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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.

**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 ~~does not have to meet the requirements of pages 78-78a and 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 physician need not review the IEP;~~

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

~~ED.~~ 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, or a physician, as designated in the IEP;

~~F.~~ ~~service limits as described in this item do not apply; and~~

~~G.F.~~ PCA Choice is not an option.

To ~~receive~~ use an authorized home care personal care assistant at school, services 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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13.d. Rehabilitative services. (continued)

3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
  - a. requires a specialized program that is not available from county-approved entities; and
  - b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.
4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

**Provider Qualifications, Training and Supervision**

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

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

The team must ~~be capable of providing~~ provide the following components:

1. The components of mental health community support services listed on page 54e.
- ~~1.~~ 2. Integrated dual diagnosis treatment.
- ~~3.~~ 3. Medication monitoring and training in medication self-administration.
- ~~3.~~ 4. Illness management and recovery.
- ~~4.~~ 5. Case management.
- ~~5.~~ 6. Psychological support and skills training.

13.d. Rehabilitative services. (continued)

~~6.~~ 7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient

~~7.~~ 8. Crisis services, including development of a crisis plan with the recipient

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

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

- **Residential rehabilitative services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan.

These services are provided to a recipient meeting the same eligibility requirements for ACT services but the recipient also requires the level of care and supervision provided in

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13.d. Rehabilitative services. (continued)

a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

The following are eligible to provide residential rehabilitative services:

1. An entity operated by a county.
2. An entity with a host county contract after program review by the host county.
3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
  - a. requires a specialized program that is not available from county-approved entities; and
  - b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.
4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

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

**Provider Qualifications, Training and Supervision**

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

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13.d. Rehabilitative services. (continued)

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

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

The team must ~~be capable of providing~~ provide the following components:

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

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

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

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13.d. Rehabilitative services. (continued)

Appropriate children's therapeutic services and supports (mental health services) must be provided by a provider certified pursuant to Item 4.b., except that school districts are not required to provide children's therapeutic services and supports that they would not otherwise provide.

Covered services must be furnished by the following personnel:

- (1) Audiologists meeting the requirements in 42 CFR Part 440.110.
- (2) Occupational therapists certified by the National Board for Certification in Occupational Therapy who maintain state licensure as occupational therapists and meet the requirements of 42 CFR 440.110.
- (3) Physical therapists meeting the requirements in 42 CFR Part 440.110.
- (4) Speech-language pathologists:
  - (a) meeting the requirements in 42 CFR Part 440.110;
  - (b) who hold a masters degree in speech-language pathology; and
  - (c) who are licensed by the state as speech-language pathologists.
- (5) Mental health professionals as defined in item 6.d.A.
- (6) Mental health practitioners, practicing under the supervision of mental health professionals,

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13.d. Rehabilitative services. (continued)

as defined in item 4.b.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

- (7) Mental health behavioral aides as defined in item 4.b., working under the direction of either mental health professionals who assume full professional responsibility or mental health practitioners under the clinical supervision of mental health professionals who assume full professional responsibility.
- (8) Physicians who have a current Minnesota license as a physician.
- (9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.



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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
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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 ~~does not have to meet the requirements of pages 78-78a and~~ need not be an employee of a personal care provider organization;
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4.b. Early and periodic screening, diagnosis, and treatment services. (continued)

~~ED.~~ 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, or a physician, as designated in the IEP;

~~F. service limits as described in this item do not apply; and~~

~~G.F~~ PCA Choice is not an option.

- To ~~receive~~ use an authorized home care personal care assistant at school, ~~services~~ 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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13.d. Rehabilitative services. (continued)

3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
  - a. requires a specialized program that is not available from county-approved entities; and
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13.d. Rehabilitative services. (continued)

~~6.~~ 7. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient

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13.d. Rehabilitative services. (continued)

a residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

The following are eligible to provide residential rehabilitative services:

1. An entity operated by a county.
2. An entity with a host county contract after program review by the host county.
3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:
  - a. requires a specialized program that is not available from county-approved entities; and
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Residential rehabilitative services are provided by a multidisciplinary staff for recipients with serious mental illness. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and sufficient staff to comply with the staffing ratio, which

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13.d. Rehabilitative services. (continued)

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

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

The team must ~~be capable of providing~~ provide the following components:

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- ~~3-~~ 4. Illness management and recovery.
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- ~~5-~~ 6. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.
- ~~6-~~ 7. Crisis services.
- ~~7-~~ 8. Resident supervision and direction.
- ~~8-~~ 9. Inter-agency coordination.

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

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

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13.d. Rehabilitative services. (continued)

Appropriate children's therapeutic services and supports (mental health services) must be provided by a provider certified pursuant to Item 4.b., except that school districts are not required to provide children's therapeutic services and supports that they would not otherwise provide.

Covered services must be furnished by the following personnel:

- (1) Audiologists meeting the requirements in 42 CFR Part 440.110.
- (2) Occupational therapists certified by the National Board for Certification in Occupational Therapy who maintain state licensure as occupational therapists and meet the requirements of 42 CFR 440.110.
- (3) Physical therapists meeting the requirements in 42 CFR Part 440.110.
- (4) Speech-language pathologists:
  - (a) meeting the requirements in 42 CFR Part 440.110;
  - (b) who hold a masters degree in speech-language pathology; and
  - (c) who are licensed by the state as speech-language pathologists.
- (5) Mental health professionals as defined in item 6.d.A.
- (6) Mental health practitioners, practicing under the supervision of mental health professionals,

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13.d. Rehabilitative services. (continued)

as defined in item 4.b.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

- (7) Mental health behavioral aides as defined in item 4.b., working under the direction of either mental health professionals who assume full professional responsibility or mental health practitioners under the clinical supervision of mental health professionals who assume full professional responsibility.
- (8) Physicians who have a current Minnesota license as a physician.
- (9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.



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13.d. Rehabilitative services. (continued)

- **Assertive community treatment (ACT) services and residential rehabilitative services** provided by IHS/638 facilities are paid according to the encounter rate specified on page 1 of this Attachment.

ACT services include case management services. Therefore, ACT services providers do not receive payment for the following case management services in the same month ACT services are provided, except for the first and last months of ACT services:

1. mental health targeted case management services under item 19.a.
  2. relocation service coordination services under item 19.c.
  3. case management services for persons not on a §1915(c) waiver who are vulnerable adults or adults with MR/RC under item 19.d.
- 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. This does not include travel time included in other billable services.
  - Payment for chemical abuse program services is pursuant to county-negotiated rates. This rate methodology will end June 30, 2011. Effective July 1, 2009 through June 30, 2011, county-negotiated rates are limited to rates in effect on January 1, 2009, except that no rate can be higher than 160 percent of the average rate for each type of chemical abuse program.
  - Payment for **EPSDT rehabilitative services identified in IFSPs/IEPs** under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children with IFSPs/IEPs during the school day is pursuant to a cost-based, per child encounter rate. Each school district has separate per encounter rates for the EPSDT rehabilitative services listed in Attachments 3.1-A/B, item 13.d and for personal care assistant services in Attachments 3.1-A/B, item 4.b. Payment is made when there is an encounter by a Medical Assistance child for the service category. No more than one payment in each service category can be made per child, per day, by a school district.