Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

August 11, 2015

Marie Zimmerman
State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-017	Revise Payment Rates and Expand Services Covered Under Mental Health Community Support Services. Effective Date: January 1, 2015

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, acting

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Sean Barrett, MDHS

Enclosures

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

The services below are not eligible for medical assistance payment as youth ACT services:

A. recipient transportation services otherwise paid under this Attachment;
B. services billed by a non-enrolled Medicaid provider;
C. services provided by volunteers;
D. direct billing of days spent "on call" when not providing services;
E. job-specific skills services, such as on-the-job training;
F. performance of household tasks, chores, or related activities for the recipient;
G. outreach services, as defined for adult rehabilitative mental health ~~community support~~ services on page 54~~f~~g;
H. inpatient psychiatric hospital treatment;
I. mental health residential treatment;
J. partial hospitalization;
K. physician services outside of care provided by a psychiatrist serving as a member of the treatment team;
L. room and board costs;
M. children's mental health day treatment services;
N. mental health behavioral aid services.

6. **Family Psychoeducation Services** provide information or demonstration to an individual or family as part of an individual, family, multifamily group, or peer group session. Family psychoeducation services explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development. Services are provided so that the individual, family, or group can help the child prevent relapse and the acquisition of comorbid disorders, while achieving optimal mental health and long-term resilience. Family psychoeducation services are provided by a mental health professional, or a mental health practitioner working as a clinical trainee, as defined in Item 6.d.A.

13.d. Rehabilitative services. (continued)

- **Community health worker services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment. They provide culturally relevant patient education and care coordination services pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.

- **~~Mental health community support services~~ Adult rehabilitative mental health services (ARMHS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

  Telemedicine services. ~~Mental health community support~~ Adult rehabilitative mental health services, except adult day treatment services and intensive residential treatment services, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

~~The following are eligible to provide~~ adult rehabilitative mental health ~~community support~~ services~~:~~ are provided by:

1. A county-operated or non-county operated entity certified by the Department. ~~An entity certified by the Department and operated by a county.~~
~~2. An entity certified by the Department based on a review and recommendation by the host county.~~
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

13.d. Rehabilitative services. (continued)

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

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

(i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; or

(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

13.d. Rehabilitative services. (continued)

~~**Components of Mental Health Community Support Services**~~
Adult rehabilitative mental health services (ARMHS) are comprised of the following six component services. A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a certified peer specialist II under the clinical supervision of a mental health professional are qualified to provide components 1 – 5. A ~~a~~ mental health rehabilitation worker under the direction of a mental health professional, or a mental health practitioner ~~and~~ under the clinical supervision of a mental health professional ~~must be capable of providing the following three components~~ is qualified to provide components 3 - 5. A certified peer support specialist I under the clinical supervision of a mental health professional is qualified to provide peer support (component 5) services only.

A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

The qualifications for a mental health practitioner, a certified peer specialist, and a mental health rehab worker are previously described in this item.

1. Functional assessment: A complete **functional assessment** consists of the following two components:
   a. The **assessment of functional ability** is a narrative that identifies and describes:
      - the person's functional strengths and deficits;
      - the person's current status within each life area domain; and
      - the linkage between the individual's mental illness and their status and level of functioning within each life area domain.
   b. The assessment of functional ability informs the **level of care assessment**, which determines the service intensity needs of the individual.

2. Individualized treatment plan: based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions. Development of the treatment plan includes involvement of the client, client's family, caregivers, or other persons, which may include persons authorized to consent to mental health services for the client, and includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

13.d. Rehabilitative services. (continued)

3. Basic living and social skills, which may include:
   a. Communication skills.
   b. Social skills
   c. Budgeting and shopping skills.
   d. Healthy lifestyle skills.
   e. Household management skills.
   f. Transportation skills.
   g. Medication monitoring.
   h. Crisis assistance skills, including relapse prevention skills ~~and developing a health care document~~.

4. Community intervention is the c~~C~~onsultation with relatives, guardians, friends, employers, treatment providers, and other significant people~~, in order to change situations and allow the recipient to function more independently~~ . Community intervention enables the recipient to retain stability, function in the community, and reduces the risk of significant decompensation or the need to move to a more restrictive setting. The intervention ~~consultation~~ must be directed exclusively to the treatment of the recipient.

5. Certified Peer Specialist support, which must include:
   a. Non-clinical peer support that is person-centered and recovery-focused;
   b. Promoting recipient ownership of the plan of care to ensure the plan reflects the needs and preferences of the recipient in achieving specific, measurable results;
   c. Assisting the recipient with specific, recovery-focused activities designed to promote empowerment, self-determination and decision-making to help the recipient achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disability;
   d. Participating as a fully integrated mental health team member who provides highly individualized services in the community and shares the experience of mental health consumers and consumer culture to inform the team.
   e. Providing a level of Certified Peer Specialist support determined on an individual basis taking into account the intensity of the situation, the knowledge base of the Certified Peer Specialist and the acuity of the beneficiary’s condition.

13.d. Rehabilitative services. (continued)

6. A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as ~~mental health community support~~ adult rehabilitative mental health services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services
8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of ~~medically needy mental health mental health community support~~ adult rehabilitative mental health services, and assisting potentially eligible people with applying for these services.
9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner. Mental health crisis response services may be provided by the following provider types:

1. ~~An entity~~ county-operated ~~by a~~ or non-county operated entity certified by the Department.
~~2. An entity under contract with a county.~~
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Mental health crisis team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~mental health community support~~ services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

1. **Crisis assessment.** Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

   The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

2. **Crisis intervention.** Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis intervention 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or group of counties. The alternative plan must be designed to:
   1) result in increased access and reduction in disparities in the availability of crisis services;

13.d. Rehabilitative services. (continued)

professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages 54c - 54d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program (that is not an IMD) that provides short-term services. Stays in excess of 10 days in a month require authorization from the Department. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

1) A list of problems identified in the assessment;
2) A list of the recipient's strengths and resources;
3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
4) Specific objectives directed toward the achievement of each one of the goals;
5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
6) Planned frequency and type of services initiated;
7) The crisis response action plan if a crisis should occur; and
8) Clear progress notes on the outcome of goals.

13.d. Rehabilitative services. (continued)

4. **Community intervention** is the ~~c~~consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

Telemedicine services. Crisis response services, except residential Ucrisis stabilization services, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:
1.Recipient transportation services.
2.Services provided by a nonenrolled Medicaid provider.
3.Room and board.
4.Services provided to a recipient admitted to an inpatient hospital.
5.Services provided by volunteers.
6.Direct billing of time spent "on call" when not providing services.
7.Provider service time paid as part of case management services.
8.Outreach services, defined on page 54~~f~~g.

- **Intensive outpatient program dialectical behavior therapy services** are approved by a mental health professional as defined in item 6.d.A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.

  A recipient appropriate for dialectical behavior therapy must 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 and:

  1. have a diagnosis of borderline personality disorder; or

13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.
8. Outreach services, defined on page 5~~3f~~4g.

- Assertive community treatment (ACT) services are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan. Recipients must be over age 18, diagnosed with a mental illness, and:
  1. have substantial disability and functional impairment in several areas;
  2. have one of more of the following:
     a. a history of two or more inpatient hospitalizations in the past year
     b. significant independent living instability
     c. homelessness
     d. very frequent use of mental health and related services that result in poor outcomes; and
  3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community-based services (for example, adult rehabilitative mental health ~~community support~~ services) or are likely to experience a mental health crisis or require a more restrictive setting (for example hospitalization) if ACT is not provided.

The following are eligible to provide ACT services:

1. A~~n entity~~ county or non-county entity certified by the Department ~~and operated by a county~~.
~~2. An entity certified by the Department based on a program review by the host county with which the entity has a contract.~~

13.d. Rehabilitative services. (continued)

2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

   a. requires a specialized program that is not available ~~from county-approved entities~~; and

   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications, Training and Supervision

ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and other staff consistent with the Dartmouth Assertive Community Treatment Scale, which establishes national fidelity standards.

The team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~community support~~ services ~~as described on pages 54c, 54c.i, 54d and 54d.1~~.

The team must provide the following:

1. The components of adult rehabilitative mental health ~~community support~~ services ~~listed on page 54e~~.
2. Integrated dual diagnosis treatment.
3. Medication monitoring and training in medication self-administration.
4. Illness management and recovery.
5. Case management.
6. Psychological support and skills training.
7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.
8. Crisis services, including development of a crisis plan with the recipient.

13.d. Rehabilitative services. (continued)

The services below are not eligible for medical assistance payment as ACT services:

1. Recipient transportation services otherwise paid under this Attachment.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Outreach services, as defined for adult rehabilitative mental health ~~community support~~ services on page 54~~f~~g.
8. Inpatient hospital services, board and lodge facility services, or residential facility services to patients or residents. This includes services provided by an institution for mental diseases.

- **Intensive Residential ~~rehabilitative~~ Treatment ~~s~~Services (IRTS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan.

  These services are provided to a recipient meeting the same eligibility requirements for ACT services but the recipient also requires the level of care and supervision provided in a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

13.d. Rehabilitative services. (continued)

The following are eligible to provide intensive residential treatment ~~residential rehabilitative~~ services:

1. ~~An entity operated by a county.~~ A county-operated or non-county operated entity certified by the Department.

~~2. An entity with a host county contract after program review by the host county.~~

2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
   a. requires a specialized program that is not available from county-approved entities; and
   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Each provider must have a 24-hour residential care and program services license to provide services for five to sixteen adults with mental illness.

Provider Qualifications, Training and Supervision

Intensive ~~R~~residential treatment ~~rehabilitative~~ services are provided by a multidisciplinary staff for recipients with serious mental illness. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and sufficient staff to comply with the staffing ratio, which

13.d. Rehabilitative services. (continued)

is at least one staff for every nine recipients for each day and evening shift. If more than nine recipients are present at the residence, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health professional or a mental health practitioner.

Team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~community support~~ services ~~as described on pages 54c, 54c.1, 54d, and 54d.1~~, except that mental health rehabilitative workers acting as overnight staff need only meet the qualifications listed in item 2, subitems A through C on page 54c.1.

The team must provide the following:

1. The components of adult rehabilitative mental health ~~community support~~ services ~~listed on page 54c~~.
2. Integrated dual diagnosis treatment.
3. Medication monitoring and training in medication self-administration.
4. Illness management and recovery.
5. Psychological support and skills training.
6. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.
7. Crisis services.
8. Resident supervision and direction.
9. Inter-agency coordination.

The services below are not eligible for medical assistance payment as intensive residential treatment ~~rehabilitative~~ services:

1. Recipient transportation services otherwise reimbursed under this Attachment.
2. Services billed by a nonenrolled Medicaid provider.

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time eligible for payment as case management services.
8. Outreach activities, as defined for adult rehabilitative mental health ~~community support~~ services on page 54~~f~~g.
9. Inpatient hospital services. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.
2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: IFSP or IEP evaluations that are medical in nature and result in IFSPs or IEPs that include covered IEP services, or determine the need for continued covered IEP services; speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services, such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

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

The services below are not eligible for medical assistance payment as youth ACT services:

A. recipient transportation services otherwise paid under this Attachment;
B. services billed by a non-enrolled Medicaid provider;
C. services provided by volunteers;
D. direct billing of days spent "on call" when not providing services;
E. job-specific skills services, such as on-the-job training;
F. performance of household tasks, chores, or related activities for the recipient;
G. outreach services, as defined for adult rehabilitative mental health ~~community support~~ services on page 53~~f~~g;
H. inpatient psychiatric hospital treatment;
I. mental health residential treatment;
J. partial hospitalization;
K. physician services outside of care provided by a psychiatrist serving as a member of the treatment team;
L. room and board costs;
M. children's mental health day treatment services;
N. mental health behavioral aid services.

6. **Family Psychoeducation Services** provide information or demonstration to an individual or family as part of an individual, family, multifamily group, or peer group session. Family psychoeducation services explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development. Services are provided so that the individual, family, or group can help the child prevent relapse and the acquisition of comorbid disorders, while achieving optimal mental health and long-term resilience. Family psychoeducation services are provided by a mental health professional, or a mental health practitioner working as a clinical trainee, as defined in Item 6.d.A.

13.d. Rehabilitative services. (continued)

- **Community health worker services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment. They provide culturally relevant patient education and care coordination services pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.

- **~~Mental health community support services~~ Adult rehabilitative mental health services (ARMHS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

  Telemedicine services. ~~Mental health community support~~ Adult rehabilitative mental health services, except adult day treatment services and intensive residential treatment services, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

~~The following are eligible to provide~~ Adult rehabilitative mental health ~~community support~~ services~~:~~ are provided by:

1. A county-operated or non-county operated entity certified by the Department. ~~An entity certified by the Department and operated by a county.~~
~~2. An entity certified by the Department based on a review and recommendation by the host county.~~
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

13.d. Rehabilitative services. (continued)

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

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

(i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; or

(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

13.d. Rehabilitative services. (continued)

~~**Components of Mental Health Community Support Services**~~
Adult rehabilitative mental health services (ARMHS) are comprised of the following six component services. A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a certified peer specialist II under the clinical supervision of a mental health professional are qualified to provide components 1 – 5. A ~~a~~ mental health rehabilitation worker under the direction of a mental health professional, or a mental health practitioner ~~and~~ under the clinical supervision of a mental health professional ~~must be capable of providing the following three components~~ is qualified to provide components 3 - 5. A certified peer support specialist I under the clinical supervision of a mental health professional is qualified to provide peer support (component 5) services only.

A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

The qualifications for a mental health practitioner, a certified peer specialist, and a mental health rehab worker are previously described in this item.

1. Functional assessment: A complete **functional assessment** consists of the following two component:
   a. The **assessment of functional ability** is a narrative that identifies and describes:
      - the person's functional strengths and deficits;
      - the person's current status within each life area domain; and
      - the linkage between the individual's mental illness and their status and level of functioning within each life area domain.
   b. The assessment of functional ability informs the **level of care assessment**, which determines the service intensity needs of the individual.

2. Individualized treatment plan: based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions. Development of the treatment plan includes involvement of the client, client's family, caregivers, or other persons, which may include persons authorized to consent to mental health services for the client, and includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

13.d. Rehabilitative services. (continued)

3. Basic living and social skills, which may include:
   a. Communication skills.
   b. Social skills
   c. Budgeting and shopping skills.
   d. Healthy lifestyle skills.
   e. Household management skills.
   f. Transportation skills.
   g. Medication monitoring.
   h. Crisis assistance skills, including relapse prevention skills ~~and developing a health care document~~.

4. Community intervention is the c~~C~~onsultation with relatives, guardians, friends, employers, treatment providers, and other significant people~~, in order to change situations and allow the recipient to function more independently~~ . Community intervention enables the recipient to retain stability, function in the community, and reduces the risk of significant decompensation or the need to move to a more restrictive setting. The intervention ~~consultation~~ must be directed exclusively to the treatment of the recipient.

5. Certified Peer Specialist support, which must include:
   a. Non-clinical peer support that is person-centered and recovery-focused;
   b. Promoting recipient ownership of the plan of care to ensure the plan reflects the needs and preferences of the recipient in achieving specific, measurable results;
   c. Assisting the recipient with specific, recovery-focused activities designed to promote empowerment, self-determination and decision-making to help the recipient achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disability;
   d. Participating as a fully integrated mental health team member who provides highly individualized services in the community and shares the experience of mental health consumers and consumer culture to inform the team.
   e. Providing a level of Certified Peer Specialist support determined on an individual basis taking into account the intensity of the situation, the knowledge base of the Certified Peer Specialist and the acuity of the beneficiary’s condition.

13.d. Rehabilitative services. (continued)

6. A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as ~~mental health community support~~ adult rehabilitative mental health services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services
8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of ~~medically needy mental health mental health community support~~ adult rehabilitative mental health services, and assisting potentially eligible people with applying for these services.
9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner. Mental health crisis response services may be provided by the following provider types:

1. ~~An entity~~ county-operated ~~by a~~ or non-county operated entity certified by the Department.
~~2. An entity under contract with a county.~~
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Mental health crisis team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~mental health community support~~ services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

1. **Crisis assessment.** Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

   The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

2. **Crisis intervention.** Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis intervention 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or group of counties. The alternative plan must be designed to:

   1) result in increased access and reduction in disparities in the availability of crisis services;

13.d. Rehabilitative services. (continued)

professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages 53c - 53d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program (that is not an IMD) that provides short-term services. Stays in excess of 10 days in a month require authorization from the Department. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

1) A list of problems identified in the assessment;
2) A list of the recipient's strengths and resources;
3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
4) Specific objectives directed toward the achievement of each one of the goals;
5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
6) Planned frequency and type of services initiated;
7) The crisis response action plan if a crisis should occur; and
8) Clear progress notes on the outcome of goals.

13.d. Rehabilitative services. (continued)

4. **Community intervention** is the ~~c~~consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

Telemedicine services. Crisis response services, except residential Ucrisis stabilization services, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:
1.Recipient transportation services.
2.Services provided by a nonenrolled Medicaid provider.
3.Room and board.
4.Services provided to a recipient admitted to an inpatient hospital.
5.Services provided by volunteers.
6.Direct billing of time spent "on call" when not providing services.
7.Provider service time paid as part of case management services.
8.Outreach services, defined on page 53~~f~~g.

- **Intensive outpatient program dialectical behavior therapy services** are approved by a mental health professional as defined in item 6.d.A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.

  A recipient appropriate for dialectical behavior therapy must 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 and:

  1. have a diagnosis of borderline personality disorder; or

13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.
8. Outreach services, defined on page 53~~f~~g.

- Assertive community treatment (ACT) services are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan. Recipients must be over age 18, diagnosed with a mental illness, and:
  1. have substantial disability and functional impairment in several areas;
  2. have one of more of the following:
     a. a history of two or more inpatient hospitalizations in the past year
     b. significant independent living instability
     c. homelessness
     d. very frequent use of mental health and related services that result in poor outcomes; and
  3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community-based services (for example, adult rehabilitative mental health ~~community support~~ services) or are likely to experience a mental health crisis or require a more restrictive setting (for example hospitalization) if ACT is not provided.

  The following are eligible to provide ACT services:

  1. A~~n entity~~ county or non-county entity certified by the Department ~~and operated by a county~~.
  ~~2. An entity certified by the Department based on a program review by the host county with which the entity has a contract.~~

13.d. Rehabilitative services. (continued)

2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

   a. requires a specialized program that is not available ~~from county-approved entities~~; and

   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications, Training and Supervision
ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and other staff consistent with the Dartmouth Assertive Community Treatment Scale, which establishes national fidelity standards.

The team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~community support~~ services ~~as described on pages 54c, 54c.i, 54d and 54d.1~~.

The team must provide the following:

1. The components of adult rehabilitative mental health ~~community support~~ services ~~listed on page 54c~~.
2. Integrated dual diagnosis treatment.
3. Medication monitoring and training in medication self-administration.
4. Illness management and recovery.
5. Case management.
6. Psychological support and skills training.
7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.
8. Crisis services, including development of a crisis plan with the recipient.

13.d. Rehabilitative services. (continued)

The services below are not eligible for medical assistance payment as ACT services:

1. Recipient transportation services otherwise paid under this Attachment.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Outreach services, as defined for adult rehabilitative mental health ~~community support~~ services on page 53~~f~~g.
8. Inpatient hospital services, board and lodge facility services, or residential facility services to patients or residents. This includes services provided by an institution for mental diseases.

- **Intensive Residential ~~rehabilitative~~ Treatment ~~s~~Services (IRTS)** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan.

  These services are provided to a recipient meeting the same eligibility requirements for ACT services but the recipient also requires the level of care and supervision provided in a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

13.d. Rehabilitative services. (continued)

The following are eligible to provide intensive residential treatment ~~residential rehabilitative~~ services:

1. ~~An entity operated by a county.~~ A county-operated or non-county operated entity certified by the Department.

~~2. An entity with a host county contract after program review by the host county.~~

2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
   a. requires a specialized program that is not available from county-approved entities; and
   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Each provider must have a 24-hour residential care and program services license to provide services for five to sixteen adults with mental illness.

Provider Qualifications, Training and Supervision

Intensive ~~R~~residential treatment ~~rehabilitative~~ services are provided by a multidisciplinary staff for recipients with serious mental illness. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and sufficient staff to comply with the staffing ratio, which

13.d. Rehabilitative services. (continued)

is at least one staff for every nine recipients for each day and evening shift. If more than nine recipients are present at the residence, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health professional or a mental health practitioner.

Team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health ~~community support~~ services ~~as described on pages 54c, 54c.1, 54d, and 54d.1~~, except that mental health rehabilitative workers acting as overnight staff need only meet the qualifications listed in item 2, subitems A through C on page 53c.1.

The team must provide the following:

1. The components of adult rehabilitative mental health ~~community support~~ services ~~listed on page 54c~~.
2. Integrated dual diagnosis treatment.
3. Medication monitoring and training in medication self-administration.
4. Illness management and recovery.
5. Psychological support and skills training.
6. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.
7. Crisis services.
8. Resident supervision and direction.
9. Inter-agency coordination.

The services below are not eligible for medical assistance payment as intensive residential treatment ~~rehabilitative~~ services:

1. Recipient transportation services otherwise reimbursed under this Attachment.
2. Services billed by a nonenrolled Medicaid provider.

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.
4. Direct billing of days spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time eligible for payment as case management services.
8. Outreach activities, as defined for adult rehabilitative mental health ~~community support~~ services on page 53~~f~~g.
9. Inpatient hospital services. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.
2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: IFSP or IEP evaluations that are medical in nature and result in IFSPs or IEPs that include covered IEP services, or determine the need for continued covered IEP services; speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services, such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

13.d. Rehabilitative services. (continued)

training costs across all sites)], for each type of graduate trainee at the clinical site.

(2) graduate trainee at the clinical site.

(Total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus $4,850,000, multiplied by .9, multiplied by .33, multiplied by the ratio of the site's public program revenue to the public program revenue for all teaching sites.

(3) A portion of: [(the total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus $4,850,000, multiplied by .10, multiplied by the provider's sponsoring institution's ratio of the amounts in subitems (1) and (2) to the total dollars available under subitems (1) and (2), in the amount the sponsoring institution determines is necessary to offset clinical costs at the site.

Community health worker services are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

Effective January 1, 2015, the following services provided as part of **Adult Rehabilitative Mental Health Services (ARMHS)** are paid as described below:

- A **functional assessment** is paid the lower of the submitted charge or $20.61 per 15 minute unit;

- Creation of an i**ndividualized treatment plan** is paid the lower of the submitted charge or $20.61 per 15 minute unit;

- **Basic living & social skills** provided by a mental health professional or practitioner are paid the lower of the submitted charge or $17.17 per 15 minute unit;

- **Basic living & social skills** provided by a mental health rehabilitation worker are paid the lower of the submitted charge or $12.87 per 15 minute unit;

- **Basic living & social skills** provided in a group setting, regardless of the provider, are paid the lower of the submitted charge or $7.55 per 15 minute unit. A "group" is defined as two to 10 recipients.

13.d. Rehabilitative services. (continued)

- **Community intervention** provided by a mental health professional or practitioner is paid the lower of the submitted charge or $48.68 per session;

- **Community intervention** provided by a mental health rehabilitation worker is paid the lower of the submitted charge or $36.51 per session;

- **Medication education** is paid the lower the submitted charge or $16.98 per 15 minute unit;

- **Medication education** provided in a group setting is paid the lower the submitted charge or $11.04 per 15 minute unit;

- **Level I certified peer specialist** services, are paid the lower of the submitted charge or $15.02 per 15 minute unit;

- **Level II certified peer specialist** services are paid the lower of the submitted charge or $17.17 per 15 minute unit;

- **Certified peer specialist** services in a group setting, are paid the lower of the submitted charge or $7.55 per 15 minute unit.

~~Effective October 1, 2008, **basic living and social skills** provided as part of mental health community support services are paid:~~

~~for mental health professionals or mental health practitioners, the lower of the submitted charge or $13.01 per 15 minute unit;~~

~~for mental health rehabilitation workers, the lower of the submitted charge or $9.75 per 15 minute unit; or~~

~~in a group setting, regardless of the provider, the lower of the submitted charge or $5.72 per 15 minute unit. For the purposes of mental health community support services, "group" is defined as two to 10 recipients.~~

~~Effective October 1, 2008, **consultation with significant people,** including relatives, guardians, friends, employers, and treatment providers, provided as part of mental health community support services is paid:~~

~~for mental health professionals or mental health practitioners, the lower of the submitted charge or $36.88 per session;~~

13.d. Rehabilitative services. (continued)

~~for mental health rehabilitation workers, the lower of the submitted charge or $27.66 per session.~~

~~Effective for **medication education** provided as part of mental health community support services on or after October 1, 2008, payment is:~~

~~the lower of the submitted charge or $12.86 per 15 minute unit;~~

~~in a group setting, the lower of the submitted charge or $8.36 per 15 minute unit.~~

Crisis assessment, crisis intervention, and crisis stabilization provided as part of mental health crisis response services are paid:

- As described in item 4.b. when provided by ~~For~~ mental health professionals or mental health practitioners~~, are paid as provided in item 4.b.~~;

- ~~For~~when provided by mental health rehabilitation workers, the lower of the submitted charge or $40.64 (effective February 18, 2004) per 60 minute unit (effective January 1, 2004);

- in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or $22.00 per 60 minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients;

- in a supervised, licensed residential setting, with four or fewer beds that does not provide intensive residential treatment services, payment is based on a historical calculation of the average cost of providing the component services of crisis assessment, crisis intervention and crisis stabilization in a residential setting, exclusive of costs related to room and board or other unallowable facility costs, and is equal to the lower of the submitted charge or $262.00 per day. ~~that is not an IMD that provides short-term services but does not provide intensive residential~~ treatment ~~rehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people~~ community ~~intervention~~, ~~the lower of the submitted charge or $262.00 per day; or~~

13.d. Rehabilitative services. (continued)

The Department coordinates with county mental health staff to monitor the provision of crisis services via site reviews at re-licensure/certification, and when an allegation of improper billing or maltreatment is received. Provider data is compared to MMIS data to ensure adequate service provision;

- in a supervised, licensed residential setting, with five to sixteen beds, ~~that is not an IMD that provides short-term services, including intensive residentialrehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people~~ the rate is the rate for residential rehabilitative services, below.

- When not provided in a supervised, licensed residential setting that is not an IMD that provides short-term services, **community intervention** ~~**consultation with significant people** including relatives, guardians, friends, employers, and treatment providers~~ provided ~~as part of mental health crisis response services~~ on or after October 1, 2008, as part of mental health crisis response services, ~~are~~ is paid:

  for mental health professionals or mental health practitioners, the lower of the submitted charge or $36.88 per session;

  for mental health rehabilitation workers, the lower of the submitted charge or $27.66 per session.

- Effective July 1, 2009, **Certified Peer Specialist** support provided as part of ~~mental health community support services or~~ mental health crisis response services are paid:

  for Certified Peer Specialists Level I, the lower of the submitted charge or $11.38 per 15 minute unit;

  for Certified Peer Specialists Level II (qualified at the mental health practitioner level), the lower of the submitted charge or $13.01 per 15 minute unit;

  in a group setting, the lower of the submitted charge or $5.72 per 15 minute unit.

13.d. Rehabilitative services (continued)

Effective October 1, 2010, dialectical behavior therapy services are paid:

for individual dialectical behavior therapy, the lower of the submitted charge or $40.00 per 15 minute unit;

for group dialectical behavior therapy skills training, the lower of the submitted charge or $18.16 per 15 minute unit.

Assertive community treatment (ACT) and **residential rehabilitative services (intensive residential treatment services and crisis stabilization)** providers are paid a per diem, per provider, rate determined by the Department inclusive of all ACT or residential rehabilitative services, staff travel time to provide ACT or residential rehabilitative services, and crisis stabilization services provided as a component of mental health crisis response services. Providers must submit a state-developed cost report annually. Reasonable costs of ACT and residential rehabilitative services are determined in accordance with Office of Management and Budget (OMB) Circular Number A-87 relating to for-profit entities, and OMB Circular Number A-122, relating to nonprofit entities. To determine the rate, the following statewide criteria are considered:

1. Direct service expenditures: direct service expenditures include employee costs associated with the program's direct service staff (salaries, training and fringe), service-related transportation, and contracted direct service staff costs. The Department calculates the direct services rate by dividing total direct service costs by the total units of service provided in the state fiscal year prior to the calendar year for which the rate is being determined.

   For new programs, programs converting to serve a different specific population, or programs changing capacity, estimated actual costs are used to determine the direct services rate.

2. Other program costs: other program costs consist of administrative and other non-direct services program costs. Such costs include, but are not limited to, administrative staff costs (salary and fringe), insurance, professional dues, and supplies. The Department calculates the other program costs rate by multiplying the direct services rate by a flat percentage. The percentage for ACT providers is 41%. The percentage for residential rehabilitation providers is 37%.

3. Physical plant costs: residential rehabilitation service providers receive additional reimbursement related to physical plant costs. Providers must designate the percentage of the facility that is entirely devoted to treatment and programming (e.g. individual treatment or therapy rooms and group treatment or therapy rooms).

13.d. Rehabilitative services (continued)

This does not include administrative or residential space. The Department calculates the physical plant costs rate by multiplying the total physical plant costs for the facility in the prior state fiscal year by the percentage of the facility devoted to treatment and programing. This amount is then divided by the total units of service from the prior state fiscal year.

The total per diem, per provider rate is the sum of the provider's direct services rate, other program costs rate, and physical plant costs rate (for residential rehabilitation service providers only). Rates are recalculated and put into effect January 1 of each year.

The state shall not claim FFP for any non-institutional service provided to individuals who are residents of facilities that meet the federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in federal regulations at 42 C.F.R. §§ 440.140, 440.160 and 42 C.F.R. § 441 Subparts C and D.

The Department coordinates with county mental health staff to monitor the provision of ACT and residential services via site reviews at re-licensure/certification, and when an allegation of improper billing or maltreatment is received. Provider data is compared to submitted cost reports and MMIS data to ensure adequate service provision and accurate cost reporting.

Assertive community treatment (ACT) services and **intensive residential treatment** ~~**rehabilitative**~~ **services** (IRTS) provided by county entities and entities furnishing specialized ACT or IRTS ~~residential rehabilitative services~~ to a subpopulation of recipients are paid a per diem rate established by the Department based on the Department's consideration of the factors, above.