

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

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

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

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

The following are eligible to provide youth ACT services:

- A. An entity contracting with the Department.
- B. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

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Attachment 3.1-A
Page 17ss

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

Provider Qualifications, Training and Supervision

Youth ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

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

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Attachment 3.1-A
Page 17tt

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

The team must provide the following:

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

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Attachment 3.1-A
Page 17uu

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

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

- A. recipient transportation services otherwise paid under this Attachment;
- B. services billed by a non-enrolled Medicaid provider;
- C. services provided by volunteers;
- D. direct billing of days spent "on call" when not providing services;
- E. job-specific skills services, such as on-the-job training;
- F. performance of household tasks, chores, or related activities for the recipient;
- G. outreach services, as defined for mental health community support services on page 54f;
- H. inpatient psychiatric hospital treatment;
- I. mental health residential treatment;
- J. partial hospitalization;
- K. physician services outside of care provided by a psychiatrist serving as a member of the treatment team;
- L. room and board costs;
- M. children's mental health day treatment services;
- N. mental health behavioral aid services.

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Attachment 3.1-B
Page 16rr

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

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

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

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

The following are eligible to provide youth ACT services:

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Attachment 3.1-B
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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

Provider Qualifications, Training and Supervision

Youth ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

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

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Attachment 3.1-B
Page 16tt

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

The team must provide the following:

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

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Attachment 3.1-B
Page 16uu

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

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

- A. recipient transportation services otherwise paid under this Attachment;
- B. services billed by a non-enrolled Medicaid provider;
- C. services provided by volunteers;
- D. direct billing of days spent "on call" when not providing services;
- E. job-specific skills services, such as on-the-job training;
- F. performance of household tasks, chores, or related activities for the recipient;
- G. outreach services, as defined for mental health community support services on page 54f;
- H. inpatient psychiatric hospital treatment;
- I. mental health residential treatment;
- J. partial hospitalization;
- K. physician services outside of care provided by a psychiatrist serving as a member of the treatment team;
- L. room and board costs;
- M. children's mental health day treatment services;
- N. mental health behavioral aid services.

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ATTACHMENT 4.19-B
Page 8e

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

Youth ACT services provided by entities with contracts with the Department are paid a regional per diem rate per provider as indicated by the table below. The Department will set rates inclusive of all intensive nonresidential rehabilitative services identified in Attachments 3.1-A and B, section 4.b., item 5, using statewide parameters with assigned values based on regional costs of providing care. To determine this rate, the Department will include and document:

- A. the cost for similar services in the geographic region;
- B. actual costs incurred by entities providing the services;
- C. the intensity and frequency of services to be provided to each client;
- D. the degree to which clients will receive services other than services under this section; and
- E. the costs of other services that will be separately reimbursed.

The chart below identifies the per diem rate for youth ACT services provided on or after July 1, 2012. The rate is based on the five criteria above. Rates are recalculated annually based on the submitted charges for the individual service components within the geographical regions.

<u>Region</u>	<u>Rate</u>
<u>Central</u>	<u>\$138.36</u>
<u>Metro</u>	<u>\$137.33</u>
<u>Northeast</u>	<u>\$137.38</u>
<u>Northwest</u>	<u>\$149.67</u>
<u>Southeast</u>	<u>\$122.92</u>
<u>Southwest</u>	<u>\$136.92</u>

Travel time, as described in item 6.d.A., is paid separately.