

STATE: MINNESOTA
Effective: June 28, 2011
TN: 11-04
Approved: **FEB 28 2012**
Supersedes: 01-21 (01-14)

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2.a. Outpatient hospital services.

- All services must be provided by or under the on-site supervision of a physician or dentist.
- Outpatient day treatment or partial hospital programs for mental illness require prior authorization ~~as specified in the State Register.~~
- ~~Nutritional counseling exceeding three visits requires prior authorization~~ is permitted as described in the Minnesota Health Care Program provider manual.
- Outpatient chemical dependency programs are provided for under rehabilitation services. Limitations for outpatient chemical dependency programs are provided under Item 13.d. of this attachment.
- Blood and blood components are covered to the extent these are not available from other sources. Blood charges may not exceed the cost of the quantity actually administered and not replaced.
- Outpatient hospital services includes end-stage renal disease hemodialysis. A recipient receiving hemodialysis in the home is considered to be receiving outpatient hospital services.
- Supplies and equipment ordinarily furnished by hospitals during the care and treatment of an illness or injury are not separately payable.
- Hospitals must comply with federal regulations concerning informed consent for voluntary sterilization procedures and hysterectomies.

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

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:
 - o Acuity of psychotic disorder
 - o Cognitive or neurocognitive impairment
 - o A need to consider past diagnoses and determine their current applicability
 - o Co-occurring substance abuse use disorder
 - o Disruptive or changing environments,
 - o Communication barriers
 - o 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:

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.

STATE: MINNESOTA

Effective: June 28, 2011

TN: 11-04

Approved: **FEB 28 2012**

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

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

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. ~~(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 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) ~~a-~~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

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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 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.

Supersedes: 09-04 (08-16, 07-08, 06-02, 03-35, 01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the ~~State Register~~ the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.

- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.

- **Abortion services:** Physicians must comply with regulations concerning informed consent for voluntary abortion procedures.

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the State Register the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.
- **Psychiatric consultations:** Consultations with psychiatrists by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.

6. d. A- Other practitioners' services.

A. **Mental health** services are limited to those provided by the following mental health professionals within the applicable scope of licensure:

- (1) licensed psychologist;
- (2) licensed psychological practitioner;
- (3) licensed independent clinical social worker;
- (4) ~~registered nurse with: (a) certification as a clinical nurse specialist or nurse practitioner in psychiatric and mental health nursing; or (b) a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience,~~ an advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
- 5) licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
- (6) effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

Mental health services are subject to the same limitations as psychiatric services described under Item 5. a., Physicians' services.

Under the supervision of an enrolled psychiatrist or other mental health professional listed in this item, the following may provide diagnostic assessment, explanation of findings or psychotherapy:

1. A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification as a psychiatrist or other mental health professional listed in this item and
2. A student in a field placement or internship under a program leading to the completion of licensure requirements as psychiatrist or other mental health professional listed in this item

Services by mental health professionals include developing individual treatment plans to promote good mental health and self-management of mental health conditions, and directing and

STATE: MINNESOTA

Effective: June 28, 2011

TN: 11-04

FEB 28 2012

Approved:

Supersedes: 09-15 (09-18, 06-03, 04-10, 03-10, 01-14)

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6. d. Other practitioners' services. (continued)

overseeing the implementation of the individual treatment plans by community health workers.

Telemedicine services. Mental health services 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.

13. d. Rehabilitative services. (continued)

community board of directors. Providers must be capable of providing the services to recipients who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to recipients dually diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.

The following are included in the **CMHC services** payment:

1. Diagnostic assessment
2. Explanation of findings
3. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
4. Adult day treatment services provided as described below.
5. Professional home-based mental health services
6. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act—
7. Neuropsychological services provided as described below.

Adult day treatment includes at least one hour of group psychotherapy and must include group time focused on rehabilitative interventions or other therapeutic services that are provided by a multidisciplinary staff.

Rehabilitative interventions are linked to goals and objectives identified in an individual's treatment plan which will lead to improvement in functioning that has been impaired by the symptoms of individual's mental illness. Other therapeutic services may include such services as harm reduction or cognitive behavior therapy. Coverage is limited to services provided up to 15 hours per week.

Individual members of the adult day treatment multidisciplinary team must meet, at a minimum, the standards for a mental health practitioner as defined on page 54c of this item. Psychotherapy components of day treatment must be provided by a mental health professional unless a mental health practitioner works as a clinical trainee as defined in item 6.d.A. under the clinical supervision of a mental health professional service as defined in item 6.d.A.

The following agencies may apply to become adult day treatment providers:

- o Licensed outpatient hospitals with JCAHO accreditation;
- o MHCP-enrolled community mental health centers; or
- o Entities under contract with a county to operate a day treatment program

Neuropsychological services include neuropsychological assessment and neuropsychological testing.

13. d. Rehabilitative services. (continued)

Eligible providers of clinical neuropsychological services must meet one of the following:

- Have a diploma from one of the following:
American Board of Clinical Neuropsychology (ABCN)
American Board of Professional Neuropsychology (ABPN)
American Board of Pediatric Neuropsychology (ABPdN)
- Have been enrolled as an eligible provider of neuropsychological assessment prior to December 31, 2010;
- Earned a doctoral degree in psychology from an accredited university training program
 1. completed an internship, or its equivalent, in a clinically relevant area of professional psychology;
 2. completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist or
 3. have been credentialed by another state's board of psychology examiners in the specialty of clinical neuropsychology utilizing equivalent requirements to those specified by one of the above-named Boards.

Tel emedicine services. CMHC services, except adult day treatment services and partial hospitalization for mental illness, 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.

~~Authorization is required for the following conditions:~~

- ~~— A. Services provided for more than 21 days.~~
- ~~— B. Services within 45 days of the last day a recipient received services.~~
- ~~— C. For a recipient under age 18, less than three hours of covered services per day.~~
- ~~— D. For a recipient at least age 18, less than five hours of covered services per day.~~

The ~~provider~~ community mental health center must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

13. d. Rehabilitative services. (continued)

~~Coverage of adult day treatment services for mental illness is limited to:~~

- ~~1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience; or, effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.~~
- ~~2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6. d. A.~~
- ~~3. Services provided in or by one of the following:
A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
B. Community Mental Health Center;
C. County contracted day treatment provider.~~
- ~~4. Services provided up to 15 hours per week.~~

- **Community health worker services** are recommended by a mental health professional defined in item 6. d. A. after a diagnostic assessment. They ~~are~~ provide culturally relevant patient education and care coordination services provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.

• **Mental health community support 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, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

Telemedicine services. Mental health community support services, except adult day treatment services and intensive residential treatment services, that are otherwise covered as direct face-to-face services may be provided via a two-way, interactive video if medically appropriate to the condition and needs of the recipient.

The following are eligible to provide mental health community

13. d. Rehabilitative services. (continued)

4. 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.

Telemedicine services. Crisis response services, except residential crisis stabilization services, 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 below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
2. Services provided by a nonenrolled Medicaid provider.
3. Room and board.
4. Services provided to a recipient admitted to an inpatient hospital.
5. Services provided by volunteers.
6. Direct billing of time spent "on call" when not providing services.
7. Provider service time paid as part of case management services.
8. Outreach services, defined on page 54f.

- **Intensive outpatient program dialectical behavior therapy services** are ~~determined to be medically necessary~~ approved by a mental health professional as defined in item 6. d. A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.

A recipient appropriate for dialectical behavior therapy must have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community based services and:

1. have a diagnosis of borderline personality disorder; or

13. d. Rehabilitative services. (continued)

Individual dialectical behavior therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee as defined in item 6. d. A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

2. Group dialectical behavior therapy skills training

Group dialectical behavior therapy is a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function through teaching adaptive skills in the following areas:

- a. Cognitive restructuring, anger and crisis-management skills necessary to tolerate distress and regulate emotion;
- b. Basic living, behavior management, engagement, leisure and social skills necessary to function in the community;
- c. Assertiveness, interpersonal and problem-solving skills necessary for interpersonal effectiveness.

Group dialectical behavior therapy skills training is provided by two mental health professionals as defined in item 6. d. A. or a combination of a mental health professional co-facilitating with a mental health practitioner working as a clinical trainee as described in item 6 d. A.; or a mental health practitioner as defined at pages 54c and c.1 of item 13d, who are employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

Provider Qualifications, Standards, Training and Supervision

1. Programs are certified by the Department to provide dialectical behavior ~~training~~ therapy program components if they meet the following criteria:
 - a. hold current accreditations as a dialectical behavior therapy program from a nationally recognized certification and accreditation body or submit to the commissioner's inspection and provide evidence that the dialectical behavior therapy provider will continuously meet the requirements of Minnesota Rule 9505.0372, subpart 10.; and

TN: 11-04
Approved: FEB 28 2012

Supersedes: 10-03 (06-12, 05-01, 04-08, 03-26)

13. d. Rehabilitative services. (continued)

- b. enroll as a Minnesota Healthcare Program provider;
- c. collect and report client-level and program outcomes as specified by the Department;
- d. maintain a program manual that outlines the dialectical behavior therapy program's policies, procedures, and practices which meet the criteria of Minnesota rule 95905.0372, subpart 10.

2. Programs consist of persons who are trained in dialectical behavior therapy treatment a multidisciplinary team with one member holding certification as a dialectical behavior therapy clinician from a nationally recognized certification and accreditation body, and meet the following qualifications, training and supervision standards.

Dialectical behavior therapy team leads must:

1. Be a mental health professional as defined in item 6. d. A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department;
2. Have appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices; and
3. Have knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices.

Dialectical behavior therapy team members providing individual dialectical behavior therapy or group skills training must:

1. Be a mental health professional as defined in item 6. d. A. ~~or be a mental health practitioner as defined on pages 54Cc and c.1 of this item~~ or a mental health practitioner working as a clinical trainee, who is employed by, affiliated with or contracted with a dialectical behavior therapy program certified by the Department;

STATE: MINNESOTA

Effective: June 28, 2011

TN: 11-04

Approved: **FEB 28 2012**

Supersedes: 10-03 (06-12, 05-01, 04-08, 03-26)

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13.d. Rehabilitative services. (continued)

2. Have or obtain knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices within the first six months of becoming part of a dialectical behavior therapy program
3. Participate in dialectical behavior therapy consultation team meetings; and
4. For mental health practitioners, receive ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

2. a. Outpatient hospital services.

- All services must be provided by or under the on-site supervision of a physician or dentist.
- Outpatient day treatment or partial hospital programs for mental illness require prior authorization as specified in the ~~State Register~~.
- ~~Nutritional counseling exceeding three visits requires prior authorization~~ is permitted as described in the Minnesota Health Care Program provider manual.
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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.
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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.

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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 include:

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- Screens for substance use, abuse, or dependency
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- Includes a clinical summary
- Includes recommendations and prioritization of needed mental health, ancillary, or other services
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4. b. Early and periodic screening, diagnosis, and treatment services: (continued)

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:

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- 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

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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) a—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

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 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.

5. a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the ~~State Register~~ the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.

- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.

- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.

- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.

- **Psychiatric consultations:** Consultations with psychiatrists by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5. a.

6. d. A- Other practitioners' services.

A. Mental health services are limited to those provided by the following mental health professionals within the applicable scope of licensure:

- (1) licensed psychologist;
- (2) licensed psychological practitioner;
- (3) licensed independent clinical social worker;
- (4) ~~registered nurse with: (a) certification as a clinical nurse specialist or nurse practitioner in psychiatric and mental health nursing; or (b) a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience,~~ an advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
- 5) licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
- (6) effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

Mental health services are subject to the same limitations as psychiatric services described under Item 5. a., Physicians' services.

Under the supervision of an enrolled psychiatrist or other mental health professional listed in this item, the following may provide diagnostic assessment, explanation of findings or psychotherapy:

3. A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification as a psychiatrist or other mental health professional listed in this item and
4. A student in a field placement or internship under a program leading to the completion of licensure requirements as psychiatrist or other mental health professional listed in this item

Services by mental health professionals include developing individual treatment plans to promote good mental health and self-management of mental health conditions, and directing and

STATE: MINNESOTA

Effective: June 28, 2011

TN: 11-04

Approved: **FEB 28 2012**

Supersedes: 09-15 (09-18, 06-03, 04-10, 03-10, 01-14)

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6. d. Other practitioners' services. (continued)

overseeing the implementation of the individual treatment plans by community health workers.

Telemedicine services. Mental health services 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.

13. d. Rehabilitative services. (continued)

community board of directors. Providers must be capable of providing the services to recipients who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to recipients dually diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.

The following are included in the **CMHC services** payment:

1. Diagnostic assessment
2. Explanation of findings
3. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
4. Adult day treatment services provided as described below.
5. Professional home-based mental health services
6. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act-
7. Neuropsychological services provided as described below.

Adult day treatment includes at least one hour of group psychotherapy and must include group time focused on rehabilitative interventions or other therapeutic services that are provided by a multidisciplinary staff.

Rehabilitative interventions are linked to goals and objectives identified in an individual's treatment plan which will lead to improvement in functioning that has been impaired by the symptoms of individual's mental illness. Other therapeutic services may include such services as harm reduction or cognitive behavior therapy. Coverage is limited to services provided up to 15 hours per week.

Individual members of the adult day treatment multidisciplinary team must meet, at a minimum, the standards for a mental health practitioner as defined on page 53c of this item. Psychotherapy components of day treatment must be provided by a mental health professional unless a mental health practitioner works as a clinical trainee as defined in item 6. d. A. under the clinical supervision of a mental health professional service as defined in item 6. d. A.

The following agencies may apply to become adult day treatment providers:

- o Licensed outpatient hospitals with JCAHO accreditation;
- o MHCP-enrolled community mental health centers; or
- o Entities under contract with a county to operate a day treatment program

Neuropsychological services include neuropsychological assessment and neuropsychological testing.

13. d. Rehabilitative services. (continued)

Eligible providers of clinical neuropsychological services must meet one of the following:

- Have a diploma from one of the following:
American Board of Clinical Neuropsychology (ABCN)
American Board of Professional Neuropsychology (ABPN)
American Board of Pediatric Neuropsychology (ABPdN)
- Have been enrolled as an eligible provider of neuropsychological assessment prior to December 31, 2010;
- Earned a doctoral degree in psychology from an accredited university training program
 4. completed an internship, or its equivalent, in a clinically relevant area of professional psychology;
 5. completed the equivalent of two full-time years of experience and specialized training, at least one which is at the postdoctoral level, in the study and practices of clinical neuropsychology and related neurosciences supervised by a clinical neuropsychologist or
 6. have been credentialed by another state's board of psychology examiners in the specialty of clinical neuropsychology utilizing equivalent requirements to those specified by one of the above-named Boards.

Tel emedicine services. CMHC services, except adult day treatment services and partial hospitalization for mental illness, 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.

~~Authorization is required for the following conditions:~~

- ~~— A. Services provided for more than 21 days.~~
- ~~— B. Services within 45 days of the last day a recipient received services.~~
- ~~— C. For a recipient under age 18, less than three hours of covered services per day.~~
- ~~— D. For a recipient at least age 18, less than five hours of covered services per day.~~

The ~~provider~~ community mental health center must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

13. d. Rehabilitative services. (continued)

~~Coverage of adult day treatment services for mental illness is limited to:~~

- ~~1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience; or, effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.~~
- ~~2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6. d. A.~~
- ~~3. Services provided in or by one of the following:
A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
B. Community Mental Health Center;
C. County contracted day treatment provider.~~
- ~~4. Services provided up to 15 hours per week.~~

- **Community health worker services** are recommended by a mental health professional defined in item 6. d. A. after a diagnostic assessment. They ~~are~~ provide culturally relevant patient education and care coordination services provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional.

- **Mental health community support 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, written by a mental health professional or by a mental health practitioner under the clinical supervision of a mental health professional. The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

Tel emedicine services. Mental health community support services, except adult day treatment services and intensive residential treatment services, 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 following are eligible to provide mental health community

13. d. Rehabilitative services. (continued)

4. 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.

Tel medicine services. Crisis response services, except residential crisis stabilization services, that are otherwise covered as direct face-to-face services may be provided via a two-way, interactive video if medically appropriate to the condition and needs of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
2. Services provided by a nonenrolled Medicaid provider.
3. Room and board.
4. Services provided to a recipient admitted to an inpatient hospital.
5. Services provided by volunteers.
6. Direct billing of time spent "on call" when not providing services.
7. Provider service time paid as part of case management services.
8. Outreach services, defined on page 54f.

- **Intensive outpatient program dialectical behavior therapy services are ~~determined to be medically necessary~~ approved by a mental health professional as defined in item 6. d. A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. A comprehensive evaluation completed by a mental health practitioner working as a clinical trainee must be reviewed and signed by the mental health professional who is the clinical supervisor. Services are provided pursuant to an individual treatment plan.**

A recipient appropriate for dialectical behavior therapy must have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community based services and:

1. have a diagnosis of borderline personality disorder; or

13. d. Rehabilitative services. (continued)

Individual dialectical behavior therapy is provided by a mental health professional or a mental health practitioner working as a clinical trainee as defined in item 6. d. A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

2. Group dialectical behavior therapy skills training

Group dialectical behavior therapy is a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function through teaching adaptive skills in the following areas:

- d. Cognitive restructuring, anger and crisis-management skills necessary to tolerate distress and regulate emotion;
- e. Basic living, behavior management, engagement, leisure and social skills necessary to function in the community;
- f. Assertiveness, interpersonal and problem-solving skills necessary for interpersonal effectiveness.

Group dialectical behavior therapy skills training is provided by two mental health professionals as defined in item 6. d. A. or a combination of a mental health professional co-facilitating with a mental health practitioner working as a clinical trainee as described in item 6 d. A.; or a mental health practitioner as defined at pages 54c and c.1 of item 13d, who are employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

Provider Qualifications, Standards, Training and Supervision

- 2. Programs are certified by the Department to provide dialectical behavior ~~training~~ therapy program components if they meet the following criteria:
 - a. hold current accreditations as a dialectical behavior therapy program from a nationally recognized certification and accreditation body or submit to the commissioner's inspection and provide evidence that the dialectical behavior therapy provider will continuously meet the requirements of Minnesota Rule 9505.0372, subpart 10.; and

Approved: **FEB 28 2012**
Supersedes: 10-03 (06-12, 05-01, 04-08, 03-26)

13. d. Rehabilitative services. (continued)

- b. enroll as a Minnesota Healthcare Program provider;
- c. collect and report client-level and program outcomes as specified by the Department;
- d. maintain a program manual that outlines the dialectical behavior therapy program's policies, procedures, and practices which meet the criteria of Minnesota rule 95905.0372, subpart 10.

2. ~~Programs consist of persons who are trained in dialectical behavior therapy treatment a multidisciplinary team with one member holding certification as a dialectical behavior therapy clinician from a nationally recognized certification and accreditation body, and meet the following qualifications, training and supervision standards.~~

Dialectical behavior therapy ~~team leads~~ must:

1. Be a mental health professional as defined in item 6.d.A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department;
2. Have appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices; and
3. Have knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices.

Dialectical behavior therapy ~~team members~~ providing individual dialectical behavior therapy or group skills training must:

1. Be a mental health professional as defined in item 6.d.A. ~~or be a mental health practitioner as defined on pages 54Cc and c.1 of this item~~ or a mental health practitioner working as a clinical trainee, who is employed by, affiliated with or contracted with a dialectical behavior therapy program certified by the Department;

STATE: MINNESOTA

Effective: June 28, 2011

TN: 11-04

Approved: **FEB 28 2012**

Supersedes: 10-03 (06-12, 05-01, 04-08, 03-26)

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13. d. Rehabilitative services. (continued)

6. Have or obtain knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices within the first six months of becoming part of a dialectical behavior therapy program
7. Participate in dialectical behavior therapy consultation team meetings; and
8. For mental health practitioners, receive ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

~~If the service is provided by a non-enrolled mental health practitioner, the supervising enrolled provider is paid the lower of:~~

~~(1) submitted charge; or~~

~~(2) 50% of item (2)(a), or (2)(b), or 2(c) above, for psychotherapy services.~~

Provider travel time is paid the lower of the submitted charge or as specified in item 4.b.

Anesthesia services personally performed by the anesthesiologist are paid the lower of:

(1) submitted charge; or

(2) the product of the physician conversion factor (\$18.00) multiplied by the sum of the relative base value units and time units (one time unit equals fifteen minutes).

Anesthesia services provided by the anesthesiologist medically directing (supervising) one to four certified registered nurse anesthetists, student registered nurse anesthetists, or anesthesia residents are paid the lower of:

(1) submitted charge; or

(1) (relative base value unit + time units*) x Medicare anesthesiologist conversion factor x 0.632

Anesthesia services provided by the anesthesiologist medically directing (supervising) five or more certified registered nurse anesthetists or anesthesia residents are paid the lower of:

(1) the submitted charge; or

6.d. Other practitioners' services.

A. With the exception listed below, **mental health services performed by a doctoral prepared mental health professional** are paid the lower of:

(1) submitted charge; or

(2) (a) the Resource Based Relative Value Scale (RBRVS) calculated rate; or

(b) State agency established rate; or

~~(c) provider travel time as specified in item 4.b.; or~~

~~(d)~~ (c) \$65.01 per session for crisis assessment provided in a hospital outpatient department; or

~~(e)~~ (d) \$37.80 per 60 minutes for cognitive remediation training.

Provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside the provider's normal place of business. Travel time is paid as a supplement to the payment for associated covered services. Travel time is paid at the lower of the submitted charge or 45 cents per minute.

A mental health diagnostic assessment is paid the lower of the submitted charge, or a rate dependent on whether the diagnostic assessment is brief, standard or extended, as described in Minnesota Rule 9505.0372 and on the adult and children's mental health pages on the agency's website. The three levels of diagnostic assessment rates are based on the RBRVS rate, but are modified to reflect the duration of the assessment. This ensures that the payment for all assessments is no greater than the aggregate payment using a single RBRVS rate.

The agency fee schedule rate was set as of June 28, 2011, and is effective for services provided on or after that date. All rates are published on the Minnesota Department of Human Service's public website (<http://dhs.state.mn.us>).

Community health worker services are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.

6.d. Other practitioners' services. (continued)

Mental health services performed by a master's prepared mental health professional are paid the lower of:

- (1) submitted charge; or
- (2) 80% of the ~~reference file allowable rate~~ established above for doctoral prepared mental health professionals.

Mental health services performed by a master's prepared mental health professional in a community mental health center are paid the lower of:

- (1) submitted charge; or
- (2) 100% of the ~~reference file allowable rate~~ established above for doctoral prepared mental health professionals.

Mental health services provided by a mental health practitioner working as a clinical trainee as defined in Attachment 3.1-A, item 6.d.A., who is supervised by an enrolled provider are paid to the supervising enrolled provider at the lower of:

- (1) submitted charge; or
- (2) ~~50%~~ 100% of the ~~reference file allowable rate~~ established above for mental health professionals.

Adult Day treatment services for mental illness provided on or after July 1, 2001 are paid the lower of:

- (1) submitted charge; or
- (2) \$20.41 per 60 minutes.