



Minnesota Health Care Programs

Behavioral Health Division

**Children's Intensive Behavioral
Health Services**

Application Guide

Minnesota Department of Human Services
Behavioral Health, Housing, and Deaf and Hard of
Hearing Services Administration
Behavioral Health Division
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Technical Assistance for the Certification Process

NOTE: In this document, the Minnesota Department of Human Services Behavioral Health Division is referred to as the “Department.”

To start the Children’s Intensive Behavioral Health Services (CIBHS) certification process, representatives from the applying agency must attend a CIBHS Applicant Orientation Session with Department of Human Services (DHS) Behavioral Health Division staff. The orientation session and this guide are the starting point for all technical assistance to applicants. A CIBHS application will not be accepted until agency representatives have attended the orientation session.

This guide is intended to provide information about requirements for providers and instructions for how to complete the CIBHS application; it is not intended to provide legal, financial, ethical or clinical advice. Providers are responsible for seeking professional advice as appropriate to operate their business.

Guide Design

The agency (aka “provider”) must respond to all elements in the application. The information in this guide is intended to provide additional clarity or guidance for completing the sections in the CIBHS Certification Application.

The orientation session, application and this guide should provide all the information necessary to successfully complete the certification process. However, if you have additional questions, please contact the CIBHS program at CIBHS.DHS@state.mn.us.

The guide and application are each divided into 7 sections. These sections are:

- Section A—Agency Information
- Section B—Counties of Service
- Section C—Staff
- Section D—Service Delivery Requirements
- Section E—Clients
- Section F—Sample Clinical Case File
- Section G—Assurance Statements

Please note that not every question in the application includes a corresponding guide reference.

Certification Application

To become a certified provider agency, the agency must meet all applicable administrative and clinical infrastructure standards noted in [Minnesota Statutes, section 256B.0946](#) and Medicaid related rules and laws. The agency demonstrates meeting administrative and clinical infrastructure and service delivery standards by submitting a CIBHS application that is approved by DHS.

Information submitted for review will vary depending upon the applicant’s organizational structure and written policy and procedures. Materials to be submitted for application include:

- A completed and electronically signed application (including agreement to assurances and all attachments); and
- A model CIBHS clinical case. All case files must include a standard diagnostic assessment, Individual Treatment Plan, Crisis Assistance Plan, Informed Consent form, two weeks of progress notes and an Individual Treatment Plan review. The file should be completed as if it were an actual client case file.

If the Department is unable to determine if portions of the application meet requirements, applicants will receive a request for additional information. Applicants must respond within 60 days or a new application will be required. Agencies are asked to make responses either in the application or by including attachments. All attachments must be labeled with the appropriate section letter and element name. If more than one attachment per element is submitted, identify the attachment with a number. If an attachment is longer than one page, add page numbers at the bottom of each page.

General Tools and Tips for Completing the Application

General Information

The application contains data fields that must be completed for the applicant to continue advancing through the application. Pop up boxes will contain instructions on how to complete the fields.

Add and Remove Rows

For sections that have the option to add and remove rows, the Add button is located underneath the section to the right. Once a row has been added it can be deleted by clicking on the X to the right of the row.

Definitions and Acronyms

There is a list of definitions and acronyms at the end of this guide that may assist you when completing the application.

Saving the Application

Remember to save your work. The Department expects applicants to save the PDF application form under a new name that includes the applicant's agency name until it is completed and ready to submit. Remember to follow instructions on the front of the application form regarding naming and saving the application prior to submission.

Submitting the Application

Providers must fully complete all sections of the application before CIBHS certification can be approved. Follow the submission instructions on the front of the application form.

Section A. Agency Information

Name of Agency

Provide the legal name and address information of the agency that will submit claims to Minnesota Health Care Programs (MHCP) for CIBHS mental health services. If an agency does business under a different name, indicate that name in the space provided.

Contact Person Information

While many people will likely contribute to this application, list here the person primarily responsible for submitting the application and their contact information. This should be the person that can facilitate questions that the Department may have about the application.

Information Session

Confirm if agency attended an information session with DHS CIBHS program staff, and if so, include the date of the information session. An information session must be attended prior to applying.

Section B. Counties of Service

List each county where the agency will provide CIBHS services.

Section C. Staff

CIBHS Management

Enter the full name and credentials for the individual(s) providing clinical and administrative oversight for CIBHS at the agency.

Mental Health Professionals (MHP)

Enter the full name of each MHP who is employed by or under contract with the agency.

Licensure

Indicate the MHP's current licensure.

NPI Number

Enter the MHP's National Provider Identifier number.

Number of Clinical Trainees Supervised

Indicate how many clinical trainees work under the MHPs supervision.

Employed or Contracted

Indicate if the staff person is employed or contracted.

MHCP Enrolled

MHPs who deliver and/or supervise services, must separately enroll with Minnesota Health Care Program (MHCP) to allow claims submission to MHCP. Go to the [Enrollment with Minnesota Health Care Programs page](#) on the DHS website to access forms and information on the enrollment process.

Criminal Background Check

In accordance with [Minnesota Statutes, section 245C.32](#), clinicians applying to provide this service need to consent to a background investigation that will retrieve all criminal history data from the Bureau of Criminal Apprehension, criminal history data held by the commissioner, and data about substantiated maltreatment under [Minnesota Statutes, section 626.557](#) or [chapter 260E](#).

MHCP Treatment Supervisor

Minnesota Statutes, sections [245I.06](#) and [245I.04](#) outlines who is qualified to provide treatment supervision for clinical trainees. All supervisors who are providing treatment supervision for CIBHS need to meet these qualifications and have enrolled with MHCP through the Qualified MH Professional Treatment Supervision Assurance Statement (DHS-6330) form.

Treatment Modality

All mental health professionals who provide CIBHS services must be certified/trained in a Department approved treatment modality. Providers should utilize either Trauma-Informed Child-Parent Psychotherapy (TI-CPP) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) whenever appropriate. However, other modalities may be used to meet the specific needs of clients and families, when approved by the Department. List which treatment modalities the clinician is trained or certified in.

Clinical Trainee

Clinical Trainees are defined in [Minnesota Statutes, section 245I.04](#) as students in a clinical field placement with an accredited masters or doctoral program and graduates who are complying with requirements to become licensed mental health professionals. List all CIBHS clinical trainees who are employed by your agency or supervised by professionals from your agency. Include their name, degree/licensure, treatment supervisor's name and if they passed a background check.

Organizational Chart

Attach the agency's organizational chart to the application. It must be clearly indicated where CIBHS fits into the organizational structure.

Section D. Service Delivery Requirements

Trauma Assessment

Each agency is required to assess children participating in CIBHS for a trauma history. Agencies must describe or attach the standardized tool they are using for the trauma assessment with the application and describe the process by which they will administer the tool and incorporate the information into the diagnostic assessment, practice and treatment for the child. Examples of trauma assessments can be found on the National Child Traumatic Stress Network website.

Crisis Assistance Plan

Each child is required to have a crisis assistance plan within ten days of initiating services and the child and family must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must include all components as outlined in [Minnesota Statutes, section 245.4871](#) and demonstrate coordination with the local or regional mobile crisis intervention team and state who will be providing after hours crisis coverage.

The crisis assistance plan must be attached to the application. Applicants must also describe how clinical phone support will be provided either by the agency or regional mobile crisis intervention teams. The application must describe the coordination protocol with the regional crisis intervention teams.

Training

Agencies must provide training to CIBHS staff in accordance with [Minnesota Statutes, section 245I.05](#).

Interagency Work

CIBHS utilizes a team approach and requires active participation from the child's identified family, and communication with providers involved in the child's care who may include counties, tribes, guardians ad litem, medical providers, schools and other social service entities, and any person identified by the child or child's parent or guardian as being important to the child's mental health treatment. Applicants must describe the agency's history, familiarity and approach to coordinating care within a team approach and with non-mental health systems in which foster children or children at risk of out-of-home placement may interact.

Informed Consent

Agencies need to create a special informed consent form for this service that describes the service, confidentiality and how information is shared within a team approach. Applicants must attach the agency's CIBHS specific informed consent form with the application.

Section E. Clients

Current Capacity

DHS is attempting to gauge the total number of children who could receive CIBHS services during the next calendar year. This is simply an estimate based on whatever data or information the agency has available. DHS will not hold the agency accountable to an exact number but rather is looking at the capacity to provide mental health services to its clients.

Continuity of Services

CIBHS is an intensive service to treat mental health symptoms, increase functioning and support the child's identified family system. The child and family will most likely need continued support and services after completion of CIBHS, so it is important for providers to have step down plans in place for when client's functioning improves and they no longer meet eligibility requirements. Applicants must describe their continuity of care plans which should include all step-down services the agency plans to provide for children who are transitioning to a lower level of care.

Section F. Sample Clinical Case File

Agencies must also create and submit a sample clinical file for a fictitious client containing the following information:

- Standard Diagnostic Assessment (with a trauma assessment, CASII/ECSII)
- Individual Treatment Plan that is created with a team treatment planning process
- Crisis Assistance Plan
- Informed Consent Form
- Two weeks of Progress Notes
- Individual Treatment Plan Review (done at 6 months of service provision)

Applicants should be able to demonstrate a proficient understanding of the CIBHS service components through the sample case file. The sample file should be completed exactly as the agency would complete an actual client case file. All forms should be completed, signed and dated. Case presentation should reflect eligibility requirements, CIBHS service components, service delivery payment requirements listed in [Minnesota Statutes, section 256B.0946](#) and quality treatment supervision and documentation.

Section G. Assurance Statements

Read each assurance statement and select the appropriate response. The response default is “no;” choose “yes” for all assurance statements to which the agency agrees. If any assurance statements are marked “no” without adequate explanation, CIBHS certification will be denied. An explanation is provided for some of the assurance statements below.

1. Deliver services as required by [Minnesota Statutes, section 256B.0946](#) (CIBHS statute).
2. The agency must maintain written policies and procedures that is reviewed every two years and updated as necessary. This manual will be reviewed by DHS during recertification site reviews and should be available upon request. The policies and procedures manual must include at least the following topics:
 - Provider agency organizational structure, governing structure and process to notify DHS of changes.
 - Identification of agency designee with responsibility for establishing policy and maintaining quality operations.
 - Code of ethics.
 - Procedures for investigating, reporting and acting on violations of ethical conduct standards.
 - Procedures for investigating, reporting and acting on violations of data standards.
 - Procedures for conducting criminal background studies of staff prior to the provision of direct care and document results in each individual’s personnel file.
 - Policy for cultural competence plan.
 - Policy for the retention and destruction of mental health records.
 - Policy for reporting and acting on unusual incidents (such as serious injury or illness, victimization or abuse involving recipient, missing persons, inappropriate recipient and staff contact).
 - Policy and procedures to ensure physical safety of client, staff and others.
 - Policies and procedures regarding use of restraint or seclusion include: description of who may use restrictive procedures, type and frequency of staff training, when those procedures may be used, documentation of request to and approval by mental health professional for use of restrictive procedures, reporting requirements for use of restrictive procedures and regular, systematic review of patterns of use of restrictive procedures as described in [Minnesota Statutes, section 245.8261](#).
 - Procedures to incorporate family involvement and cultural competency into policy development, implementation and evaluation of programs and service.
 - Procedures for maintaining all necessary records required by federal and state laws, rules and policies.
 - Policy to ensure all clients have the rights and protections outlined in [Minnesota Statutes, section 245I.12](#).
 - Personnel policies and procedures that meet requirements in [Minnesota Statutes, section 245I.03](#).
 - Policy to comply with laws and rules to be an enrolled Medicaid provider.
 - Procedures to maintain recipient files and personnel files in safe, confidential and secure location.
 - Maintain fiscal procedures, including internal fiscal control practices and a process for collecting revenue that is compliant with federal and state laws.
 - In accordance with [Minnesota Statutes, section 245I.04](#), maintain policy to employ or contract with mental health staff that meet the statutory qualifications of a mental health professional or clinical trainee, if applicable, and have the pre-service and continuing education specified in statute.
 - Procedures to maintain personnel files for each staff in accordance with [Minnesota Statutes, section 245I.07](#).
 - Procedures to submit information required by the state in a timely fashion, including future changes to administrative requirements.
 - Policy to ensure that treatment supervision meets [Minnesota Statutes, section 245I.06](#) requirements.

3. Maintain a written clinical policies and procedures manual. This manual serves as the CIBHS specific manual and should outline everything needed for a staff member to understand and implement the CIBHS program. This manual will be reviewed by DHS during recertification site reviews and should be available upon request. At a minimum, the CIBHS policies and procedures manual should include the following:
 - a. Service coordination and treatment team planning– How the CIBHS program incorporates collaboration, consultation and multi-systemic work with members of the client’s treatment team, family, county (as applicable) and details how collaboration and treatment team meetings are documented in client case files. Outlines best practices for treatment team process, including frequency of meetings.
 - b. Collaboration with prescriber – CIBHS providers must be in continual collaboration and consultation with the client’s medical providers, and in particular, with prescribers of psychotropic medications, including those prescribed on an off-label basis. Policy should also outline documentation of collaboration. If providers are unable to contact prescriber, attempts should be clearly documented in case file.
 - c. Crisis planning – Outlines the crisis planning component of CIBHS and the requirement for clients to have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. Policy should describe who provides the 24 hour phone support, how the agency will coordinate with local mobile crisis programs as appropriate for each client and how to document in client case files and crisis plans that meet [Minnesota Statute, section 245.4871](#).
 - d. Diagnostic assessments – Policy on completing standard diagnostic assessments including program timelines and a format which includes a level of care screening and a trauma assessment. Assessments must meet requirements in [Minnesota Statutes, section 245I.10, subd. 6 and 256B.0946](#).
 - e. Informed consent – Agency has a policy requiring an informed consent form to be signed by all participants that describes the program, confidentiality and how information is shared within a team approach that emphasizes collaboration. Completed and signed forms must be saved in client files.
 - f. Level of care – The agency must have a policy for conducting a level of care screening both as part of a diagnostic assessment and each 180-day review. The screening must use the CASII or ESCII for children and youth or a DHS approved tool for adults. The result of the evaluation must determine that the client requires intensive intervention without 24-hour medical monitoring (Level of 4). Completed and signed forms must be saved in client files (should include county signatures when applicable).
 - g. Location of service delivery – Policy on providing services in the client’s home, day care setting, school or other community-based setting that is specified on the client’s individualized treatment plan. Must have telehealth policy that aligns with DHS CIBHS policy if telehealth is utilized.
 - h. Program outcomes – Policy and procedures for collecting CIBHS program and client data and submitting to DHS. Agencies must use the CASII/ESCII for children and youth or a DHS approved tool for adults to measure program outcomes and client progress. Client data is submitted to DHS 2 times per year (July and January).
 - i. Service delivery – CIBHS services must be delivered and documented at least three days per week at least 2 hours per encounter, for a total of at least six hours of treatment per week. Progress notes must show 3 times per week, 2 hours per day CIBHS service delivery. If the mental health professional, client and family agree, service units may be temporarily reduced for a period of no more than 60 days in order to meet the needs of the client and family or as part of transition or on a discharge plan to another service or level of care. The reasons for service reduction must be identified, documented and included in the treatment plan.
4. Deliver services as needed and within each individual provider’s areas of competence and scope of practice in accordance with [Minnesota Statutes, Section 245I.04](#).
5. Integrate evidence-based practices.
6. Cooperate with the certification, recertification and decertification actions by DHS.
7. Provide services based on the individual’s needs and preferences, which are medically necessary and vary in frequency, flexibility and place of service dependent upon individual treatment plan and client input.
8. Provide services consistent with all applicable federal and state laws and regulations.

Definitions

At Risk

“At risk” has the meaning given in section [256B.0946](#).

Clinical Care Consultation

“Clinical care consultation” means communication from a treating clinician to other providers working with the same client to inform, inquire, and instruct regarding the client’s symptoms, strategies for effective engagement, care and intervention needs, and treatment expectations across service settings, including, but not limited to, the client’s school, social services, day care, probation, home, primary care, medication prescribers, disabilities services, and other mental health providers and to direct and coordinate clinical service components provided to the client and family.

Clinical Trainee

“Clinical trainee” means a staff person who is qualified according to section [245I.04](#), subdivision 6.

Crisis Planning

“Crisis Planning” has the meaning given in section [245.4871, subdivision 9a](#).

Culturally Appropriate

“Culturally appropriate” means providing mental health services in a manner that incorporates the child’s cultural influences into interventions as a way to maximize resiliency factors and utilize cultural strengths and resources to promote overall wellness.

Department (DHS)

Minnesota Department of Human Services Behavioral Health Division, Children’s Intensive Behavioral Health Services (CIBHS) certification team.

Family

“Family” means a person who is identified by the client or the client’s parent or guardian as being important to the client’s mental health treatment. Family may include, but is not limited to, parents, foster parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, persons who are a part of the client’s permanency plan, or persons who are presently residing together as a family unit.

Foster Care

“Foster care” has the meaning given in section [260C.007, subdivision 18](#).

Foster Family Setting

“Foster family setting” means the foster home in which the license holder resides.

Individual Treatment Plan

“Individual treatment plan” means the plan described in section [245I.10, subdivisions 7 and 8](#).

Medical Necessity or Medically Necessary

Per [Minnesota Administrative Rule 9505.0175](#), a health service is consistent with the child’s/youth’s diagnosis and:

- Is recognized as the prevailing standard or current practice by the provider’s peer group; and
- Is rendered in response to a life threatening condition or pain; or to treat an injury, illness or infection; or to treat a condition that could result in physical or mental disability; or to care for a mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
- Is a preventative health service.

Medical necessity is demonstrated by providing the rationale for why the youth requires this level of service rather than a less intensive service to treat the same diagnosed condition. CIBHS distinguishes itself from other services on the children’s mental health continuum since it is an intensive clinical service that does not require a rehabilitative focus. The service package focuses on decreasing symptoms and impairments to functioning but does not require the clinicians to document what capacity the child lacks or was not able to acquire

because of her or his mental illness. Medical necessity for CIBHS must focus on the child's current symptomology, functional impairments and placement needs within the family foster care setting as applicable.

Mental Health Professional (MHP)

"Mental health professional" means a staff person who is qualified according to section [245I.04](#), subdivision 2.

Mental Illness (MI)

"Mental illness" has the meaning given in section [245I.02, subdivision 29](#).

Parent

"Parent" has the meaning given in section [260C.007, subdivision 25](#).

Psychoeducation Services

"Psychoeducation services" means information or demonstration provided to an individual, family, or group to explain, educate, and support the individual, family, or group in understanding a child's symptoms of mental illness, the impact on the child's development and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

Psychotherapy

"Psychotherapy" means the treatment described in section [256B.0671, subdivision 11](#).

Standard Diagnostic Assessment

"Standard diagnostic assessment" means the assessment described in section [245I.10, subdivision 6](#).

Team Consultation and Treatment Planning

"Team consultation and treatment planning" means the coordination of treatment plans and consultation among providers in a group concerning the treatment needs of the child, including disseminating the child's treatment service schedule to all members of the service team. Team members must include all mental health professionals working with the child, a parent, the child unless the team lead or parent deem it clinically inappropriate and at least two of the following: an individualized education program case manager; probation agent; children's mental health case manager; child welfare worker, including adoption or guardianship worker; primary care provider; foster parent; and any other member of the child's service team.

Trauma

"Trauma" has the meaning given in section [245I.02, subdivision 38](#).

Treatment Supervision

"Treatment supervision" means the supervision described under section [245I.06](#).