

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



October 20, 2014

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

Dear Ms. Berg:

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

Transmittal #13-14 - Children's Mental Health Services and Rates
 --Effective Date: July 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Todd McMillion
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Sean Barrett, MDHS

Enclosure

4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

A diagnostic assessment is a written report that documents clinical and functional face-to-face evaluation of a recipient's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the recipient, and identifies the recipient's strengths and resources. A diagnostic assessment is necessary to determine a recipient's eligibility for mental health services.

An interactive diagnostic assessment, usually performed with children, may use physical aids and nonverbal communication to overcome communication barriers because the recipient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communication or
- Needs an interpreter, whether due to hearing impairment or the recipient's language is not the same as the provider's, in order to participate in the diagnostic assessment

Brief Diagnostic Assessment

The Brief Diagnostic Assessment includes a written clinical summary that explains the diagnostic hypothesis which may be used to address the recipient's immediate needs or presenting problem. The assessment collects sufficient information to apply a provisional clinical hypothesis. Components includes:

- The recipient's current life situation
- Recipient's description of symptoms (including reason for referral)
- A mental status exam
- Screenings used to determine a recipient's substance use, abuse, or dependency, and other standardized screening instruments

Standard Diagnostic Assessment

- All components of Brief Diagnostic assessment
- Conducted in the cultural context of the recipient
- An assessment of the recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety
- Assessment methods and use of standardized assessment tools Clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services

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Approved: **10/20/14**

Supersedes: 11-04 (08-02, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services,
continued:

- Involvement of the recipient and recipient's family in assessment and service preferences and referrals to services
- Sufficient recipient data to support findings on all axes of the current edition of the Diagnostic and Statistical Manual (DSM), and any differential diagnosis

Extended Diagnostic Assessment

- All requirements of a Standard Diagnostic Assessment which are gathered over three or more appointments due to the recipient's complex needs that necessitate significant additional assessment time.
- Complex needs are those caused by:
 - Acuity of psychotic disorder
 - Cognitive or neurocognitive impairment
 - A need to consider past diagnoses and determine their current applicability
 - Co-occurring substance abuse use disorder
 - Disruptive or changing environments,
 - Communication barriers
 - Cultural considerations

An adult diagnostic assessment update can only be an update of a standard or extended diagnostic assessment for individuals age 18 and older. It updates the most recent diagnostic assessment. The update:

- Reviews recipient's life situation: updates significant new or changed information, documents where there has not been significant change
- Screens for substance use, abuse, or dependency
- Mental status exam
- Assesses recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs
- Includes a clinical summary
- Includes recommendations and prioritization of needed mental health, ancillary, or other services
- Includes involvement of recipient and recipient's family in assessment and service preferences and referrals to services
- Includes diagnosis on all axes of the current edition of the DSM

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

Approved: **10/20/14**

Supersedes: 11-04 (09-22, 08-02, 06-12, 04-10, 02-22)

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

~~Rehabilitative services as follows:~~

1. **Children's therapeutic services and supports** for children is a flexible package of mental health services for children requiring varying therapeutic and rehabilitative levels of intervention provided by mental health professionals and mental health practitioners under the clinical supervision of mental health professionals. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

A diagnostic assessment by a mental health professional or mental health practitioner clinical trainee as described in item 6.d.A, must have determined that the child is in need of children's therapeutic services and supports to address an identified disability and functional impairment.

Qualified children's therapeutic services and supports providers can provide diagnostic assessment, explanation of findings, psychological testing and neuropsychological services.

The following are eligible to provide children's therapeutic services and supports:

- A. A county-operated or non-county operated entity certified by the Department
- B. 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. A facility of the Indian Health Service or a 638 facility must be certified by the Department.

Provider Qualifications and Training

- A. A mental health professional is an individual defined in item 6.d.A.
- B. A mental health practitioner working under the direction of a mental health professional:
 - 1) holds a bachelor's degree in one of the behavior sciences or related fields from an accredited college or university and:
 - a) has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances; or

Approved: **10/20/14**

Supersedes: 11-04 (09-22, 06-12, 04-10, 02-22)

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

- b) 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 children with emotional disturbances, 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;
 - 2) has at least 6,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances, including hours worked as a mental health behavioral aide I or II;
 - 3) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or
 - 4) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university ~~and has less than 4,000 hours of post-masters experience in the treatment of emotional disturbance;~~ and
 - 5) must have 20 hours of continuing education every two calendar years. Topics covered are those identified in item C, subitem 1), clause c), subclause 1), below or
 - 6) is working as a clinical trainee as described in item 6.d.A.
- C. A mental health behavioral aide, a paraprofessional who is not the legal guardian or foster parent of the child, working under the direction of a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional.
- 1) Level I mental health behavioral aides must:
 - a) be at least 18 years of age;
 - b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with severe emotional disturbance within the previous ten years; and

Approved: **10/20/14**

Supersedes: 06-12 (04-10, 02-22)

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

c) meet the following orientation and training requirements:

1. 30 hours of preservice training covering Minnesota's data privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act; the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special needs.

Fifteen hours must be face-to-face training in mental health services delivery and eight hours must be parent team training, which includes partnering with parents; fundamentals of family support; fundamentals of policy and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and

2. 20 hours of continuing education every two calendar years. Topics covered are those identified in subclause 1), above.

2) a Level II mental health behavioral aide must:

- a) be at least 18 years of age;
- b) have an associate or bachelor's degree or 4,000 hours of experience delivering clinical services in the treatment of mental illness concerning children or adolescents, or complete a certification program approved by the Department; and

Approved: **10/20/14**

Supersedes: 11-04 (09-22, 06-12, 04-10, 02-22)

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

- d) meet the preservice and continuing education requirements as a Level I mental health behavioral aide.

~~D. A preschool multidisciplinary team that includes at least one mental health professional and one or more of the following individuals under the clinical supervision of a mental health professional:~~

- ~~1. a mental health practitioner;~~
- ~~2. a program person, including a teacher, assistant teacher, or aide, who meets the qualifications and training standards of a Level I mental health behavioral aide; or~~

~~ED. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.~~

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- A. psychotherapy: individual, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization;
- B. individual, family, or group skills training designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that was disrupted by psychiatric illness.

Approved: **10/20/14**

Supersedes: 09-22 (06-12, 04-10, 02-22)

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

C. crisis assistance. Crisis assistance services focus on crisis identification and prevention and is designed to address abrupt or substantial changes in the functioning of the child or the child's family as evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. The services help the child, the child's family and all providers of services to the child to:

- 1) recognize factors precipitating a mental health crisis;
- 2) identify behaviors related to the crisis; and
- 3) be informed of available resources to resolve the crisis.

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

D. Mental health behavioral aide services means medically necessary one-on-one activities performed by a trained paraprofessional to assist a child retain or generalize psychosocial skills as taught by a mental health professional or mental health practitioner and as described in the child's individual treatment plan and individual behavior plan.

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

E. direction of a mental health behavioral aide by a mental health professional who assumes full professional responsibility, or direction of a mental health behavioral aide by a mental health practitioner working under the clinical supervision of a mental health professional who assumes full professional responsibility. Direction is based on the child's individualized treatment plan and means:

- 1) on-site observation by a mental health professional during the first 12 hours of service;
- 2) ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and
- 3) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

F. mental health service plan development includes the development, review, and revision of a child's individual treatment plan; and the administration and reporting of standardized outcome measurement instruments.

Components A-~~EF~~, above, may be combined to constitute ~~the following two therapeutic programs:~~

~~A. A a day treatment program, provided by a multidisciplinary staff under the clinical supervision of a mental health professional, consists of group psychotherapy for more than three recipients and other intensive therapeutic services. It is provided by an outpatient hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations, a community mental health center, or a county contracted day treatment provider. Day treatment is provided at least one day a week for a minimum two-hour time block (of which one hour, is individual or group psychotherapy). A child may receive less than two hours per day of day treatment if the child is transitioning in or out of day treatment.~~

~~B. A preschool program provided by a multidisciplinary team in a licensed day program for children who are at least 33 months old but not yet attending kindergarten. A preschool program must be available two hours per day, five days per week, and twelve months of each calendar years. A child may receive less than two hours per day of this service if the child is transitioning in or out of the therapeutic preschool program.~~

Approved: **10/20/14**

Supersedes: 09-29 (09-22, 08-02, 06-12, 04-10, 02-22)

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

The services specified in items A through F below are **not** eligible for Medical Assistance payment:

- A. Service components of children's therapeutic services and supports simultaneously provided by more than one provider entity.
- B. Children's therapeutic services and supports not provided by Minnesota's Medicaid Program.
- C. Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified children's therapeutic services and supports provider.
- D. Services that are the responsibility of a residential or program license holder, including foster care providers.
- E. More than 15 hours of children's therapeutic services and supports provided within a six-month period to a child with severe emotional disturbance who is residing in a hospital, a group home, a residential treatment facility, or other institutional group setting or who is participating in a partial hospitalization program, if part of a discharge plan.
- F. Simultaneous treatment of an individual recipient by multiple mental health professionals, multiple mental health practitioners, or multiple behavioral aides for the same purpose.

Approved: **10/20/14**

Supersedes: 09-29 (06-12, 04-10, 02-22)

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

Telemedicine services. Children's therapeutic services and supports 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.

2. **Crisis response services** for children are services recommended by a physician, mental health professional as defined for **children's therapeutic services and support** or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- A. An entity operated by a county.
- B. An entity under contract with a county.
- C. 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.

Approved: **10/20/14**

Supersedes: 09-22 (06-12, 04-10, 02-22)

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

Components of Crisis Response Services

Persons providing crisis response services must be capable of providing the following components:

- A. Crisis assessment. Crisis assessment is an immediate face-to-face assessment by a physician, mental health professional or mental health practitioner under the clinical supervision of a mental health professional, following a screening that suggests the child may be experiencing a mental health crisis or mental health emergency.

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. Crisis assessment services 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 assessment 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 groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

- B. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive mental health service provided during a mental health crisis or mental health emergency 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 provided on-site by a mobile crisis intervention team outside of an emergency room, urgent care, or inpatient hospital setting. 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 groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

1) Crisis intervention is provided after the crisis assessment.

2) Crisis intervention includes developing an initial,

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

brief crisis treatment plan not later than 24 hours after the initial face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

- 3) The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.
- 4) If possible, at least two members of the crisis intervention team must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
- 5) If crisis intervention services continue into a second calendar day, a mental health professional must contact the client face-to-face on the second day to provide services and update the crisis treatment plan.
- 6) If the recipient's crisis is stabilized, but the recipient's needs a referral for mental health crisis stabilization or other services, the team must provide referrals to these services.
- 7) If crisis stabilization is necessary, the crisis intervention team must complete the individual treatment plan recommending crisis stabilization. If there is an inpatient or urgent care visits, the plan is completed by staff of the facility.

Approved: **10/20/14**
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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

C. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

- 1) Crisis stabilization cannot be provided without first providing crisis intervention.
- 2) Crisis stabilization is provided by a mental health professional or a mental health practitioner working under the clinical supervision of a mental health professional and for a crisis stabilization services provider. Mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.
- 3) Crisis stabilization may be provided in a recipient's home, another community setting, or a supervised licensed residential programs that is not an IMD that provides short-term services if the service is not included in the facility's reimbursement.
- 4) A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. If clinically appropriate, the recipient must participate in the development of the plan. The 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:
 - a) a list of problems identified in the assessment;
 - b) a list of the recipient's strengths and resources;
 - c) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;
 - d) specific objectives directed toward the achievement of each goal;

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

- e) documentation of the participants involved in the service planning;
- f) planned frequency and type of services initiated;
- g) the crisis response action plan should a crisis occur; and
- h) clear progress noted on the outcome of the goals.

Telemedicine services. Crisis response services for children 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 specified in items A through I below are **not** eligible for Medical Assistance payment:

- A. Recipient transportation services.
- B. Services provided by a nonenrolled Medical Assistance provider.
- C. Room and board.
- D. Services provided to a recipient admitted to an inpatient hospital.
- E. Services provided by volunteers.
- F. Direct billing of time spent "on call" when not providing services.
- G. Provider service time paid as part of case management services.
- H. Outreach services, which are services identifying potentially eligible people in the community, informing potentially eligible people of the availability of mental health crisis response services, and assisting potentially eligible people with applying for these services.
- I. A mental health service that is not medically necessary.

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Effective: July 1, 2013

TN: 13-14

Approved: **10/20/14**

Supersedes: 06-12 (04-10, 02-22)

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Approved: **10/20/14**
Supersedes: 04-10, 02-22

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

~~I. A mental health service that is not medically necessary.~~

3. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are provided by a county-operated or non-county operated entity, under contract with the county or a tribally operated entity and are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. includes testing necessary to make these assessments.

C. ~~Skills development~~ training. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or reestablishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

Approved: **10/20/14**

Supersedes: 09-17 (04-10, 02-22)

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

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional who provides at least weekly face-to-face clinical supervision either individually or as a group to staff providing program services to a resident.

Provider Qualifications and Training

Members of the multidisciplinary team provide residential rehabilitative services within their scope of practice under the clinical supervision of a mental health professional as defined in item 6.d.A.

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

4. Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children during the school day.

The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

- A. a personal care assistant need not be an employee of a personal care provider organization;
- B. assessments, reassessments and service updates are not required;
- C. Department prior authorization is not required;
- D. a personal care assistant provides services under the direction of a qualified professional which includes registered nurses, public health nurses, licensed school nurses, mental health professionals, physical therapists, occupational therapists, speech language pathologists, audiologists or physicians, as designated in the IEP;
- E. PCA Choice is not an option.

To use an authorized home care personal care assistant at school, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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5. **Youth Assertive Community Treatment (Youth ACT)** is intensive nonresidential rehabilitative mental health services recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a level-of-care determination, using an instrument approved by the Department, which indicates a need for intensive integrated intervention without 24-hour medical monitoring and a need for extensive collaboration among multiple providers.

Recipients must be diagnosed with a serious mental illness or co-occurring substance abuse addiction. Additionally, recipients must have either a:

- A. Functional impairment, and
 - 1) a history of difficulty in functioning safely and successfully in the community, school, home, or job; or
 - 2) be likely to need future services from the adult mental health system; or
- B. Recent diagnostic assessment that documents that intensive nonresidential rehabilitative mental health services are medically necessary to ameliorate identified symptoms and functional impairments and to achieve individual transition goals.

The following are eligible to provide youth ACT services:

- A. An entity contracting with the Department.
- B. 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.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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Provider Qualifications, Training and Supervision

Youth 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 in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

- A. A mental health professional as defined in item 6.d.A.
- B. A mental health practitioner as defined in item 4.b.
- C. A mental health case manager as defined in item E.1. of Supplement 1 to Attachment 3.1-A.
- D. A certified peer support specialist who:
 - a. Must be at least 22 years of age;
 - b. Has a high school diploma or equivalent;
 - c. Has had a diagnosis or mental illness, or co-occurring mental illness and substance abuse addiction and is willing to disclose that history to team members and clients;
 - d. Must be a former consumer of child mental health services, or a former or current consumer of adult mental health services, for a period of at least two years.
 - e. Successfully completed peer specialist certification training which includes approved by the Department that teaches specific skills relevant to providing peer support to other consumers, parent-teaming training, and training specific to child development.
 - f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.

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The team must provide the following:

- A. individual, family and group psychotherapy;
- B. individual, family and group skills training;
- C. crisis assistance;
- D. medication management;
- E. mental health case management;
- F. medication education services;
- G. care coordination;
- H. psychoeducation of and consultation and coordination with the client's biological, adoptive, or foster family; in the case of a youth living independently, the client's immediate non-familial support network;
- I. clinical consultation to a recipient's employer, school, other social service agencies, housing providers, and to the courts to assist in managing the mental illness or co-occurring disorder and to develop client support systems;
- J. coordination with, or performance of, crisis intervention and stabilization services;
- K. assessment of a client's treatment progress and effectiveness of services using standardized outcome measures published by the Department;
- L. transition services;
- M. integrated dual disorders treatment;
- N. housing access support.

STATE: MINNESOTA
Effective: July 1, 2013
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Approved: 10/20/14
Supersedes: 12-13

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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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 mental health community support services on page 54f;
- 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.

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-14
Approved: 10/20/14
Supersedes: New

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

7. **In-reach Care Coordination** services, as described in items 5.a. and 6.d.A., and provided to children with a serious emotional disturbance who have frequented a hospital emergency room two or more times in the previous consecutive three months, or been admitted to an inpatient psychiatric unit two or more times in the previous consecutive four months, or is being discharged from either facility to a shelter.

8. **Mental Health Clinical Care Consultations** are communications from a treating mental health professional, or treating mental health practitioner working as a clinical trainee, as defined in Item 6.d.A., to other providers or educators not under the clinical supervision of the treating mental health professional who are working with the same recipient. Recipients have been diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions. The communications inform, inquire, and instruct regarding the client's symptoms; provide strategies for effective engagement, care, and intervention needs; describe treatment expectations across service settings; and direct and coordinate clinical service components provided to the client and family.

4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

A diagnostic assessment is a written report that documents clinical and functional face-to-face evaluation of a recipient's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the recipient, and identifies the recipient's strengths and resources. A diagnostic assessment is necessary to determine a recipient's eligibility for mental health services.

An interactive diagnostic assessment, usually performed with children, may use physical aids and nonverbal communication to overcome communication barriers because the recipient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communication or
- Needs an interpreter, whether due to hearing impairment or the recipient's language is not the same as the provider's, in order to participate in the diagnostic assessment

Brief Diagnostic Assessment

The Brief Diagnostic Assessment includes a written clinical summary that explains the diagnostic hypothesis which may be used to address the recipient's immediate needs or presenting problem. The assessment collects sufficient information to apply a provisional clinical hypothesis. Components includes:

- The recipient's current life situation
- Recipient's description of symptoms (including reason for referral)
- A mental status exam
- Screenings used to determine a recipient's substance use, abuse, or dependency, and other standardized screening instruments

Standard Diagnostic Assessment

- All components of Brief Diagnostic assessment
- Conducted in the cultural context of the recipient
- An assessment of the recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety
- Assessment methods and use of standardized assessment tools Clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-14

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Approved: **10/20/14**

Supersedes: 11-04 (08-02, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services,
continued:

- Involvement of the recipient and recipient's family in assessment and service preferences and referrals to services
- Sufficient recipient data to support findings on all axes of the current edition of the Diagnostic and Statistical Manual (DSM), and any differential diagnosis

Extended Diagnostic Assessment

- All requirements of a Standard Diagnostic Assessment which are gathered over three or more appointments due to the recipient's complex needs that necessitate significant additional assessment time.
- Complex needs are those caused by:
 - Acuity of psychotic disorder
 - Cognitive or neurocognitive impairment
 - A need to consider past diagnoses and determine their current applicability
 - Co-occurring substance abuse use disorder
 - Disruptive or changing environments,
 - Communication barriers
 - Cultural considerations

An adult diagnostic assessment update can only be an update of a standard or extended diagnostic assessment for individuals age 18 and older. It updates the most recent diagnostic assessment. The update:

- Reviews recipient's life situation: updates significant new or changed information, documents where there has not been significant change
- Screens for substance use, abuse, or dependency
- Mental status exam
- Assesses recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs
- Includes a clinical summary
- Includes recommendations and prioritization of needed mental health, ancillary, or other services
- Includes involvement of recipient and recipient's family in assessment and service preferences and referrals to services
- Includes diagnosis on all axes of the current edition of the DSM

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

Approved: **10/20/14**

Supersedes: 11-04 (09-22, 08-02, 06-12, 04-10, 02-22)

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

~~Rehabilitative services as follows:~~

1. **Children's therapeutic services and supports** for children is a flexible package of mental health services for children requiring varying therapeutic and rehabilitative levels of intervention provided by mental health professionals and mental health practitioners under the clinical supervision of mental health professionals. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

A diagnostic assessment by a mental health professional or mental health practitioner clinical trainee as described in item 6.d.A, must have determined that the child is in need of children's therapeutic services and supports to address an identified disability and functional impairment.

Qualified children's therapeutic services and supports providers can provide diagnostic assessment, explanation of findings, psychological testing and neuropsychological services.

The following are eligible to provide children's therapeutic services and supports:

- A. A county-operated or non-county operated entity certified by the Department
- B. 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. A facility of the Indian Health Service or a 638 facility must be certified by the Department.

Provider Qualifications and Training

- A. A mental health professional is an individual defined in item 6.d.A.
- B. A mental health practitioner working under the direction of a mental health professional:
 - 1) holds a bachelor's degree in one of the behavior sciences or related fields from an accredited college or university and:
 - a) has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances; or

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

- b) 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 children with emotional disturbances, 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;
 - 2) has at least 6,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances, including hours worked as a mental health behavioral aide I or II;
 - 3) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or
 - 4) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university ~~and has less than 4,000 hours of post-masters experience in the treatment of emotional disturbance;~~ and
 - 5) must have 20 hours of continuing education every two calendar years. Topics covered are those identified in item C, subitem 1), clause c), subclause 1), below or
 - 6) is working as a clinical trainee as described in item 6.d.A.
- C. A mental health behavioral aide, a paraprofessional who is not the legal guardian or foster parent of the child, working under the direction of a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional.
- 1) Level I mental health behavioral aides must:
 - a) be at least 18 years of age;
 - b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with severe emotional disturbance within the previous ten years; and

Approved: **10/20/14**

Supersedes: 06-12 (04-10, 02-22)

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

c) meet the following orientation and training requirements:

1. 30 hours of preservice training covering Minnesota's data privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act; the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special needs.

Fifteen hours must be face-to-face training in mental health services delivery and eight hours must be parent team training, which includes partnering with parents; fundamentals of family support; fundamentals of policy and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and

2. 20 hours of continuing education every two calendar years. Topics covered are those identified in subclause 1), above.

2) a Level II mental health behavioral aide must:

- a) be at least 18 years of age;
- b) have an associate or bachelor's degree or 4,000 hours of experience delivering clinical services in the treatment of mental illness concerning children or adolescents, or complete a certification program approved by the Department; and

Approved: **10/20/14**

Supersedes: 11-04 (09-22, 06-12, 04-10, 02-22)

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

- c) meet the preservice and continuing education requirements as a Level I mental health behavioral aide.

~~D. A preschool multidisciplinary team that includes at least one mental health professional and one or more of the following individuals under the clinical supervision of a mental health professional:~~

- ~~1. a mental health practitioner;~~
- ~~2. a program person, including a teacher, assistant teacher, or aide, who meets the qualifications and training standards of a Level I mental health behavioral aide; or~~

~~ED. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.~~

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- A. psychotherapy: individual, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization;
- B. individual, family, or group skills training designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that was disrupted by psychiatric illness.

Approved: **10/20/14**

Supersedes: 09-22 (06-12, 04-10, 02-22)

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

C. crisis assistance. Crisis assistance services focus on crisis identification and prevention and is designed to address abrupt or substantial changes in the functioning of the child or the child's family as evidenced by a sudden change in behavior with negative consequences for well-being, a loss of coping mechanisms, or the presentation of danger to self or others. The services help the child, the child's family and all providers of services to the child to:

- 1) recognize factors precipitating a mental health crisis;
- 2) identify behaviors related to the crisis; and
- 3) be informed of available resources to resolve the crisis.

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

D. Mental health behavioral aide services means medically necessary one-on-one activities performed by a trained paraprofessional to assist a child retain or generalize psychosocial skills as taught by a mental health professional or mental health practitioner and as described in the child's individual treatment plan and individual behavior plan.

Approved: **10/20/14**
Supersedes: 09-22 (06-12, 04-10, 02-22)

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

E. direction of a mental health behavioral aide by a mental health professional who assumes full professional responsibility, or direction of a mental health behavioral aide by a mental health practitioner working under the clinical supervision of a mental health professional who assumes full professional responsibility. Direction is based on the child's individualized treatment plan and means:

- 1) on-site observation by a mental health professional during the first 12 hours of service;
- 2) ongoing, on-site observation by a mental health professional or mental health practitioner for at least one hour during every 40 hours of service; and
- 3) immediate accessibility of the mental health professional or mental health practitioner to the mental health behavioral aide when the services are provided.

F. mental health service plan development includes the development, review, and revision of a child's individual treatment plan; and the administration and reporting of standardized outcome measurement instruments.

Components A-~~EF~~, above, may be combined to constitute ~~the following two therapeutic programs:~~

~~A. A a day treatment program, provided by a multidisciplinary staff under the clinical supervision of a mental health professional, consists of group psychotherapy for more than three recipients and other intensive therapeutic services. It is provided by an outpatient hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations, a community mental health center, or a county contracted day treatment provider. Day treatment is provided at least one day a week for a minimum two-hour time block (of which one hour, is individual or group psychotherapy). A child may receive less than two hours per day of day treatment if the child is transitioning in or out of day treatment.~~

~~B. A preschool program provided by a multidisciplinary team in a licensed day program for children who are at least 33 months old but not yet attending kindergarten. A preschool program must be available two hours per day, five days per week, and twelve months of each calendar years. A child may receive less than two hours per day of this service if the child is transitioning in or out of the therapeutic preschool program.~~

Approved: **10/20/14**

Supersedes: 09-29 (09-22, 08-02, 06-12, 04-10, 02-22)

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

The services specified in items A through F below are **not** eligible for Medical Assistance payment:

- A. Service components of children's therapeutic services and supports simultaneously provided by more than one provider entity.
- B. Children's therapeutic services and supports not provided by Minnesota's Medicaid Program.
- C. Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified children's therapeutic services and supports provider.
- D. Services that are the responsibility of a residential or program license holder, including foster care providers.
- E. More than 15 hours of children's therapeutic services and supports provided within a six-month period to a child with severe emotional disturbance who is residing in a hospital, a group home, a residential treatment facility, or other institutional group setting or who is participating in a partial hospitalization program, if part of a discharge plan.
- F. Simultaneous treatment of an individual recipient by multiple mental health professionals, multiple mental health practitioners, or multiple behavioral aides for the same purpose.

Approved: **10/20/14**

Supersedes: 09-29 (06-12, 04-10, 02-22)

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

Telemedicine services. Children's therapeutic services and supports 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.

2. **Crisis response services** for children are services recommended by a physician, mental health professional as defined for **children's therapeutic services and support** or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- A. An entity operated by a county.
- B. An entity under contract with a county.
- C. 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.

Approved: **10/20/14**

Supersedes: 09-22 (06-12, 04-10, 02-22)

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

Components of Crisis Response Services

Persons providing crisis response services must be capable of providing the following components:

- A. Crisis assessment. Crisis assessment is an immediate face-to-face assessment by a physician, mental health professional or mental health practitioner under the clinical supervision of a mental health professional, following a screening that suggests the child may be experiencing a mental health crisis or mental health emergency.

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. Crisis assessment services 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 assessment 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 groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

- B. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive mental health service provided during a mental health crisis or mental health emergency 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 provided on-site by a mobile crisis intervention team outside of an emergency room, urgent care, or inpatient hospital setting. 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 groups of counties. The alternative plan must be designed to 1) result in increased access and reduction in disparities in the availability of crisis services; and 2) provide mobile services outside of normal business hours and on weekends and holidays.

1) Crisis intervention is provided after the crisis assessment.

2) Crisis intervention includes developing an initial,

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

brief crisis treatment plan not later than 24 hours after the initial face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

- 3) The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.
- 4) If possible, at least two members of the crisis intervention team must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
- 5) If crisis intervention services continue into a second calendar day, a mental health professional must contact the client face-to-face on the second day to provide services and update the crisis treatment plan.
- 6) If the recipient's crisis is stabilized, but the recipient's needs a referral for mental health crisis stabilization or other services, the team must provide referrals to these services.
- 7) If crisis stabilization is necessary, the crisis intervention team must complete the individual treatment plan recommending crisis stabilization. If there is an inpatient or urgent care visits, the plan is completed by staff of the facility.

Approved: **10/20/14**
Supersedes: 06-12 (04-10, 02-22)

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

C. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

- 1) Crisis stabilization cannot be provided without first providing crisis intervention.
- 2) Crisis stabilization is provided by a mental health professional or a mental health practitioner working under the clinical supervision of a mental health professional and for a crisis stabilization services provider. Mental health practitioners must have completed at least 30 hours of training in crisis intervention and stabilization during the past two years.
- 3) Crisis stabilization may be provided in a recipient's home, another community setting, or a supervised licensed residential programs that is not an IMD that provides short-term services if the service is not included in the facility's reimbursement.
- 4) A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. If clinically appropriate, the recipient must participate in the development of the plan. The 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:
 - a) a list of problems identified in the assessment;
 - b) a list of the recipient's strengths and resources;
 - c) concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement of the goals;
 - d) specific objectives directed toward the achievement of each goal;

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

- e) documentation of the participants involved in the service planning;
- f) planned frequency and type of services initiated;
- g) the crisis response action plan should a crisis occur; and
- h) clear progress noted on the outcome of the goals.

Telemedicine services. Crisis response services for children 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 specified in items A through I below are **not** eligible for Medical Assistance payment:

- A. Recipient transportation services.
- B. Services provided by a nonenrolled Medical Assistance provider.
- C. Room and board.
- D. Services provided to a recipient admitted to an inpatient hospital.
- E. Services provided by volunteers.
- F. Direct billing of time spent "on call" when not providing services.
- G. Provider service time paid as part of case management services.
- H. Outreach services, which are services identifying potentially eligible people in the community, informing potentially eligible people of the availability of mental health crisis response services, and assisting potentially eligible people with applying for these services.
- I. A mental health service that is not medically necessary.

STATE: MINNESOTA

Effective: July 1, 2013

TN: 13-14

Approved: **10/20/14**

Supersedes: 06-12 (04-10, 02-22)

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Pages 17n through 17nn are intentionally omitted.

Approved: **10/20/14**
Supersedes: 04-10, 02-22

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

~~I. A mental health service that is not medically necessary.~~

3. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are provided by a county-operated or non-county operated entity, under contract with the county or a tribally operated entity and are limited to:

A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.

B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. Includes testing necessary to make these assessments.

C. ~~Skills development~~ training. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities.

It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.

D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or reestablishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

Approved: **10/20/14**
Supersedes: 09-17 (04-10, 02-22)

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

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional who provides at least weekly face-to-face clinical supervision either individually or as a group to staff providing program services to a resident.

Provider Qualifications and Training

Members of the multidisciplinary team provide residential rehabilitative services within their scope of practice under the clinical supervision of a mental health professional as defined in item 6.d.A.

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Effective: July 1, 2013
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Approved: **10/20/14**
Supersedes: 09-17 (04-10, 02-22)

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

4. Personal care assistant services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children during the school day.

The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:

- A. a personal care assistant need not be an employee of a personal care provider organization;
- B. assessments, reassessments and service updates are not required;
- C. Department prior authorization is not required;
- D. a personal care assistant provides services under the direction of a qualified professional which includes registered nurses, public health nurses, licensed school nurses, mental health professionals, physical therapists, occupational therapists, speech language pathologists, audiologists or physicians, as designated in the IEP;
- E. PCA Choice is not an option.

To use an authorized home care personal care assistant at school, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-14
Approved: **10/20/14**
Supersedes: 12-13

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

5. **Youth Assertive Community Treatment (Youth ACT)** is intensive nonresidential rehabilitative mental health services recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a level-of-care determination, using an instrument approved by the Department, which indicates a need for intensive integrated intervention without 24-hour medical monitoring and a need for extensive collaboration among multiple providers.

Recipients must be diagnosed with a serious mental illness or co-occurring substance abuse addiction. Additionally, recipients must have either a:

- A. Functional impairment, and
 - 1) a history of difficulty in functioning safely and successfully in the community, school, home, or job; or
 - 2) be likely to need future services from the adult mental health system; or
- B. Recent diagnostic assessment that documents that intensive nonresidential rehabilitative mental health services are medically necessary to ameliorate identified symptoms and functional impairments and to achieve individual transition goals.

The following are eligible to provide youth ACT services:

- A. An entity contracting with the Department.
- B. 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.

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-14
Approved: 10/20/14
Supersedes: 12-13

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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Provider Qualifications, Training and Supervision

Youth 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 in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

- A. A mental health professional as defined in item 6.d.A.
- B. A mental health practitioner as defined in item 4.b.
- C. A mental health case manager as defined in item E.1. of Supplement 1 to Attachment 3.1-B.
- D. A certified peer support specialist who:
 - a. Must be at least 22 years of age;
 - b. Has a high school diploma or equivalent;
 - c. Has had a diagnosis or mental illness, or co-occurring mental illness and substance abuse addiction and is willing to disclose that history to team members and clients;
 - d. Must be a former consumer of child mental health services, or a former or current consumer of adult mental health services, for a period of at least two years.
 - e. Successfully completed peer specialist certification training which includes approved by the Department that teaches specific skills relevant to providing peer support to other consumers, parent-teaming training, and training specific to child development.
 - f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-14
Approved: **10/20/14**
Supersedes: 12-13

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

The team must provide the following:

- A. individual, family and group psychotherapy;
- B. individual, family and group skills training;
- C. crisis assistance;
- D. medication management;
- E. mental health case management;
- F. medication education services;
- G. care coordination;
- H. psychoeducation of and consultation and coordination with the client's biological, adoptive, or foster family; in the case of a youth living independently, the client's immediate non-familial support network;
- I. clinical consultation to a recipient's employer, school, other social service agencies, housing providers, and to the courts to assist in managing the mental illness or co-occurring disorder and to develop client support systems;
- J. coordination with, or performance of, crisis intervention and stabilization services;
- K. assessment of a client's treatment progress and effectiveness of services using standardized outcome measures published by the Department;
- L. transition services;
- M. integrated dual disorders treatment;
- N. housing access support.

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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 mental health community support services on page 53f;
- 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.

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Effective: July 1, 2013
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Approved: 10/20/14
Supersedes: New

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

7. **In-reach Care Coordination** services, as described in items 5.a. and 6.d.A., and provided to children with a serious emotional disturbance who have frequented a hospital emergency room two or more times in the previous consecutive three months, or been admitted to an inpatient psychiatric unit two or more times in the previous consecutive four months, or is being discharged from either facility to a shelter.

8. **Mental Health Clinical Care Consultations** are communications from a treating mental health professional, or treating mental health practitioner working as a clinical trainee, as defined in Item 6.d.A., to other providers or educators not under the clinical supervision of the treating mental health professional who are working with the same recipient. Recipients have been diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions. The communications inform, inquire, and instruct regarding the client's symptoms; provide strategies for effective engagement, care, and intervention needs; describe treatment expectations across service settings; and direct and coordinate clinical service components provided to the client and family.

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Approved: **10/20/14**

Supersedes: 12-07 (11-19, 11-02, 08-17, 08-02, 07-16, 07-06, 04-10, 04-04)

4.b. Early and periodic screening, diagnosis, and treatment services.

EPSDT (in Minnesota, Child & Teen Checkup) services are paid the lower of the submitted charge or the 75th percentile of screening charges submitted by providers of the service during the period of July 1 to June 30, 2010. The adjustment necessary to reflect the 75th percentile is effective on October 1, 2010.

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. Travel time is paid as a supplement to the payment for the associated covered service. Travel time is paid at the lower of the submitted charge or 45 cents per minute. This does not include travel time included in other billable services.

- A. With the exceptions listed below, children's therapeutic services and supports not provided by IHS/638 facilities are paid the lower of the submitted charge or the Resource Based Relative Value Scale rate.

Effective January 1, 2012, the children's therapeutic services and supports below are paid the lower of the submitted charge or the listed rate.

H2012 UA HK Behavioral Health Day Treatment: \$48.30 per one hour unit

H2012 UA U6 HK Behavioral Health Day Treatment (Interactive): \$56.81 per one hour unit

~~H2012 UA CTSS Therapeutic Components of Preschool: \$28.61 per 60 minute unit~~

H2014 UA CTSS Skills Training, Individual: \$12.80 per 15 minute unit

H2014 UA HQ CTSS Skills Training, Group: \$8.60 per 15 minute unit

H2014 UA HR CTSS Skills Training, Family: \$16.67 per 15 minute unit

H2015 UA CTSS Crisis Assistance: \$13.65 per 15 minute unit

H2019 UA CTSS Mental Health Behavioral Aide-level 1: \$6.03 per 15 minute unit

H2019 UA HE CTSS Direction of Mental Health Behavioral Aide by Mental Health Professional or Mental Health Practitioner: \$8.80 per 15 minute unit

H2019 UA HM CTSS Mental Health Behavioral Aide-level 2: \$7.89 per 15 minute unit

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Effective: July 1, 2013
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Approved: 10/20/14
Supersedes: NEW

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4.b. Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2013, **Family Psychoeducation services** are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013, **Clinical Care Consultation** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - 90899U8 (5 - 10 min) \$14.10
 - 90899U9 (11 - 20 min) \$29.14
 - 90899UB (21 - 30 min) \$47.94
 - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

Effective for services provided on or after July 1, 2013, an entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and a mental health practitioner working as a clinical trainee, as described in item 6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, and clinical care consultation as part of an intensive treatment program. Services are paid the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan as part of transition, or pursuant to a discharge plan to another service or level of care), the payment rate of \$322.61 per child per diem.

