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

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~~ A county-operated or non-county operated entity certified by the Department ~~and operated by a county.~~
- B. ~~A noncounty entity certified by the Department based on the recommendation of the host county.~~
- C.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. (except that for purposes of this item, it does not include a registered nurse certified as a nurse practitioner) or an individual credentialed as a health professional under the standards set by the governing body of a federally recognized Indian tribe who provides services to recipients through an IHS or 638 facility.
- 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.
- 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) a Level I mental health behavioral aide 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

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
  
- E. 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 as specified in the *State Register*;
  
- B. individual, family, or group skills training ~~provided by a mental health professional~~ 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.  
~~or a mental health practitioner with a consulting relationship with a mental health professional who accepts full professional responsibility for the training. -Skills training improves the basic functioning of the child and the~~

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

~~child's family in the activities of daily and community living, and the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. The skills training must:~~

- ~~1) consist of activities designed to promote skills development of the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;~~
- ~~2) consist of activities that assist the family's understanding of normal child development and parenting skills to help the child achieve the goals in the child's individual treatment plan; and~~
- ~~3) promote family preservation and unification, promote the family's integration with the community, and reduce the use of unnecessary out-of-home placement or institutionalization of the child.~~

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. ~~medically necessary mental health services provided by a mental health behavioral aide designed to improve the functioning of the child and support the family in activities of daily and community living. These services implement the rehabilitative mental health services identified in the recipient's individual~~

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

~~treatment plan or individual behavior plan that allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living skills through targeted activities. These skills may include:~~

- ~~1) assisting the child as needed with skills development in dressing, eating, and toileting;~~
- ~~2) assisting, monitoring, and guiding the child to complete tasks, including facilitating and child's participation in medical appointments;~~
- ~~3) observing and intervening to redirect the child's inappropriate behavior;~~
- ~~4) assisting the child to use age appropriate self-management skills as related to the child's emotional disturbance or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;~~
- ~~5) implementing de-escalation techniques as recommended by the mental health professional;~~
- ~~6) implementing other mental health services that the mental health professional approves as being within the scope of the behavioral aide's duties; and~~
- ~~7) when directed exclusively to the treatment of the child, assisting the parents to develop and use skills that help the child achieve the goals outlined in the child's individual treatment plan or individual behavior plan; and~~

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) one total hour of on-site observation by a mental health professional during the first 12 hours of service;~~

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

- 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.

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

- 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 ~~three~~ two-hour time block (of which one hour, ~~but no more than two hours,~~ 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 is provided at least one day a week for a minimum two-hour time block~~ must be available two hours per day, five days per week, and twelve months of each calendar year. 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.

The services specified in items A through E 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

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

- 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.

**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,

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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.



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TN: 09-22  
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ATTACHMENT 3.1-B  
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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

identified disability and functional impairment.

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ATTACHMENT 3.1-B

Page 16b

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

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

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  - 1) a mental health practitioner;
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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

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

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

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- 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 ~~is provided at least one day a week for a minimum two-hour time block~~ must be available two hours per day, five days per week, and twelve months of each calendar year. A child may receive less than two hours per day of this service if the child is transitioning in or out of therapeutic preschool program.

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

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

- 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.

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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.