

STATE: MINNESOTA

Attachment 3.1-A

Effective: October 1, 2020

Page 17xx-9

TN: 20-09

Approved:

Supersedes: 14-08, 17-06

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

2. **Coordinated Care Conference** brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. This conference may be conducted via telephone or two-way, interactive video. Participants in the conference will perform some, or all, of the following:

- a. Coordinate and integrate information from the CMDE process
- b. Describe intensive treatment options and expectations across service settings;
- c. Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
- d. Review the child's progress toward goals with the child's family;
- e. Coordinate services provided to the child and family;
- f. Identify the level and type of parent involvement in the child's intensive treatment;
- g. Coordinate program transition; and
- h. Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education;

Qualified providers: Must be completed by the Qualified Supervising Professional, and may include the CMDE Provider, Level I Provider, and Level II Provider.

3. **Individual Treatment Plan (ITP)** is a person-centered, written plan of care for a child receiving EIDBI services. This includes development, ongoing monitoring, and updating of the ITP. The ITP must be based on the CMDE, be culturally and linguistically appropriate, and include input from the child's family and legal representative. The ITP specifies the:

- child's functional goals, including baseline measures and projected dates of accomplishment, which are developmentally appropriate, and work toward generalization across people and environments;
- treatment modality or modalities;
- treatment intensity, frequency and duration;
- setting and any specialized equipment needed;
- discharge criteria;
- treatment outcomes and the methods to be implemented to support the accomplishment of outcomes, including the amount of time needed for each Level of provider to deliver child treatment and parent training; and

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Attachment 3.1-B

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(continued)

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26. Personal care services, continued

- a. The Personal Care Assistance Choice provider agency must ensure arms-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. Under Personal Care Assistance Choice, qualified professionals must visit the recipient in the recipient's home at least once every 180 days. These visits may be conducted remotely using telephonic or other electronic means. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.
4. Authorization to use the Personal Care Assistance Choice option will be denied, revoked, or suspended if:
 - a. the public health nurse or qualified professional, as defined below in F.1., determines that use of this option jeopardizes the recipient's health and safety;
 - b. the parties do not comply with the written agreement; or
 - c. the use of the option results in abusive or fraudulent billing.

E. Qualified Professionals

1. "Qualified professional" means the following professionals as defined in Minnesota Statute § 256b.0625, subdivision 19c' employed by a personal care provider agency: a registered nurse, mental health professional, licensed social worker, or qualified developmental disability specialist.
2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations must have qualified professional supervision of personal care assistants.

G. Personal Care Assistants

1. Must be at least 18 years of age, except that a 16 or 17 year old may be a personal care assistant if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one personal care provider agency;

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