the client's life and encourage participation among the client,
9.16 client's family, and providers as treatment is planned and implemented; and

9.17 (5) monitor, evaluate, and document the supervisee's performance of
9.18 assessment, treatment planning, and service delivery.

9.19 B. Clinical supervision must be conducted by a qualified supervisor using
9.20 individual or group supervision. Individual or group face-to-face supervision may be
9.21 conducted via electronic communications that utilize interactive telecommunications
9.22 equipment that includes at a minimum audio and video equipment for two-way, real-time,
9.23 interactive communication between the supervisor and supervisee, and meet the equipment
9.24 and connection standards of part 9505.0370, subpart 19.

(1) Individual supervision means one or more designated clinical supervisors and one supervisee.

(2) Group supervision means one clinical supervisor and two to six supervisees in face-to-face supervision.

C. The supervision plan must be developed by the supervisor and the supervisee. The plan must be reviewed and updated at least annually. For new staff the plan must be completed and implemented within 30 days of the new staff person's employment. The supervision plan must include:

(1) the name and qualifications of the supervisee and the name of the agency in which the supervisee is being supervised;

(2) the name, licensure, and qualifications of the supervisor;

(3) the number of hours of individual and group supervision to be completed by the supervisee including whether supervision will be in person or by some other method approved by the commissioner;

(4) the policy and method that the supervisee must use to contact the clinical supervisor during service provision to a supervisee;

(5) procedures that the supervisee must use to respond to client emergencies; and

(6) authorized scope of practices, including:

(a) description of the supervisee's service responsibilities;

(b) description of client population; and

(c) treatment methods and modalities.

D. ~~Each occurrence of~~ Clinical supervision must be ~~documented and~~ recorded in the supervisee's supervision record. The documentation must include:

(1) date and duration of supervision;

(2) identification of supervision type as individual or group supervision;

(3) name of the clinical supervisor;

~~(4) de-identified summary of client information discussed with the supervisee including:~~

~~(a) high risk or safety concerns;~~

~~(b) report of client's progress in accomplishing specific treatment plan goals and objectives;~~

~~(c) new presenting clinical issues; and~~

~~(d) identified concerns about administrative activity regarding the client's treatment and a plan to rectify the concerns;~~

~~(5) documentation of the supervisor's availability to the supervisee while the supervisee is providing client services. The supervisor may be available in person, by telephone, or by audio or audiovisual electronic device;~~

~~(6)~~ <u>(4)</u> subsequent actions that the supervisee must take; and

~~(7)~~ <u>(5)</u> date and signature of the clinical supervisor.

E. Clinical supervision pertinent to client treatment changes must be recorded by a case notation in the client record after supervision occurs.

Subp. 5. **Qualified providers.** Medical assistance covers mental health services according to part 9505.0372 when the services are provided by mental health professionals or mental health practitioners qualified under this subpart.

A. A mental health professional must be qualified in one of the following ways:

12.1 (1) in clinical social work, a person must be licensed as an independent
12.2 clinical social worker by the Minnesota Board of Social Work under Minnesota Statutes,
12.3 chapter 148D until August 1, 2011, and thereafter under Minnesota Statutes, chapter 148E;

12.4 (2) in psychology, a person licensed by the Minnesota Board of Psychology
12.5 under Minnesota Statutes, sections 148.88 to 148.98, who has stated to the board
12.6 competencies in the diagnosis and treatment of mental illness;

12.7 (3) in psychiatry, a physician licensed under Minnesota Statutes, chapter
12.8 147, who is certified by the American Board of Psychiatry and Neurology or is eligible for
12.9 board certification;

12.10 (4) in marriage and family therapy, a person licensed as a marriage and
12.11 family therapist by the Minnesota Board of Marriage and Family Therapy under Minnesota
12.12 Statutes, sections 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;

12.13 (5) in professional counseling, a person licensed as a professional clinical
12.14 counselor by the Minnesota Board of Behavioral Health and Therapy under Minnesota
12.15 Statutes, section 148B.5301; ~~or~~

12.16 (6) a tribally approved mental health care professional, who meets the
12.17 standards in Minnesota Statutes, section 256B.02, subdivision 7, paragraphs (b) and (c),
12.18 and who is serving a federally recognized Indian tribe~~.~~; or

12.19 (7) in psychiatric nursing, a registered nurse who is licensed under
12.20 Minnesota Statutes, sections 148.171 to 148.285, and meets one of the following criteria:

12.21 (a) is certified as a clinical nurse specialist;

12.22 (b) for children, is certified as a nurse practitioner in child or
12.23 adolescent or family psychiatric and mental health nursing by a national nurse certification
12.24 organization; or

13.1 (c) for adults, is certified as a nurse practitioner in adult or family
13.2 psychiatric and mental health nursing by a national nurse certification organization.

13.3 B. A mental health practitioner for a child client must have training working
13.4 with children. A mental health practitioner for an adult client must have training working
13.5 with adults. A mental health practitioner must be qualified in at least one of the following
13.6 ways:

13.7 (1) holds a bachelor's degree in one of the behavioral sciences or related
13.8 fields from an accredited college or university; and

13.9 (a) has at least 2,000 hours of supervised experience in the delivery
13.10 of mental health services to clients with mental illness; or

13.11 (b) is fluent in the non-English language of the ~~ethnic~~ cultural group
13.12 to which at least 50 percent of the practitioner's clients belong, completes 40 hours of
13.13 training in the delivery of services to clients with mental illness, and receives clinical
13.14 supervision from a mental health professional at least once a week until the requirements
13.15 of 2,000 hours of supervised experience are met;

13.16 (2) has at least 6,000 hours of supervised experience in the delivery of
13.17 mental health services to clients with mental illness. Hours worked as a mental health
13.18 behavioral aide I or II under Minnesota Statutes, section 256B.0943, subdivision 7, may
13.19 be included in the 6,000 hours of experience for child clients;

13.20 (3) is a graduate student in one of the mental health professional disciplines
13.21 defined in item A and is formally assigned by an accredited college or university to an
13.22 agency or facility for clinical training;

13.23 (4) holds a master's or other graduate degree in one of the mental health
13.24 professional disciplines defined in item A from an accredited college or university; or

14.1 (5) is an individual who meets the standards in Minnesota Statutes, section
14.2 256B.02, subdivision 7, paragraphs (b) and (c), who is serving a federally recognized
14.3 Indian tribe.

14.4 C. Medical assistance covers diagnostic assessment, explanation of findings,
14.5 and psychotherapy performed by a mental health practitioner working as a clinical trainee
14.6 when:

14.7 (1) the mental health practitioner is:

14.8 (a) complying with requirements for licensure or board certification as
14.9 a mental health professional, as defined in item A, including supervised practice in the
14.10 delivery of mental health services for the treatment of mental illness; or

14.11 (b) a student in a bona fide field placement or internship under a
14.12 program leading to completion of the requirements for licensure as a mental health
14.13 professional defined in item A; and

14.14 (2) the mental health practitioner's clinical supervision experience is
14.15 helping the practitioner gain knowledge and skills necessary to practice effectively and
14.16 independently. This may include supervision of:

14.17 (a) direct practice;

14.18 (b) treatment team collaboration;

14.19 (c) continued professional learning; and

14.20 (d) job management.

14.21 D. A clinical supervisor must:

14.22 (1) be a mental health professional licensed as specified in item A;

14.23 (2) hold a license without restrictions that has been in good standing for at
14.24 least one year while having performed at least 1,000 hours of clinical practice;

15.1 (3) be approved, certified, or in some other manner recognized as a
15.2 qualified clinical supervisor by the person's professional licensing board, when this is a
15.3 board requirement;

15.4 (4) be competent as demonstrated by experience and graduate-level
15.5 training in the area of practice and the activities being supervised;

15.6 (5) not be the supervisee's blood or legal relative or cohabitant, or someone
15.7 who has acted as the supervisee's therapist within the past two years;

15.8 (6) have experience and skills that are informed by advanced training, years
15.9 of experience, and mastery of a range of competencies that demonstrate the following:

15.10 (a) capacity to provide services that incorporate best practice;

15.11 (b) ability to recognize and evaluate competencies in supervisees;

15.12 (c) ability to review assessments and treatment plans for accuracy
15.13 and appropriateness;

15.14 (d) ability to give clear direction to mental health staff related to
15.15 alternative strategies when a client is struggling with moving towards recovery; and

15.16 (e) ability to coach, teach, and practice skills with supervisees;

15.17 (7) accept full professional liability for a supervisee's direction of a client's
15.18 mental health services;

15.19 (8) instruct a supervisee in the supervisee's work, and oversee the quality
15.20 and outcome of the supervisee's work with clients;

15.21 (9) review, approve, and sign the diagnostic assessment, individual
15.22 treatment plans, and treatment plan reviews of clients treated by a supervisee;

15.23 (10) review and approve the progress notes of clients treated by the
15.24 supervisee according to the supervisee's supervision plan;

16.1 (11) apply evidence-based practices and research-informed models to
16.2 treat clients;

16.3 (12) be employed by or under contract with the same agency as the
16.4 supervisee;

16.5 (13) develop a clinical supervision plan for each supervisee;

16.6 (14) ensure that each supervisee receives the guidance and support needed
16.7 to provide treatment services in areas where the supervisee practices;

16.8 (15) establish an evaluation process that identifies the performance and
16.9 competence of each supervisee; and

16.10 (16) document clinical supervision of each supervisee and securely
16.11 maintain the documentation record.

16.12 Subp. 6. **Release of information.** Providers who receive a request for client
16.13 information and providers who request client information must:

16.14 A. comply with data practices and medical records standards in Minnesota
16.15 Statutes, chapter 13, and Code of Federal Regulations, title 45, part 164; and

16.16 B. subject to the limitations in item A, promptly provide client information,
16.17 including a written diagnostic assessment ~~report~~, to other providers who are treating the
16.18 client to ensure that the client will get services without undue delay.

16.19 Subp. 7. **Individual treatment plan.** Except as provided in subpart 2, item A,
16.20 subitem (1), a medical assistance payment is available only for services provided in
16.21 accordance with the client's written individual treatment plan (ITP). The client must
16.22 be involved in the development, review, and revision of the client's ITP. For all mental
16.23 health services, except as provided in subpart 2, item A, subitem (1), and medication
16.24 management, the ITP and subsequent revisions of the ITP must be signed by the client
16.25 before treatment begins. ~~The ITP shall be signed by the client, or in the case of a child,~~

~~the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child, shall sign the client's ITP. If the mental health professional or practitioner determines that it is not appropriate for the client to sign the ITP, the mental health professional or mental health practitioner shall document the reason why it was not signed.~~ The mental health professional or practitioner shall request the client, or other person authorized by statute to consent to mental health services for the client, to sign the client's ITP or revision of the ITP. In the case of a child, the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child shall be asked to sign the child's ITP and revisions of the ITP. If the client or authorized person refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner shall ~~document~~ note on the plan the ~~client's~~ refusal to sign the plan and the ~~client's~~ reason or reasons for the refusal. A client's individual treatment plan must be:

A. based on the client's current diagnostic assessment;

B. developed by identifying the client's service needs and considering relevant cultural influences to identify planned interventions that contain specific treatment goals and measurable objectives for the client; and

C. reviewed at least once every 90 days, and revised as necessary. Revisions to the initial individual treatment plan do not require a new diagnostic assessment unless the client's mental health status has changed markedly as provided in subpart 2.

Subp. 8. **Documentation.** To obtain medical assistance payment for an outpatient mental health service, a mental health professional or a mental health practitioner must promptly document:

A. in the client's mental health record:

18.1 (1) each occurrence of service to the client including the date, type of
18.2 service, start and stop time, scope of the mental health service, name and title of the
18.3 person who gave the service, and date of documentation; and

18.4 (2) all diagnostic assessments and other assessments, psychological test
18.5 results, treatment plans, and treatment plan reviews;

18.6 B. the provider's contact with persons interested in the client such as
18.7 representatives of the courts, corrections systems, or schools, or the client's other mental
18.8 health providers, case manager, family, primary caregiver, legal representative, including
18.9 the name and date of the contact or, if applicable, the reason the client's family, primary
18.10 caregiver, or legal representative was not contacted; and

18.11 C. dates that treatment begins and ends and reason for the discontinuation of
18.12 the mental health service.

18.13 Subp. 9. **Service coordination.** The provider must coordinate client services as
18.14 authorized by the client as follows:

18.15 A. When a recipient receives mental health services from more than one mental
18.16 health provider, each provider must coordinate mental health services they provide to the
18.17 client with other mental health service providers to ensure services are provided in the
18.18 most efficient manner to achieve maximum benefit for the client.

18.19 B. The mental health provider must coordinate mental health care with the
18.20 client's physical health provider ~~if the client's physical health has an effect on the client's~~
18.21 ~~mental health functioning~~.

18.22 Subp. 10. **Telemedicine services.** Mental health services in part 9505.0372 covered
18.23 as direct face-to-face services may be provided via two-way interactive video if it is
18.24 medically appropriate to the client's condition and needs. The interactive video equipment
18.25 and connection must comply with Medicare standards that are in effect at the time of

service. The commissioner may specify parameters within which mental health services can be provided via telemedicine.

9505.0372 COVERED SERVICES.

Subpart 1. **Diagnostic assessment.** Medical assistance covers four types of diagnostic assessments when they are provided in accordance with the requirements in this subpart.

A. To be eligible for medical assistance payment, a diagnostic assessment ~~report~~ must:

(1) identify a mental health diagnosis and recommended mental health services, which are the factual basis to develop the recipient's mental health services and treatment plan; or

(2) include a finding that the client does not meet the criteria for a mental health disorder.

B. A standard diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The standard diagnostic assessment must be done within the cultural context of the client and must include relevant information about:

(1) the client's current life situation, including the client's:

(a) age ~~and stage of life~~;

(b) current living situation, including household membership and housing status;

(c) basic needs status including economic status;

(d) education level and employment status;

(e) significant personal relationships, including the client's evaluation of relationship quality;

(f) strengths and resources, including the extent and quality of social networks;

(g) belief systems;

(h) contextual nonpersonal factors contributing to the client's presenting ~~problems~~ concerns;

(i) general physical health and relationship to client's culture; and

(j) current medications;

(2) the reason for the assessment, including the client's:

(a) perceptions of the client's condition;

(b) description of symptoms ~~or problems~~, including reason for referral;

(c) history of mental health ~~problems, trauma, and~~ treatment, including review of the client's records;

(d) important developmental incidents;

(e) maltreatment, trauma, or abuse issues;

(f) history of alcohol and drug usage and treatment;

(g) health history and family health history, including physical, chemical, and mental health history; and

(h) cultural influences and their impact on the client;

(3) the client's mental status examination;

(4) the assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

(5) the screenings used to determine the client's substance use, abuse, or dependency and other standardized screening instruments determined by the commissioner;

(6) assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner;

(7) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

(8) the client data that is adequate to support the findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis.

C. An extended diagnostic assessment must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The face-to-face interview is conducted over three or more assessment appointments because the client's complex needs necessitate significant additional assessment time. Complex needs are those caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; need to ~~disentangle prior disorders~~ consider past diagnoses and determine their current applicability; co-occurring substance abuse use disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment. For child clients, the appointments may be conducted outside the diagnostician's office for face-to-face consultation and information gathering with family members, doctors, caregivers,

22.1 teachers, and other providers, with or without the child present, and ~~must~~ may involve
22.2 directly observing the child in various settings that the child frequents such as home,
22.3 school, or care settings. To complete the diagnostic assessment with adult clients, the
22.4 appointments may be conducted outside of the diagnostician's office for face-to-face
22.5 assessment with the adult client. The appointment may involve directly observing the
22.6 adult client in various settings that the adult frequents, such as home, school, job, service
22.7 settings, or community settings. The appointments may include face-to-face meetings
22.8 with the adult client and the client's family members, doctors, caregivers, teachers, social
22.9 support network members, recovery support resource representatives, and other providers
22.10 for consultation and information gathering for the diagnostic assessment. The components
22.11 of an extended diagnostic assessment include the following relevant information:

22.12 (1) for children under age 5:

22.13 (a) utilization of the DC:0-3R diagnostic system for young children;

22.14 (b) an early childhood mental status exam that assesses the client's
22.15 developmental, social, and emotional functioning and style both within the family and
22.16 with the examiner and includes:

22.17 i. physical appearance including dysmorphic features;

22.18 ii. reaction to new setting and people and adaptation during
22.19 evaluation;

22.20 iii. self-regulation, including sensory regulation, unusual
22.21 behaviors, activity level, attention span, and frustration tolerance;

22.22 iv. physical aspects, including motor function, muscle tone,
22.23 coordination, tics, abnormal movements, and seizure activity;

22.24 v. vocalization and speech production, including expressive
22.25 and receptive language;

vi. thought, including fears, nightmares, dissociative states, and hallucinations;

vii. affect and mood, including modes of expression, range, responsiveness, duration, and intensity;

viii. play, including structure, content, symbolic functioning, and modulation of aggression;

ix. cognitive functioning; and

x. relatedness to parents, other caregivers, and examiner; and

(c) other assessment tools as determined and periodically revised by the commissioner;

(2) for children ages 5 to 18, completion of other assessment standards for children as determined and periodically revised by the commissioner; and

(3) for adults, completion of other assessment standards for adults as determined and periodically revised by the commissioner.

D. A brief diagnostic assessment must include a face-to-face interview with the client and a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee according to part 9505.0371, subpart 5, item C. The professional or practitioner must gather initial background information using the components of a standard diagnostic assessment in item ~~A~~ B, subitems (1), (2), unit (b), (3), and (5), and draw a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's immediate needs or presenting problem. Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard diagnostic assessment or an extended diagnostic assessment.

24.1 E. Adult diagnostic assessment update includes a face-to-face interview with
24.2 the client, and contains a written evaluation of the client by a mental health professional
24.3 or practitioner working under clinical supervision as a clinical trainee according to part
24.4 9505.0371, subpart 5, item C, who reviews a standard or extended diagnostic assessment.
24.5 The adult diagnostic assessment update must update the most recent assessment document
24.6 in writing in the following areas:

24.7 (1) review of the client's life situation, including an interview with the
24.8 client about the client's current life situation, and a written update of those parts where
24.9 significant new or changed information exists, and documentation where there has not
24.10 been significant change;

24.11 (2) review of the client's presenting problems, including an interview with
24.12 the client about current presenting problems and a written update of those parts where
24.13 there is significant new or changed information, and note parts where there has not been
24.14 significant change;

24.15 (3) screenings for substance use, abuse, or dependency and other screenings
24.16 as determined by the commissioner;

24.17 (4) the client's mental health status examination;

24.18 (5) assessment of client's needs based on the client's baseline measurements,
24.19 symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

24.20 (6) the client's clinical summary, recommendations, and prioritization
24.21 of needed mental health, ancillary, or other services, client and family participation in
24.22 assessment and service preferences, and referrals to services required by statute or rule; and

24.23 (7) the client's diagnosis on all axes of the current edition of the Diagnostic
24.24 and Statistical Manual and any differential diagnosis.

Subp. 2. **Neuropsychological assessment.** A neuropsychological assessment must include a face-to-face interview with the client, the interpretation of the test results, and preparation and completion of a report. A client is eligible for a neuropsychological assessment if at least one of the following criteria is met:

A. There is a known or strongly suspected brain disorder based on medical history or neurological evaluation such as a history of significant head trauma, brain tumor, stroke, seizure disorder, multiple sclerosis, neurodegenerative disorders, significant exposure to neurotoxins, central nervous system infections, metabolic or toxic encephalopathy, fetal alcohol syndrome, or congenital malformations of the brain; or

B. In the absence of a medically verified brain disorder based on medical history or neurological evaluation, there are cognitive or behavioral symptoms that suggest that the client has an organic condition that cannot be readily attributed to functional psychopathology, or suspected neuropsychological impairment in addition to functional psychopathology. Examples include:

(1) poor memory or impaired problem solving;

(2) change in mental status evidenced by lethargy, confusion, or disorientation;

(3) deterioration in level of functioning;

(4) marked behavioral or personality change; ~~and~~

(5) in children or adolescents, significant delays in academic skill acquisition or poor attention relative to peers~~.~~;

(6) in children or adolescents, significant plateau in expected development of cognitive, social, emotional, or physical function, relative to peers; and

26.1 (7) in children or adolescents, significant inability to develop expected
26.2 knowledge, skills, or abilities as required to adapt to new or changing cognitive, social,
26.3 emotional, or physical demands.

26.4 C. If neither criterion in item A nor B is fulfilled, neuropsychological evaluation
26.5 is not indicated.

26.6 D. The neuropsychological assessment must be conducted by a
26.7 neuropsychologist with competence in the area of neuropsychological assessment as
26.8 stated to the Minnesota Board of Psychology ~~and be~~ who:

26.9 ~~(1) validated by a diploma awarded to the neuropsychologist by the~~
26.10 ~~American Board of Clinical Neuropsychology;~~

26.11 ~~(2) approved by the commissioner as an eligible provider of~~
26.12 ~~neuropsychological assessment prior to December 31, 2010;~~

26.13 ~~(3) granted a provisional approval by the commissioner to an individual for~~
26.14 ~~up to two years pending validation by a diploma granted to the neuropsychologist by the~~
26.15 ~~American Board of Clinical Neuropsychology; or~~

26.16 ~~(4) credentialed by another state which has equivalent diploma status~~
26.17 ~~requirements.~~

26.18 (1) was awarded a diploma by the American Board of Clinical
26.19 Neuropsychology, the American Board of Professional Neuropsychology, or the American
26.20 Board of Pediatric Neuropsychology;

26.21 (2) earned a doctoral degree in psychology from an accredited university
26.22 training program:

26.23 (a) completed an internship, or its equivalent, in a clinically relevant
26.24 area of professional psychology;

27.1 (b) completed the equivalent of two full-time years of experience
27.2 and specialized training, at least one which is at the postdoctoral level, in the study and
27.3 practices of clinical neuropsychology and related neurosciences supervised by a clinical
27.4 neuropsychologist; and

27.5 (c) holds a current license to practice psychology independently in
27.6 accordance with Minnesota Statutes, sections 148.88 to 148.98;

27.7 (3) is licensed or credentialed by another state's board of psychology
27.8 examiners in the specialty of neuropsychology using requirements equivalent to
27.9 requirements specified by one of the boards named in subitem (1); or

27.10 (4) was approved by the commissioner as an eligible provider of
27.11 neuropsychological assessment prior to December 31, 2010.

27.12 Subp. 3. **Neuropsychological testing.**

27.13 A. Medical assistance covers neuropsychological testing when the client has
27.14 either:

27.15 (1) a significant mental status change that is not a result of a metabolic
27.16 disorder that has failed to respond to treatment; ~~or~~

27.17 (2) in children or adolescents, a significant plateau in expected development
27.18 of cognitive, social, emotional, or physical function, relative to peers;

27.19 (3) in children or adolescents, significant inability to develop expected
27.20 knowledge, skills, or abilities, as required to adapt to new or changing cognitive, social,
27.21 physical, or emotional demands; or

27.22 ~~(2)~~ (4) a significant behavioral change, memory loss, or suspected
27.23 neuropsychological impairment in addition to functional psychopathology, or other
27.24 organic brain injury ~~and~~ or one of the following:

27.25 (a) traumatic brain injury;

28.1 (b) stroke;

28.2 (c) brain tumor;

28.3 (d) substance abuse or dependence;

28.4 (e) cerebral anoxic or hypoxic episode;

28.5 (f) central nervous system infection or other infectious disease;

28.6 (g) neoplasms or vascular injury of the central nervous system;

28.7 (h) neurodegenerative disorders;

28.8 (i) demyelinating disease;

28.9 (j) extrapyramidal disease;

28.10 (k) exposure to systemic or intrathecal agents or cranial radiation
28.11 known to be associated with cerebral dysfunction; ~~or~~

28.12 (l) systemic medical conditions known to be associated with cerebral
28.13 dysfunction, including renal disease, hepatic encephalopathy, cardiac anomaly, sickle cell
28.14 disease, and related hematologic anomalies, and autoimmune disorders such as lupus,
28.15 erythematosis, or celiac disease;

28.16 (m) congenital genetic or metabolic disorders known to be associated
28.17 with cerebral dysfunction, such as phenylketonuria, craniofacial syndromes, or congenital
28.18 hydrocephalus;

28.19 (n) severe or prolonged nutrition or malabsorption syndromes; or

28.20 ~~(l)~~ (o) a condition presenting in a manner making it difficult for a
28.21 clinician to distinguish between:

28.22 i. the neurocognitive effects of a neurogenic syndrome such as
28.23 dementia or encephalopathy; and

29.1 ii. a major depressive disorder when adequate treatment for
29.2 major depressive disorder has not resulted in improvement in neurocognitive function, or
29.3 another disorder such as autism, selective mutism, anxiety disorder, or reactive attachment
29.4 disorder.

29.5 ~~B. Neuropsychological testing must be validated in a face-to-face interview~~
29.6 ~~between the client and a licensed neuropsychologist as defined in subpart 2, item D.~~

29.7 ~~C~~ B. Neuropsychological testing must be administered or clinically supervised
29.8 by a neuropsychologist qualified as defined in subpart 2, item D.

29.9 ~~D~~ C. Neuropsychological testing is not covered when performed:

29.10 (1) primarily for educational purposes;

29.11 (2) primarily for vocational counseling or training;

29.12 (3) for personnel or employment testing;

29.13 (4) as a routine battery of psychological tests given at inpatient admission
29.14 or continued stay; or

29.15 (5) for legal or forensic purposes.

29.16 Subp. 4. **Psychological testing.** Psychological testing must meet the following
29.17 requirements:

29.18 A. The psychological testing must:

29.19 (1) be administered or clinically supervised by a licensed psychologist
29.20 with competence in the area of psychological testing as stated to the Minnesota Board
29.21 of Psychology; and

29.22 (2) be validated in a face-to-face interview between the client and a
29.23 licensed psychologist ~~with competence in the area of psychological testing~~ or a mental
29.24 health practitioner working as a clinical psychology trainee as required by part 9505.0371,

30.1 subpart 5, item C, under the clinical supervision of a licensed psychologist according to
30.2 part 9505.0371, subpart 5, item A, subitem (2).

30.3 B. The administration, scoring, and interpretation of the psychological tests
30.4 must be done under the clinical supervision of a licensed psychologist when performed by
30.5 a technician, psychometrist, or psychological assistant or as part of a computer-assisted
30.6 psychological testing program.

30.7 C. The report resulting from the psychological testing must be:

30.8 (1) signed by the psychologist conducting the face-to-face interview;

30.9 (2) placed in the client's record; and

30.10 (3) released to each person authorized by the client.

30.11 Subp. 5. **Explanations of findings.** To be eligible for medical assistance payment,
30.12 the mental health professional providing the explanation of findings must obtain the
30.13 authorization of the client or the client's representative to release the information as
30.14 required in part 9505.0371, subpart 6. Explanation of findings is provided to the client,
30.15 client's family, and caregivers, or to other providers to help them understand the results
30.16 of the testing or diagnostic assessment, better understand the client's illness, and provide
30.17 professional insight needed to carry out a plan of treatment. An explanation of findings is
30.18 not paid separately when the results of psychological testing or a diagnostic assessment
30.19 are explained to the client or the client's representative as part of the psychological testing
30.20 or a diagnostic assessment.

30.21 Subp. 6. **Psychotherapy.** Medical assistance covers psychotherapy as conducted by
30.22 a mental health professional or a mental health practitioner as defined in part 9505.0371,
30.23 subpart 5, item C, as provided in this subpart.

30.24 A. Individual psychotherapy is psychotherapy designed for one client.

B. Family psychotherapy is designed for the client and one or more family members or the client's primary caregiver whose participation is necessary to accomplish the client's treatment goals. Family members or primary caregivers participating in a therapy session do not need to be eligible for medical assistance. For purposes of this subpart, the phrase "whose participation is necessary to accomplish the client's treatment goals" does not include shift or facility staff members at the client's residence. Medical assistance payment for family psychotherapy is limited to face-to-face sessions at which the client is present throughout the family psychotherapy session unless the mental health professional believes the client's absence from the family psychotherapy session is necessary to carry out the client's individual treatment plan. If the client is excluded, the mental health professional must document the reason for and the length of time of the exclusion. The mental health professional must also document the reason or reasons why a member of the client's family is excluded.

C. Group psychotherapy is appropriate for individuals who because of the nature of their emotional, behavioral, or social dysfunctions can derive mutual benefit from treatment in a group setting. For a group of three to eight persons, one mental health professional or practitioner is required to conduct the group. For a group of nine to 12 persons, a team of at least two mental health professionals or two mental health practitioners or one mental health professional and one mental health practitioner ~~as defined in part 9505.0371, subpart 5,~~ is required to co-conduct the group. Medical assistance payment is limited to a group of no more than 12 persons.

D. A multiple-family group psychotherapy session is eligible for medical assistance payment if the psychotherapy session is designed for at least two but not more than five families. Multiple-family group psychotherapy is clearly directed toward meeting the identified treatment needs of each client as indicated in client's treatment plan. If the client is excluded, the mental health professional or practitioner must document the

reason for and the length of the time of the exclusion. The mental health professional or practitioner must document the reasons why a member of the client's family is excluded.

Subp. 7. **Medication management.** The determination or evaluation of the effectiveness of a client's prescribed drug must be carried out by a physician or by an advanced practice registered nurse, as defined in Minnesota Statutes, sections 148.71 to 148.285, who is qualified in psychiatric nursing.

Subp. 8. **Adult day treatment.** Adult day treatment payment limitations include the following conditions.

A. Adult day treatment must consist of at least one hour of group psychotherapy, and must include group time focused on rehabilitative interventions, or other therapeutic services that are provided by a multidisciplinary staff. Adult day treatment is an intensive ~~short-term~~ psychotherapeutic treatment. The services must stabilize the client's mental health status, and develop and improve the client's independent living and socialization skills. The goal of adult day treatment is to reduce or relieve the effects of mental illness so that an individual is able to benefit from a lower level of care and to enable the client to live and function more independently in the community. Day treatment services are not a part of inpatient or residential treatment services.

B. To be eligible for medical assistance payment, a day treatment program must:

(1) be reviewed by and approved by the commissioner;

(2) be provided to a group of clients by a multidisciplinary staff under the clinical supervision of a mental health professional;

(3) be available to the client at least two days a week for at least three consecutive hours per day. The day treatment may be longer than three hours per day, but medical assistance must not reimburse a provider for more than 15 hours per week;

33.1 (4) include group psychotherapy done by a mental health professional,
33.2 or mental health practitioner qualified according to part 9505.0371, subpart 5, item C,
33.3 and rehabilitative interventions done by a mental health professional or mental health
33.4 practitioner daily;

33.5 (5) be included in the client's individual treatment plan as necessary and
33.6 appropriate. The individual treatment plan must include attainable, measurable goals as
33.7 they relate to services and must be completed before the first day treatment session. The
33.8 vendor must review the recipient's progress and update the treatment plan at least every
33.9 30 days until the client is discharged and include an available discharge plan for the
33.10 client in the treatment plan; and

33.11 (6) document the interventions provided and the client's ~~progress~~ response
33.12 daily.

33.13 C. To be eligible for adult day treatment, a recipient must:

33.14 (1) be 18 years of age or older;

33.15 (2) not be residing in a nursing facility, hospital, institute of mental disease,
33.16 or regional treatment center, unless the recipient has an active discharge plan that indicates
33.17 a move to an independent living arrangement within 180 days;

33.18 (3) have a diagnosis of mental illness as determined by a diagnostic
33.19 assessment;

33.20 (4) have the ~~cognitive~~ capacity to engage in the rehabilitative nature, the
33.21 structured setting, and the therapeutic parts of psychotherapy and skills activities of a
33.22 day treatment program and demonstrate measurable improvements in the recipient's
33.23 functioning related to the recipient's mental illness that would result from participating in
33.24 the day treatment program;

34.1 (5) have at least three areas of functional impairment as determined by
34.2 a functional assessment with the domains prescribed by Minnesota Statutes, section
34.3 245.462, subdivision 11a;

34.4 (6) have a level of care determination that supports the need for the level
34.5 of intensity and duration of a day treatment program; and

34.6 (7) be determined to need day treatment by a mental health professional
34.7 who must deem the day treatment services medically necessary.

34.8 D. The following services are not covered by medical assistance if they are
34.9 provided by a day treatment program:

34.10 (1) a service that is primarily recreation-oriented or that is provided in a
34.11 setting that is not medically supervised. This includes: sports activities, exercise groups,
34.12 craft hours, leisure time, social hours, meal or snack time, trips to community activities,
34.13 and tours;

34.14 (2) a social or educational service that does not have or cannot reasonably
34.15 be expected to have a therapeutic outcome related to the client's mental illness;

34.16 (3) consultation with other providers or service agency staff about the
34.17 care or progress of a client;

34.18 (4) prevention or education programs provided to the community;

34.19 (5) day treatment for recipients with primary diagnoses of alcohol or other
34.20 drug abuse;

34.21 (6) day treatment provided in the client's home;

34.22 (7) psychotherapy for more than two hours daily; and

34.23 (8) participation in meal preparation and eating that is not part of a clinical
34.24 treatment plan to address the client's eating disorder.

Subp. 9. **Partial hospitalization.** Partial hospitalization is a covered service when it is an appropriate alternative to inpatient hospitalization for a client who is experiencing an acute episode of mental illness that meets the criteria for an inpatient hospital admission as specified in part 9505.0520, subpart 1, and who has the family and community resources necessary and appropriate to support the client's residence in the community. Partial hospitalization consists of multiple intensive short-term therapeutic services provided by a multidisciplinary staff to treat the client's mental illness.

Subp. 10. **Dialectical behavior therapy (DBT).** Dialectical behavior therapy (DBT) treatment services must meet the following criteria:

A. DBT must be provided according to this subpart and Minnesota Statutes, section 256B.0625, subdivision 5l;

B. DBT is an outpatient service that is determined to be medically necessary by either: (1) a mental health professional qualified according to part 9505.0371, subpart 5, or (2) a mental health practitioner working as a clinical trainee according to part 9505.0371, subpart 5, item C, who is under the clinical supervision of a mental health professional according to part 9505.0371, subpart 5, item D, with specialized skill in dialectical behavior therapy. The treatment recommendation must be based upon a comprehensive evaluation that includes a diagnostic assessment and functional assessment of the ~~recipient~~ client, and review of the ~~recipient's~~ client's prior treatment history. Treatment services must be provided pursuant to the ~~recipient's~~ client's individual treatment plan and provided to a ~~recipient~~ client who satisfies the criteria in item C.

C. To be eligible for DBT, a ~~recipient~~ client must:

(1) be 18 years of age or older;

(2) have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community-based services;

36.1 (3) meet one of the following criteria:

36.2 (a) have a diagnosis of borderline personality disorder; or

36.3 (b) have multiple mental health diagnoses and exhibit behaviors
36.4 characterized by impulsivity, intentional self-harm behavior, and be at significant risk of
36.5 death, morbidity, disability, or severe dysfunction across multiple life areas;

36.6 (4) understand and be cognitively capable of participating in DBT as an
36.7 intensive therapy program and be able and willing to follow program policies and rules
36.8 assuring safety of self and others; and

36.9 (5) be at significant risk of one or more of the following if DBT is not
36.10 provided:

36.11 (a) mental health crisis;

36.12 (b) requiring a more restrictive setting such as hospitalization;

36.13 (c) decompensation; or

36.14 (d) engaging in intentional self-harm behavior.

36.15 D. The treatment components of DBT are individual therapy and group skills
36.16 as follows:

36.17 (1) Individual DBT combines individualized rehabilitative and
36.18 psychotherapeutic interventions to treat suicidal and other dysfunctional behaviors and
36.19 reinforce the use of adaptive skillful behaviors. The therapist must:

36.20 (a) identify, prioritize, and sequence behavioral targets;

36.21 (b) treat behavioral targets;

36.22 (c) generalize DBT skills to the client's natural environment through
36.23 telephone coaching outside of the treatment session;

36.24 (d) measure the client's progress toward DBT targets;

(e) help the client manage crisis and life-threatening behaviors; and

(f) help the client learn and apply effective behaviors when working with other treatment providers.

(2) Individual DBT therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

(3) Group DBT skills training combines individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce the client's suicidal and other dysfunctional coping behaviors and restore function by teaching the client adaptive skills in the following areas:

(a) ~~cognitive restructuring, anger management, and crisis-management skills necessary to tolerate distress and regulate emotion~~ mindfulness;

(b) ~~communication, behavior management, engagement, leisure, and social skills necessary to function in the community; and~~ interpersonal effectiveness;

(c) ~~assertiveness, interpersonal, and problem-solving skills necessary for interpersonal effectiveness.~~ emotional regulation; and

(d) distress tolerance.

(4) Group DBT skills training is provided by two mental health professionals, or by a mental health professional cofacilitating with a mental health practitioner.

(5) The need for individual DBT skills training must be determined by a mental health professional or a mental health practitioner working as a clinical trainee, according to part 9505.0371, subpart 5, item C, under the supervision of a licensed mental health professional according to part 9505.0371, subpart 5, item D.

38.1 E. A program must ~~apply to the commissioner to~~ be certified by the
38.2 commissioner as a DBT provider. To qualify for certification, a provider must ~~demonstrate~~
38.3 ~~the following~~:

38.4 (1) ~~the program holds~~ hold current accreditation as a DBT program from
38.5 a nationally recognized certification body approved by the commissioner or submit to
38.6 the commissioner's inspection and provide evidence that the DBT program's policies,
38.7 procedures, and practices will continuously meet the requirements of this subpart;

38.8 (2) ~~is~~ be enrolled as a MHCP provider; ~~and~~

38.9 (3) ~~collects~~ collect and ~~reports~~ report client outcomes as specified by the
38.10 commissioner~~.~~; and

38.11 (4) have a manual that outlines the DBT program's policies, procedures,
38.12 and practices which meet the requirements of this subpart.

38.13 F. The DBT treatment team must consist of persons who are trained in DBT
38.14 treatment. The DBT treatment team may include persons from more than one agency.
38.15 Professional and clinical affiliations with the DBT team must be delineated~~. The DBT~~
38.16 ~~multidisciplinary team must have at least one member who is certified as a DBT clinician~~
38.17 ~~by a nationally recognized certification body that is approved by the commissioner, and~~
38.18 ~~meets the following qualifications, training, and supervision standards~~:

38.19 (1) A DBT team leader must:

38.20 (a) be a mental health professional employed by, affiliated with, or
38.21 contracted by a DBT program certified by the commissioner;

38.22 (b) have appropriate competencies and working knowledge of the
38.23 DBT principles and practices; and

38.24 (c) have knowledge of and ability to apply the principles and DBT
38.25 practices that are consistent with evidence-based practices.

39.1 (2) DBT team members who provide individual DBT or group skills
39.2 training must:

39.3 (a) be a mental health professional or be a mental health practitioner,
39.4 who is employed by, affiliated with, or contracted with a DBT program certified by the
39.5 commissioner;

39.6 (b) have or obtain appropriate competencies and working knowledge
39.7 of DBT principles and practices within the first six months of becoming a part of the
39.8 DBT program;

39.9 (c) have or obtain knowledge of and ability to apply the principles and
39.10 practices of DBT consistently with evidence-based practices within the first six months
39.11 of working at the DBT program;

39.12 (d) participate in DBT consultation team meetings; and

39.13 (e) require mental health practitioners to have ongoing clinical
39.14 supervision by a mental health professional who has appropriate competencies and
39.15 working knowledge of DBT principles and practices.

39.16 Subp. 11. **Noncovered services.** The mental health services in items A to J are not
39.17 eligible for medical assistance payment under this part:

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

39.19 B. a neuropsychological assessment carried out by a person other than a
39.20 neuropsychologist who is qualified according to part 9505.0372, subpart 2, item D;

39.21 C. a service ordered by a court that is solely for legal purposes and not related
39.22 to the recipient's diagnosis or treatment for mental illness;

39.23 D. services dealing with external, social, or environmental factors that do not
39.24 directly address the recipient's physical or mental health;

40.1 E. a service that is only for a vocational purpose or an educational purpose
40.2 that is not mental health related;

40.3 F. staff training that is not related to a client's individual treatment plan or
40.4 plan of care;

40.5 G. child and adult protection services;

40.6 H. fund-raising activities;

40.7 I. community planning; and

40.8 J. client transportation.

40.9 **RENUMBERING INSTRUCTION.** In each part of Minnesota Rules referred to in
40.10 column A, the revisor of statutes shall delete the reference in column B and insert the
40.11 reference in column C.

	Column A	Column B	Column C
40.13 40.14	9505.0260, subpart 1, item A	9505.0323, subpart 2	9505.0371, subpart 2
40.15 40.16	9505.0260, subpart 1, item B	9505.0323, subpart 1, item D	9505.0370, subpart 6
40.17	9505.0260, subpart 3	9505.0323	9505.0370 to 9505.0372
40.18	9505.0260, subpart 5	9505.0323, subpart 27	9505.0372, subpart 11
40.19	9505.0322, subpart 1	9505.0323, subpart 1	9505.0370
40.20	9505.0322, subpart 3	9505.0323, subpart 4	9505.0370 to 9505.0372
40.21 40.22	9505.0322, subpart 4, item B, subitem (2)	9505.0323, subpart 20	9505.0371, subpart 6
40.23	9505.0322, subpart 11	9505.0323, subpart 26	
40.24	9505.0386, subpart 2	9505.0323	9505.0370 to 9505.0372
40.25 40.26	9505.2175, subpart 2, item G	9505.0323, subpart 1	9505.0370, subpart 15

9520.0902, subpart 29	9505.0323, subpart 31	9505.0371, subpart 5, items B and C
9535.4056	9505.0323, subpart 26	Minnesota Statutes, section 256B.0943

REPEALER. Minnesota Rules, parts 9505.0175, subparts 18 and 20; and 9505.0323, are repealed ~~January 1, 2011~~.

~~**EFFECTIVE DATE.**~~ ~~Minnesota Rules, parts 9505.0370 to 9505.0372, are effective January 1, 2011.~~