

Necessity of Care Service Recommendations/Referrals FAQs

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DHS Goals

Q: What goals does DHS have regarding this new process?

A: DHS has several goals in mind:

Goal #1: Reduce administrative redundancies, streamline data collection and decrease barriers for adult clients who wish to begin certain services, and maintain quality.

Goal #2: Eliminate the need for a mental health professional to complete a separate level of care tool to refer to various services for adult clients. Instead, use eligibility criteria as defined in statute, as well as clinical judgement to make specific service recommendations/referrals.

Goal #3: Preserve the ability for eligible mental health staff to use a level of care (LOC) tool when needed.

Approved Tools and Impacted Services

Q: Which adult level of care tools are approved by DHS?

A: Commissioner-approved level of care tools are:

- Level of Care Utilization System (LOCUS)
- Necessity of Care Process
 - DHS will no longer provide the LOCUS tool to providers; however, providers that have made arrangements with the copyright holder may continue to use this tool.
 - DHS is discontinuing approved use of the **WHODAS** for level of care assessments.

Q: Which services will be able to use the new necessity of care service recommendation/referral process?

A: The new necessity of care service recommendation/referral process is limited to adult populations.

The following services may use this new process:

- Adult Day Treatment
- Partial Hospitalization Programs (18+)
- Intensive Residential Treatment Services (IRTS)
- Intensive Rehabilitative Mental Health Services (IRMHS) (18+)
- Children's Intensive Behavioral Health Services
- Adult Rehabilitative Mental Health Services (ARMHS)
- Assertive Community Treatment (ACT)

Q: If my client meets eligibility criteria for several service recommendations/referrals is it best practice to refer my client to **all** those services?

A: No. Although a client may meet eligibility requirements for multiple service recommendations/referrals, **the mental health professional must use clinical judgement** to ensure that the most beneficial and appropriate recommendations/referrals are made for the client.

Q: How can an Adult Mental Health Targeted Case Manager (AMH-TCM) use the new Necessity of Care Recommendation/Referral process?

A: The AMH-TCM **may not** use the new Necessity of Care Recommendation/Referral process, as this may only be used by mental health professionals within a diagnostic assessment.

However, an AMH-TCM may coordinate with a mental health professional and request that the MHP make a recommendation/referral within the diagnostic assessment for their mutual client.

Q: What level of care tools can an AMH-TCM use?

A: Completing a level of care tool will no longer be included within the AMH-TCM duties. The TCM MCHP page is being updated to reflect this change.

Q: Are there any other administrative impacts for AMH-TCMs to consider?

A: No other areas of AMH-TCM are impacted. Continue to follow all statutory requirements.

Necessity of Care Process

Q: What is the necessity of care process?

A: The mental health professional (MHP) or clinical trainee under the supervision of a mental health professional must document in the client file that the client meets ***all** of the eligibility criteria for a particular service recommendation/referral.

AND

The MHP, using clinical judgement, makes a recommendation/referral for the clinically appropriate service. This is documented within the client's diagnostic assessment.

*The mental health professional does not need to complete a functional assessment with a client in order to meet eligibility requirements; however, the mental health professional must use clinical judgement to determine that the client does have qualifying functional impairments.

Completing a Level of Care Tool

Q: Will the mental health professional need to complete a separate level of care (LOC) tool while performing a diagnostic assessment (DA) with an adult?

A: No. The mental health professional will no longer need to complete a separate level of care (LOC) tool to make specific service recommendations/referrals for adults. Instead, the mental health professional must use eligibility criteria, as well as clinical judgement, to make service recommendations/referrals.

Q: If the mental health professional prefers to complete a level of care tool to make service recommendations/referrals, is this permissible?

A: Yes, a mental health professional may complete a commissioner-approved level of care tool to make services recommendations/referrals, if that is preferred.

Q: Can a level of care (LOC) assessment be completed even if a client does not have a diagnostic assessment?

A: Yes. There are situations where it would be beneficial for a client to have a level of care assessment completed separately from a diagnostic assessment or to meet service line specific timelines. For example,

hospital-based providers may also prefer to complete a level of care assessment separately from a diagnostic assessment.

IRTS providers: Timeline requirements for IRTS mandate a level of care assessment must be completed within five days of admission, and a diagnostic assessment (DA) completed within 10 days of admission. If utilizing the necessity of care process, the DA must be completed within five days of admission to meet the level of care assessment timeline.

Q: Does an eligible mental health staff person also need to complete a level of care (LOC) tool if a client presents with a diagnostic assessment (DA) that includes a necessity of care recommendation/referral?

A: No. An eligible mental health staff person does not need to complete a level of care assessment in this case, as the mental health professional has already justified the service recommendation/referral within the DA.

Q: Can the WHODAS be used in any other capacity by providers?

A: Yes, the WHODAS can be used for other purposes. The discontinuation of the WHODAS is limited to using it as a level of care tool placement tool.

Q: Now that the IAR is inaccessible online, what are the options?

A: You may continue to use the LOCUS with permission from Deerfield or the Necessity of Care and edoc <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8368-ENG>

Adding a Service Recommendation/Referral sometime after the Diagnostic Assessment has been completed

Q: Can an eligible mental health staff person complete a level of care (LOC) tool for a client who has a diagnostic assessment, but the necessity of care recommendation/referral has not been identified?

A: Yes, in cases where a client's diagnostic assessment meets requirements, but is missing the level of care (necessity of care) recommendation/referral, to prevent unnecessary barriers to the provision of services, the eligible mental health staff person may complete a LOC tool using either the LOCUS or Necessity of Care for a client in this case. A mental health professional must review and approve the LOC completed by an eligible mental health staff person. This is to be documented in the client file. Follow level of care billing procedures as usual.

Q: If the mental health professional needs to amend the DA sometime after it was completed, can an amendment be made to the DA to include the necessity of care recommendations/referral?

A: Yes, the mental health professional may amend a diagnostic assessment that is less than 12 months old to include a new service recommendation/referral, provided the client meets all of the eligibility requirements for that service. This amendment may be done with or without a face-to-face meeting with the client; use of professional clinical judgement is encouraged to make this determination.

Amendments made without face-to-face client contact are not billable.

Continuing Stay Eligibility

Q: Please describe how to verify continuing stay eligibility without using a level of care tool?

A: The mental health professional may amend the DA to verify level of care continuing stay eligibility. The mental health professional must ensure that the client meets all continuing stay eligibility requirements and document this within the diagnostic assessment. This does not need to include a full DA update.

OR

An eligible mental health staff person may complete a level of care assessment by completing either a LOCUS or Necessity of Care to verify continuing stay eligibility. A mental health professional must review and approve the LOC assessment completed by a mental health practitioner.

ARMHS Billing

Q: When an ARMHS specialist performs a level of care (LOCUS or Necessity of Care) tool in situations where the diagnostic assessment completed by a mental health professional did not include the necessity of care service recommendation/referral, is this a billable event?

A: In situations where an ARMHS specialist is completing a level of care tool, follow billing procedures as usual – complete the LOC and the functional assessment together and bill H0031.

Q: Does an ARMHS specialist need to do a level of care assessment when updating a functional assessment?

A: Only in instances when there has been a significant change in the client's functioning would a new level of care assessment be necessary, to be completed by an eligible mental health staff person in conjunction with an updated FA. If no significant changes, the ARMHS specialist must document in the client file that a level of care assessment was not completed because a mental health professional had completed the necessity of care recommendations/referral.

Effective Dates and Further Questions

Q: When can mental health professionals begin using the Necessity of Care process?

A: Effective 11/28/2022, mental health professionals may use the Necessity of Care process.

Q: When must providers discontinue using the WHODAS as a level of care tool?

A: The WHODAS is being phased out as a level of care tool effective 1/1/2023. If your agency needs a longer grace period, please contact ScreeningToolCommittee.LOC.dhs@state.mn.us to discuss a variance option.

Q: Who can I contact with further questions about the level of care or necessity of care?

A: Please write to the following e-mail address: ScreeningToolCommittee.LOC.dhs@state.mn.us with any further questions regarding the level of care or necessity of care changes.

Samples and Templates

Q: Will DHS provide samples, templates, or job aids detailing what the eligibility criteria are for each service that previously required a level of care tool?

A: Yes, DHS will make samples, templates, and job aids available, which providers and agencies may use to develop “cheat sheets,” forms, or other assistive tools that are compatible with their electronic health record systems.

Q: Could you provide an example of what the necessity of care recommendation/referral might look like in a diagnostic assessment?

A: Yes.

Necessity of Care Recommendation/Referral

<p>Client meets all eligibility criteria and would therapeutically benefit from the following service(s):</p> <ul style="list-style-type: none"><input type="checkbox"/> Adult Day Treatment<input type="checkbox"/> Adult Rehabilitative Mental Health Services (ARMHS)<input type="checkbox"/> Assertive Community Treatment (ACT)<input type="checkbox"/> Intensive Residential Treatment Services (IRTS)<input type="checkbox"/> Partial Hospitalization Program (PHP) 18+<input type="checkbox"/> Intensive Rehabilitative Mental Health Services (IRMHS) 18+<input type="checkbox"/> Children’s Intensive Behavioral Health Services (CIBHS)	<p>Recommendations for initial goals/other services:</p> <ul style="list-style-type: none"><input type="checkbox"/> Mental symptoms and service needs<input type="checkbox"/> Substance use/abuse<input type="checkbox"/> Social supports and social functioning<input type="checkbox"/> Medication needs<input type="checkbox"/> Self-care/independent living capacity
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Q: Will DHS have an eDoc available and how can this be used?

A: Yes, DHS has created an eDoc that contains relevant eligibility criteria for each of the impacted service. Providers may use the eDoc in a variety of ways: 1. Use as a job aid or “cheat sheet” 2. Complete and use as documentation to make recommendations/referrals (along with a valid diagnostic assessment) and 3. Use as a template to create a document compatible with your organization’s electronic health record.

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8368-ENG>