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STATE/TERRIORITY NAME: MINNESOTA

STATE PLAN AMENDMENT (SPA)#: 22-0024

This file contains the following documents in the order listed:

- 1) Approval Letter**
- 2) CMS 179 Form**
- 3) Approved SPA Pages**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 15, 2022

Cynthia MacDonald, Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) 22-0024

Dear Ms. MacDonald:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0024. This amendment proposes to implement the Uniform Service Standards including:

- Simplification to the Diagnostic Assessment Process.
- Clean up and clarification to staff definitions, supervision requirements, and training.
 - Clarifies that Licensing Board requirements for clinical supervision do not apply as Medicaid requirements to deliver services.
 - Clinical Trainees (graduate intern, or post graduate; able to do therapy and assessment) separately described from Mental Health Practitioners (Bachelor's degree in related field, or two years' work experience).
 - Sets minimum age of 18 for all staff types, parallel with existing law for SUD services. Allows a hospital to refer client to one week of day treatment services before diagnostic assessment required.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Minnesota Medicaid SPA 22-0024 was approved on September 14, 2022, with an effective date of September 15, 2022.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Alexandra Zoellner, MDHS
Melorine Mokri, MDHS
Patrick Hultman, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 2 4</u>	2. STATE <u>MN</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 15, 2022

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(30) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2022</u>	\$ <u>0</u>
b. FFY <u>2023</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
3.1-A Page 17, 17a-1, 17a-2, 17b, 17c, 17d-1, 17d-2, 17e, 17h, 17i, 17j, 17pp, 17ss, 17tt, 17uu, 17vv, 17ww, 17xx-2, Page 25, Page 54a-1, 54b, 54c, 54c.1, 54d, 54d.1, 54e, 54f, 54g, 54g.1, 54h, 54i, 54j, 54j.2, 54j.3, 54j.4, 54m, 54n, 54o, 54t

3.1-B Page 16, 16a-1, 16a-2, 16b, 16c, 16d-1, 16d-2, 16e, 16h, 16i, 16j, 16pp, 16ss, 16tt, 16uu, 16vv, 16ww, 16xx-2, Page 24, Page 52-1, 52-2, 52-3, 52-4, 52-5, 52-6, 52-7, 52-8, 52-9, 52-10, 52-11, 52-12, 52-13, 52-14, 52-15, 52-16, 52-17, 52-18, 52-19, 52-20, 52-21, 52-22, 52-23, 52-24, 52-25, 52-26, 52-27, 52-28, 52-29, 52-30, 52-31, 52-32, 52-33, 52-34, 52-35, 52-36, 52-37, 52-38, 52-39, 52-40, 52-41, 52-42, 52-43, 52-44, 52-45, 52-46, 52-47, 52-48, 52-49, 52-50, 52-51, 52-52, 52-53, 52-54, 52-55, 52-56, 52-57, 52-58, 52-59, 52-60, 52-61, 52-62, 52-63, 52-64, 52-65, 52-66, 52-67, 52-68, 52-69, 52-70, 52-71, 52-72, 52-73, 52-74, 52-75, 52-76, 52-77, 52-78, 52-79, 52-80, 52-81, 52-82, 52-83, 52-84, 52-85, 52-86, 52-87, 52-88, 52-89, 52-90, 52-91, 52-92, 52-93, 52-94, 52-95, 52-96, 52-97, 52-98, 52-99, 52-100


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
same

9. SUBJECT OF AMENDMENT

Implements Uniform Service Standards for behavioral health services including simplification to the diagnostic assessment process

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE 

12. TYPED NAME
Patrick Hultman

13. TITLE
Deputy Medicaid Director


14. DATE SUBMITTED
June 21, 2022

15. RETURN TO
**Alley Zoellner
Minnesota Department of Human Services
Federal Relations Unit
540 Cedar Street, PO Box 64983
Saint Paul, MN 55164**

FOR CMS USE ONLY

16. DATE RECEIVED June 21, 2022	17. DATE APPROVED September 14, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL September 15, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

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 notifications may also be supplemented by personal contacts.
- Drugs that are considered investigational, drugs that are provided to a recipient during the clinical trial designed to test the efficacy of the provided drug, or drugs that have not been approved for general use by the U.S. Food and Drug Administration are not covered.

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. A brief diagnostic must not be used for a child under six years of age. Components includes:

- The recipient's current life situation Age
- Recipient's description of symptoms (including reason for referral)
- History of mental health treatment
- Cultural influences on the client, and
- 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, the client's: current living situation, status of basic needs, education level, employment status, current medications, immediate risks to health and safety, and perceptions of their own condition.
- Screenings used to determine a recipient's substance use, abuse, or dependency
- 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 diagnostic formulation, recommendations, and prioritization of needed mental health, ancillary or otherservices

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 of Mental Disorders (DSM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, 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:

Approved: 9/14/2022

Supersedes: 18-06 (17-21, 15-14, 13-14, 11-04, 09-22, 08-02, 06-12, 04-10, 02-22)

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

1. **Children's therapeutic services and supports** for children is a package of mental health services for children that includes varying levels of therapeutic and rehabilitative intervention provided by mental health professionals, clinical trainees, and mental health practitioners, mental health certified family peer specialists, and mental health behavioral aides under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. The interventions are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan. Treatment staff who are not mental health professionals receive treatment supervision from a mental health professional.

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. A child may be determined to be eligible for up to five days of children's therapeutic services and supports day treatment, based on a hospital's medical history and presentation examination of the child.

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.
- 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, works in a day treatment program, and:
 - a. has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances or mental illness;

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Supersedes: 17-21 (13-14, 11-04, 09-22, 06-12, 04-10, 02-22)

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 clients with mental illness or 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; or
 - c) receives 40 hours of training in the delivery of services to clients with mental illness or emotional disturbance within the first six months of employment, and receives weekly supervision from a mental health professional until he or she has 2,000 hours of supervised experience. Or,
- 2) has at least 4,000 hours of supervised experience in the delivery of services to children with emotional disturbances, mental illness, or substance use disorder, including hours worked as a mental health behavioral aide I or II; a practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience; or
 - 3) has at least 4,000 hours of supervised experience in the delivery of services to children with traumatic brain injury or developmental disabilities, and completes Department required training on mental illness and emotional disturbance. A practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience; or
 - 4) is a graduate or undergraduate 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
 - 5) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university; or
 - 6) holds a bachelor's degree in one of the behavioral sciences or related fields, and completes a practicum or internship that requires direct interaction with children and is focused on behavioral sciences or a related field; or

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

~~7) 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) Level I mental health behavioral aides must:

a. be at least 18 years of age; and

~~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 or mental illness within the previous ten years; and

~~e. meet the following orientation and training requirements:~~

~~i. 30 hours of preservice training covering Minnesota's data-privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act; the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special needs.~~

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

~~Fifteen hours must be face-to-face training in mental health services delivery and eight hours must be parent team training, which includes partnering with parents; fundamentals of family support; fundamentals of policy and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and~~

~~i. 20 hours of continuing education every two calendar years. Topics covered are those identified in subclause i., above.~~

2) a Level II mental health behavioral aide must:

- 1) be at least 18 years of age;
- 2) have an associate or bachelor's degree ~~or 4,000 hours of experience delivering clinical services to children with in the treatment of mental illness or emotional disturbance concerning children or adolescents,~~ or complete a certification program approved by the Department; and
- 3) ~~meet the preservice and continuing education requirements as a Level I mental health behavioral aide.~~

D. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.

E. A clinical trainee

A clinical trainee, mental health practitioner, certified family peer specialist, or mental health behavioral aide must have at least 30 hours of continuing education every two years, as described by state law.

A clinical trainee, mental health practitioner, certified family peer specialist, or mental health behavioral aide must perform all services described under the supervision of a mental health professional and have a written treatment supervision plan, developed within 30 days of employment and updated annually.

Each staff person's treatment supervision plan must include:

(1) the name and qualifications of the staff person receiving treatment supervision;

(2) the names and licensures of the treatment supervisors who are supervising the staff person;

(3) how frequently the treatment supervisors must provide treatment supervision to the staff person; and

(4) the staff person's authorized scope of practice, including a description of the client population that the staff person serves, and a description of the treatment methods and modalities that the staff person may use to provide services to clients.

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: September 15, 2022

Page 17d-2

TN: 22-24

Approved: 9/14/2022

Supersedes: 18-06, (15-14, 13-14, 11-04, 09-22, 06-12, 04-10, 02-22)

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

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: patient and/or family, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization.
- 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.

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TN: 22-24

Approved: 9/14/2022

Supersedes: 13-14(09-22, 06-12, 04-10, 02-22)

ATTACHMENT 3.1-A

Page 17e

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

C. Crisis ~~assistance~~ planning. Crisis ~~assistance~~ planning 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~~ planning 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.

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TN: 22-24

Approved:9/14/2022

Supersedes: 16-02 (13-14, 09-29, 06-12, 04-10, 02-22)

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

~~**Telemedicine services.** Children's therapeutic services and supports 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.~~

2. **Crisis response services** for children are services recommended by a physician, mental health professional or clinical trainee as defined ~~for children's therapeutic services and support in 6.a,~~ or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- A. An entity operated by a county.
- B. An entity under contract with a county.
- 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.

Training and provider standards

A crisis provider must have at least one mental health professional on staff at all times and at least one additional staff member capable of leading a crisis response in the community. Members of the team provide only those crisis services that are within their scope of practice, and under the supervision required by state law.

Crisis assessment and 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 services 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.

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ATTACHMENT 3.1-A

Effective: September 15, 2022

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TN: 22-24

Approved: 9/14/2022

Supersedes: 13-14, (09-22, 06-12, 04-10, 02-22)

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

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, clinical trainee, 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~~ 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.~~ Services delivered to a beneficiary while admitted to an inpatient hospital are excluded from coverage under this section ~~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.~~

2) Crisis intervention is provided after the crisis assessment.

Crisis intervention includes developing an initial,

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.

- ~~1) 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.~~
- 2) 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.
- ~~3) 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.~~
- 4) 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.
- 5) 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~~ visit/visit, the plan is completed by staff of the facility.

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

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional who provides at least weekly face-to-face ~~clinical~~ supervision either individually or as a group to staff providing program services to a resident.

Provider Qualifications and Training

Members of the multidisciplinary team provide residential rehabilitative services within their scope of practice under the ~~clinical~~ supervision of a mental health professional as defined in item 6.d.A.

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Approved: 9/14/2022
Supersedes: 17-21, 13-14, 12-13

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 ~~meets the definition in 3.d.3 and is also a former children's mental health consumer.~~
 - ~~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 that includes specific skills relevant to providing peer support to other consumers, parent-teaming training, and training specific to child development.~~
 - ~~f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.~~
- E. A clinical trainee, as defined in item 6.d.A

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Attachment 3.1-A
Page 17tt

Approved: 9/14/2022

Supersedes: 17-21, 13-14, 12-13

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~~ planning;
- 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. co-occurring substance use disorder ~~integrated dual disorders~~ treatment;
- N. peer support services;
- O. housing access support.

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Supersedes: 14-17, 13-14, 12-13

Attachment 3.1-A
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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 adult rehabilitative mental health services on page 53g;
- 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.

1. Family Psychoeducation Services provide information or demonstration to an individual or family as part of an individual, family, multifamily group, or peer group session. Family psychoeducation services explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development. Services are provided so that the individual, family, or group can help the child prevent relapse and the acquisition of comorbid disorders, while achieving optimal mental health and long-term resilience. Family psychoeducation services are provided by a mental health professional, ~~or a mental health practitioner working as~~ a clinical trainee, as defined in Item 6.d.A.

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4.b. Early and periodic screening, diagnosis, and Treatment services.

(continued)

5. In-reach Care Coordination services, as described in items 5.a. and 6.d.A., and provided to children with a serious emotional disturbance who have frequented a hospital emergency room two or more times in the previous consecutive three months, or been admitted to an inpatient psychiatric unit two or more times in the previous consecutive four months, or is being discharged from either facility to a shelter.

6. Mental Health Clinical Care Consultations are communications from a treating mental health professional, or treating ~~mental health practitioner working as a~~ clinical trainee, as defined in Item 6.d.A., to other providers or educators not under the ~~clinical~~ supervision of the treating mental health professional who are working with the same recipient. Recipients have been diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions. The communications inform, inquire, and instruct regarding the client's symptoms; provide strategies for effective engagement, care, and intervention needs; describe treatment expectations across service settings; and direct and coordinate clinical service components provided to the client and family.

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

7. Certified Family Peer Specialists provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

Provider Qualifications and Training: a certified family peer specialist

- A. Be at least ~~18~~21 years of age;
- B. Have a high school degree or its equivalent,
- C. Have raised, or are currently raising a child with a mental illness;
- D. Have experience navigating the children's mental health system;
- E. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

Components of Family Peer Specialist Services

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

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

- Identification of parent/caregiver preferences and family culture, language, goals and values; and
- Assessment of the type and level of parent/caregiver training and involvement preferred.

Qualified CMDE Provider: A licensed mental health professional, as described in item 6.d.A of Attachments 3.1-A and 3.1-B, ~~a mental health practitioner working as~~ a clinical trainee and under the supervision of a psychiatrist or mental health professional, or a physician is qualified to provide the CMDE. Providers must:

- A. Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD or a related condition, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ASD diagnosis and treatment strategies related to ASD and related conditions, and child development;
- B. Be able to diagnose and/or provide treatment; and
- C. Work within their scope of practice and professional license.

6.d. 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 independent clinical social worker;
3. 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;
4. 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
5. ~~effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post master's supervised experience.~~
6. a licensed physician if the physician is: certified by the American Board of Psychiatry and Neurology, certified by the American Osteopathic Board of Neurology and Psychiatry, eligible for board certification in psychiatry.

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~~ a clinical trainee may provide diagnostic assessment, explanation of findings or psychotherapy. A clinical trainee must:

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~~ have completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and in compliance with the requirements of the applicable health-related licensing board, including requirements for supervised practice; or
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.~~ be enrolled in an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and participating in a practicum or internship through the individual's graduate program.

~~A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification~~ may provide psychological testing under the supervision of a licensed psychologist.

A licensed physician assistant working in an inpatient hospital under the supervision of a psychiatrist, or physician eligible to be licensed as a psychiatrist, may provide medication management and training in medication self-administration. A licensed physician assistant with 2,000 hours of clinical experience in the treatment of mental illness, and meeting the supervision requirements above, may also provide the service in an outpatient setting.

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

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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 developmental disability.

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 or emotional disturbance. 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 that apply to adult rehabilitative mental health services as defined in this item. Members of the multidisciplinary team provide only those day treatment services that are within their scope of practice.

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.

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13.d. Rehabilitative services. (continued)

- **Community health worker services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment. They provide culturally relevant patient education and care coordination services 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.
- **Adult rehabilitative mental health services (ARMHS)** 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 clinical trainee or 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.

Adult rehabilitative mental health services are provided by:

1. A county-operated or non-county operated entity certified by the Department.
2. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

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13.d. Rehabilitative services. (continued)

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

A. has completed coursework in of the behavioral sciences or related fields equal to 30 semester hours or 45 hours under a quarters system, and one of the following:

(i) has at least 2,000 hours of supervised experience in the delivery of services to:

1) persons with mental illness, emotional disturbance, or substance use disorder; or

2) persons with traumatic brain injury or developmental disabilities, and completes Department .required training on mental illness;

(ii) 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 persons with mental illness or emotional disturbance, 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;

(iii) works in a day treatment program; or

(iv) has completed a practicum or internship that required direct interaction with clients and was focused on behavioral sciences or a related field.

B. has at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness, emotional disturbance, or substance use disorder; a practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience;

C. has at least 4,000 hours of supervised experience in the delivery of services to clients with traumatic brain injury or developmental disabilities, and completes Department required training on mental illness. A practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience;

D. is a graduate or undergraduate 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;

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13.d. Rehabilitative services. (continued)

- E. holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university
- F. holds a bachelor's degree in one of the behavioral sciences or related fields, and completes a practicum or internship that requires direct interaction with clients and is focused on behavioral sciences or a related field; or

A mental health practitioner must receive ongoing continuing education training ~~as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training~~ of at least 30 hours every two years in areas of mental illness and mental health services.

2. A mental health rehabilitation worker must:

- A. Be at least ~~21~~18 years of age;
- B. Have a high school diploma or equivalent;
- C. Have successfully completed 30 hours of training before provision of direct services, or during the two years immediately prior to the date of hire, in all the following areas: recovery from mental illness/emotional disturbance, mental health de-escalation techniques, recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness/emotional disturbance, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and
- D. Meet the qualifications in (1), (2) or (3) below:
 - (1)
 - (a) have an associate of arts degree; ~~or~~
 - (b) completed a two-year full-time, post-secondary education in one of the behavioral sciences or human services;
 - (c) completed coursework in one of the behavioral sciences or related fields equal to 15 semester hours or 23 hours under a quarters system;
 - (d) be a registered nurse ~~or~~
 - (e) within the previous ten years:
 - (i) have three years of personal life experience with serious mental illness;
 - (ii) have three years of life experience as a primary caregiver to a person with a serious mental illness/emotional disturbance, substance use disorder, developmental disability, or traumatic brain injury; or
 - (iii) have 2,000 hours of supervised work experience in the delivery of mental health services to persons with serious mental illness/emotional disturbance, substance use disorder, developmental disability, or traumatic brain injury; or

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13.d. Rehabilitative services. (continued)

- (2) (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;
- (b) receive monthly individual ~~clinical~~ supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;
- (c) receive direct observation by a mental health professional, clinical trainee, or mental health practitioner twice per month for the first six months of employment and once per month thereafter. ~~have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;~~
- (d) ~~have review and e~~ signature of charting of recipient contacts approval of progress notes made for services during field supervision direct observation by a mental health professional, clinical trainee or mental health practitioner; and
- ~~(e) have 15 hours of additional continuing education on mental health topics during the first year of employment and 15 hours during every additional year of employment. Or,~~
- ~~(3) For providers of intensive residential treatment services or crisis stabilization services in a residential setting, meet the qualifications described below:~~
- ~~(a) Meet the requirements of clause 2(b) - (d) above; and (b) Have 40 hours of additional continuing education on mental health topics during the first year of employment;~~
- A. ~~Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness/emotional disturbance and mental health services and other areas specific to the population being served.~~

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13.d. Rehabilitative services. (continued)

3. Certified Peer Specialist:

A. Certified Peer Specialist Level I must:

1. Be at least ~~21~~18 years of age;
 2. ~~Have a high school diploma or equivalent,~~
 3. Have had a primary diagnosis of mental illness;
 4. Be a current or former consumer of mental health services;
 5. Successfully complete peer specialist certification training, approved by the Department of Human Services that teaches specific skills relevant to providing peer support to other consumers.
-

B. Certified Peer Specialist Level II must:

1. Meet all of the qualifications of a Certified Peer Specialist Level I and;
2. Meet one of more of the following:
 - a. Be qualified at the Mental Health Practitioner level as defined in section 4.b;
 - b. Have at least 6,000 hours of supervised experience in the delivery of peer services to persons with mental illness;
 - c. Have at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to persons with mental illness.

~~C. Certified Peer Specialists Level I and II must:~~

- ~~1. Receive documented monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work;~~
- ~~2. Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;~~
- ~~3. Have review and co-signature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and~~
- ~~4. Complete continuing education training of at least 30 hours every two years in areas of recovery, rehabilitative services and peer support.~~

13.d. Rehabilitative services. (continued)

Components of Mental Health Community Support Services

Adult rehabilitative mental health services (ARMHS) are comprised of the following six component services. A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a certified peer specialist II under the clinical supervision of a mental health professional are qualified to provide components 1 – 5. A a mental health rehabilitation worker under the direction of a mental health professional, or a mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following three components is qualified to provide components 3 – 5. A certified peer support specialist I under the clinical supervision of a mental health professional is qualified to provide peer support (component 5) services only.

A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

The qualifications for a clinical trainee, mental health practitioner, a certified peer specialist, and a mental health rehab worker are previously described in this item.

1. Functional assessment: A functional assessment is provided by a mental health professional, clinical trainee, or mental health practitioner. A complete **functional assessment** consists of the following two component:
 - a. The **assessment of functional ability** is a narrative that identifies and describes:
 - the person's functional strengths and deficits;
 - the person's current status within each life area domain; and
 - the linkage between the individual's mental illness and their status and level of functioning within each life area domain.
 - b. The assessment of functional ability informs the **level of care assessment**, which determines the service intensity needs of the individual.
2. Individualized treatment plan: An individualized treatment plan is provided by a mental health professional, clinical trainee, or mental health practitioner. A treatment plan is based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions. Development of the treatment plan includes involvement of the client, client's family, caregivers, or other persons, which may include persons authorized to consent to mental health services for the client, and includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

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13.d. Rehabilitative services. (continued)

3. Basic living and social skills are provided by any of the staff types listed above, which and may include:

- a. Communication skills.
- b. Social skills
- c. Budgeting and shopping skills.
- d. Healthy lifestyle skills.
- e. Household management skills.
- f. Transportation skills.
- g. Medication monitoring.
- h. Crisis assistance skills, including relapse prevention skills -

4. Community intervention is provided by any of the staff types listed above, and is the consultation with relatives, guardians, friends, employers, treatment providers, and other significant people. Community intervention enables the recipient to retain stability, function in the community, and reduces the risk of significant decompensation or the need to move to a more restrictive setting. The intervention must be directed exclusively to the treatment of the recipient.

5. Certified Peer Specialist support is provided by a certified peer specialist I or II, which and must include:

- i. Non-clinical peer support that is person-centered and recovery-focused;
- j. Promoting recipient ownership of the plan of care to ensure the plan reflects the needs and preferences of the recipient in achieving specific, measurable results;
- k. Assisting the recipient with specific, recovery-focused activities designed to promote empowerment, self-determination and decision-making to help the recipient achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disability;
- l. Participating as a fully integrated mental health team member who provides highly individualized services in the community and shares the experience of mental health consumers and consumer culture to inform the team.
- m. Providing a level of Certified Peer Specialist support determined on an individual basis taking into account the intensity of the situation, the knowledge base of the Certified Peer Specialist and the acuity of the beneficiary's condition.

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13.d. Rehabilitative services. (continued)

6. A ~~Medication education is provided by a physician, physician assistant, pharmacist and or registered nurse must be capable of providing medication education.~~ Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as adult rehabilitative mental health services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services
8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of adult rehabilitative mental health services, and assisting potentially eligible people with applying for these services.
9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner. Mental health crisis response services may be provided by the following provider types:

1. A county operated or non-county operated entity certified by the Department.
2. 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.

Mental health crisis team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years. Members of the team provide only those crisis services that are within their scope of practice, and under the supervision required by state law.

The components of mental health crisis response services are:

1. **Crisis assessment.** Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, clinical trainee, or mental health practitioner ~~under the clinical supervision of a mental health professional,~~ following a determination that suggests the recipient may be experiencing a mental health crisis.

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.

2. **Crisis intervention.** Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis 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 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 group of counties. The alternative plan must be designed to:

- 1) result in increased access and reduction in disparities in the availability of crisis services;

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13.d. Rehabilitative services. (continued)

and 2) provide mobile services outside of normal business hours and on weekends and holidays.

- A. Crisis intervention is provided after the crisis assessment.
- B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first 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.

- C. 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 or clinical trainee 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.
- D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
- E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

2. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

~~A. Crisis stabilization cannot be provided without first providing crisis intervention.~~

B. Crisis stabilization is provided by a mental health

13.d. Rehabilitative services. (continued)

professional, a clinical trainee, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages 53c - 53d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

- C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program (that is not an IMD) that provides short-term services. Stays in excess of 10 days in a month require authorization from the Department. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional, clinical trainee or qualified mental health practitioner.

- D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional, clinical trainee or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

- 1) A list of Information on problems, strengths and resources identified in the assessment;
- 2) A list of the recipient's strengths and resources identification of crisis assistance that has been helpful to the recipient in the past;
- 3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
- 4) Specific objectives directed toward the achievement of each one of the goals;
- 5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
- 6) Planned frequency and type of services initiated;
- 7) The crisis response action plan if a crisis should occur; and
- 8) Clear progress notes on the outcome of goals.

E. For a crisis service delivered in a residential setting, the activities of crisis assessment and intervention must be included in the provision of crisis stabilization. Otherwise, a crisis stabilization service must not be provided without providing crisis intervention first.

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13.d. Rehabilitative services. (continued)

3. **Community intervention** is the 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 service, except residential crisis stabilization services, that are otherwise covered is 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 54g.

- **Intensive outpatient program dialectical behavior therapy services** are 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

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

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.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 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;

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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 and clinical trainees, receive ongoing ~~clinical~~ supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

13.d. Rehabilitative services. (continued)

1. assertive engagement;
2. psychosocial rehabilitative services that develop and enhance a client's psychiatric stability, including basic living and social-skills therapies;
3. treatment of co-occurring mental illness and substance use disorder, including assertive outreach, goal setting, relapse prevention, and related services;
4. crisis assessment and intervention;
5. family psychoeducation and support when provided for the direct benefit of the client;
6. skills therapies directed at housing-related activities and supports, including individual housing-transition skills and individual housing and tenancy-sustaining skills;
7. medication education, assistance, and support;
8. mental health certified peer specialists services;
9. health and wellness self-management services;
10. symptom management; and
11. empirically supported, psychotherapeutic interventions to address mental health symptoms and behaviors.

- **Intensive Residential Treatment Services (IRTS)** are recommended by a mental health professional defined in item 6.d.A. ~~after a diagnostic assessment and a functional assessment. They and~~ are provided pursuant to an individual treatment plan. A diagnostic assessment and functional assessment are required to establishing continuing eligibility and for service delivery planning.

~~These services are provided to a recipient age 18 and older meeting the same eligibility requirements for ACT services, but the recipient also requires the level of care and supervision provided in a residential setting.~~ These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

13.d. Rehabilitative services. (continued)

An individual is eligible for Intensive Residential Treatment Services:

(1) is age 18 or older;

(2) is eligible for medical assistance;

(3) is diagnosed with a mental illness;

(4) because of a mental illness, has substantial disability and functional impairment in three or more domains within the client's functional assessment, so that self-sufficiency is markedly reduced;

(5) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations in the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services yielding poor outcomes; and

(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.

The following are eligible to provide intensive residential treatment
~~residential rehabilitative services:~~

1. A county-operated or non-countyoperated entity certified by the Department.
- ~~2. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

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

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

Provider Qualifications, Training and Supervision

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

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13.d. Rehabilitative services. (continued)

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

Team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services, except that mental health rehabilitative workers acting as overnight staff need only meet the qualifications listed in item 2, subitems A through Con page 54c.1. Members of the team provide only those services that are within their scope of practice. A mental health rehabilitation worker under the supervision of a mental health professional can provide skills training and education, medication monitoring, resident supervision and direction, inter-agency coordination, and crisis services.

The team must provide the following:

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

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

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

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13.D. Rehabilitative services.

(continued) as defined in

item 4.b.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

- (7) Mental health behavioral aides as defined in item 4.b., working under the direction of either mental health professionals who assume full professional responsibility or mental health practitioners under the ~~clinical~~ supervision of mental health professionals who assume full professional responsibility.
- (8) Physicians who have a current Minnesota license as a physician.
- (9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.
- (10) Clinical trainees as defined in item 6.d.A

4.a. 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 notifications may also be supplemented by personal contacts.
- Drugs that are considered investigational, drugs that are provided to a recipient during the clinical trial designed to test the efficacy of the provided drug, or drugs that have not been approved for general use by the U.S. Food and Drug Administration are not covered.

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 evaluation 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. A brief diagnostic must not be used for a child under six years of age. Components includes:

- ~~• The recipient's current life situation~~ Age
- Recipient's description of symptoms (including reason for referral)
- History of mental health treatment
- Cultural influences on the client, and
- 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, the client's: current living situation, status of basic needs, education level, employment status, current medications, immediate risks to health and safety, and perceptions of their own condition.
- Screenings used to determine a recipient's substance use, abuse, or dependency
- 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 diagnostic formulation, 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 of Mental Disorders (DSM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, 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:~~
 - ~~Acuity of psychotic disorder~~
 - ~~Cognitive or neurocognitive impairment~~
 - ~~A need to consider past diagnoses and determine their current applicability~~
 - ~~Co-occurring substance abuse use disorder~~
 - ~~Disruptive or changing environments,~~
 - ~~Communication barriers~~
 - ~~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:

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

3. **Children’s therapeutic services and supports** for children is a package of mental health services for children that includes varying levels of therapeutic and rehabilitative intervention provided by mental health professionals, clinical trainees, and mental health practitioners, mental health certified family peer specialists, and mental health behavioral aides under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. The interventions are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient’s individual treatment plan. Treatment staff who are not mental health professionals receive treatment supervision from a mental health professional.

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. A child may be determined to be eligible for up to five days of children’s therapeutic services and supports day treatment, based on a hospital’s medical history and presentation examination of the child.

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.

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, works in a day treatment program, and:
 - a. has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances or mental illness;

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

- d) 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 clients with mental illness or 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; or
 - e) receives 40 hours of training in the delivery of services to clients with mental illness or emotional disturbance within the first six months of employment, and receives weekly supervision from a mental health professional until he or she has 2,000 hours of supervised experience. Or,
- 2) has at least 4,000 hours of supervised experience in the delivery of services to children with emotional disturbances, mental illness, or substance use disorder, including hours worked as a mental health behavioral aide I or II; a practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience; or
 - 3) has at least 4,000 hours of supervised experience in the delivery of services to children with traumatic brain injury or developmental disabilities, and completes Department required training on mental illness and emotional disturbance. A practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience; or
 - 4) is a graduate or undergraduate 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
 - 5) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university; or
 - 6) holds a bachelor's degree in one of the behavioral sciences or related fields, and completes a practicum or internship that requires direct interaction with children and is focused on behavioral sciences or a related field; or

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

~~7) 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) Level I mental health behavioral aides must:

a. be at least 18 years of age; and

~~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 or mental illness within the previous ten years; and

~~e. meet the following orientation and training requirements:~~

~~i. 30 hours of preservice training covering Minnesota's data-privacy law; the provisions of Minnesota's Comprehensive Children's Mental Health Act; the different diagnostic classifications of emotional disturbance; the use of psychotropic medications in children and the potential side effects; the core values and principles of the Child Adolescent Service System Program; how to coordinate services between the public education system and the mental health system; how to provide culturally appropriate services; and how to provide services to children with developmental disabilities or other special needs.~~

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

~~Fifteen hours must be face to face training in mental health services delivery and eight hours must be parent team training, which includes partnering with parents; fundamentals of family support; fundamentals of policy and decision-making; defining equal partnership; complexities of parent and service provider partnership in multiple service delivery systems; sibling impacts; support networks; and community resources; and~~

~~i. 20 hours of continuing education every two calendar years. Topics covered are those identified in subclause i., above.~~

2) a Level II mental health behavioral aide must:

- 1) be at least 18 years of age;
- 2) have an associate or bachelor's degree ~~or 4,000 hours of experience delivering clinical services to children with in the treatment of mental illness or emotional disturbance concerning children or adolescents,~~ or complete a certification program approved by the Department; and
- 3) ~~meet the preservice and continuing education requirements as a Level I mental health behavioral aide.~~

D. A day treatment multidisciplinary team that includes at least one mental health professional and one mental health practitioner.

E. A clinical trainee

A clinical trainee, mental health practitioner, certified family peer specialist, or mental health behavioral aide must have at least 30 hours of continuing education every two years, as described by state law.

A clinical trainee, mental health practitioner, certified family peer specialist, or mental health behavioral aide must perform all services described under the supervision of a mental health professional and have a written treatment supervision plan, developed within 30 days of employment and updated annually.

Each staff person's treatment supervision plan must include:

- (1) the name and qualifications of the staff person receiving treatment supervision;
- (2) the names and licensures of the treatment supervisors who are supervising the staff person;
- (3) how frequently the treatment supervisors must provide treatment supervision to the staff person; and
- (4) the staff person's authorized scope of practice, including a description of the client population that the staff person serves, and a description of the treatment methods and modalities that the staff person may use to provide services to clients.

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

Components of Children's Therapeutic Services and Supports

Persons providing children's therapeutic services and support must be capable of providing the following components:

- B. Psychotherapy: patient and/or family, family, and group. Family psychotherapy services must be directed exclusively to the treatment of the child. Psychotherapy services require prior authorization.
- C. 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.

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

D. Crisis ~~assistance~~ planning. Crisis-~~assistance~~ planning 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~~ planning services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week;

E. 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.

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

~~**Telemedicine services.** Children's therapeutic services and supports 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.~~

4. **Crisis response services** for children are services recommended by a physician, mental health professional or clinical trainee as defined ~~for children's therapeutic services and support in 6.a,~~ or a mental health practitioner as defined for **children's therapeutic services and supports**. For purposes of item 4.b., a child eligible for crisis response services means a child under age 21 who:

- A. is screened as possibly experiencing a mental health crisis where a crisis assessment is needed; and
- B. is assessed as experiencing a mental health crisis and mobile crisis intervention or crisis stabilization services are necessary.

The following are eligible to provide crisis response services:

- D. An entity operated by a county.
- E. An entity under contract with a county.
- F. 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.

Training and provider standards

A crisis provider must have at least one mental health professional on staff at all times and at least one additional staff member capable of leading a crisis response in the community. Members of the team provide only those crisis services that are within their scope of practice, and under the supervision required by state law.

Crisis assessment and 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 services 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.

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

Components of Crisis Response Services

Persons providing crisis response services must be capable of providing the following components:

B. Crisis assessment. Crisis assessment is an immediate face-to-face assessment by a physician, mental health professional, clinical trainee, 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~~ 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.~~ Services delivered to a beneficiary while admitted to an inpatient hospital are excluded from coverage under this section ~~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.~~

2) Crisis intervention is provided after the crisis assessment.

Crisis intervention includes developing an initial,

4.b. Early and periodic screening, diagnosis, and treatmentservices: (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.

- ~~1) 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.~~
- 2) 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.
- ~~3) 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.~~
- 4) 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.
- 5) 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~~visit, the plan is completed by staff of the facility.

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

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

1. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
2. Developed with assistance from recipients' families or legal representatives; and
3. Supervised by a mental health professional who provides at least weekly face-to-face ~~clinical~~ supervision either individually or as a group to staff providing program services to a resident.

Provider Qualifications and Training

Members of the multidisciplinary team provide residential rehabilitative services within their scope of practice under the ~~clinical~~ supervision of a mental health professional as defined in item 6.d.A.

- 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 meets the definition in 3.d.3 and is also a former children's mental health consumer.
 - ~~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 that includes specific skills relevant to providing peer support to other consumers, parent teaming training, and training specific to child development.~~
 - ~~f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.~~
- E. A clinical trainee, as defined in item 6.d.A

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4.c. 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~~ planning;
- 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. co-occurring substance use disorder ~~integrated dual disorders~~ treatment;
- N. peer support services;
- O. housing access support.

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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 adult rehabilitative mental health services on page 53g;
- 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.

4. Family Psychoeducation Services provide information or demonstration to an individual or family as part of an individual, family, multifamily group, or peer group session. Family psychoeducation services explain, educate, and support the child and family in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development. Services are provided so that the individual, family, or group can help the child prevent relapse and the acquisition of comorbid disorders, while achieving optimal mental health and long-term resilience. Family psychoeducation services are provided by a mental health professional, or ~~a mental health practitioner working as~~ a clinical trainee, as defined in Item 6.d.A.

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

5. **In-reach Care Coordination** services, as described in items 5.a. and 6.d.A., and provided to children with a serious emotional disturbance who have frequented a hospital emergency room two or more times in the previous consecutive three months, or been admitted to an inpatient psychiatric unit two or more times in the previous consecutive four months, or is being discharged from either facility to a shelter.
6. **Mental Health Clinical Care Consultations** are communications from a treating mental health professional, or treating ~~mental health practitioner working as a~~ clinical trainee, as defined in Item 6.d.A., to other providers or educators not under the ~~clinical~~ supervision of the treating mental health professional who are working with the same recipient. Recipients have been diagnosed with a complex mental health condition or a mental health condition that co-occurs with other complex and chronic conditions. The communications inform, inquire, and instruct regarding the client's symptoms; provide strategies for effective engagement, care, and intervention needs; describe treatment expectations across service settings; and direct and coordinate clinical service components provided to the client and family.

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

7. **Certified Family Peer Specialists** provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

Provider Qualifications and Training: a certified family peer specialist must:

- A. Be at least ~~21~~18 years of age;
- B. Have raised, or are currently raising a child with a mental illness;
- C. Have experience navigating the children's mental health system;
- D. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

Components of Family Peer Specialist Services

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

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

- Identification of parent/caregiver preferences and family culture, language, goals and values; and
- Assessment of the type and level of parent/caregiver training and involvement preferred.

Qualified CMDE Provider: A licensed mental health professional, as described in item 6.d.A of Attachments 3.1-A and 3.1-B, ~~a mental health practitioner working as~~ a clinical trainee and under the supervision of a psychiatrist or mental health professional, or a physician is qualified to provide the CMDE. Providers must:

- A. Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD or a related condition, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ~~ASD~~ diagnosis and treatment strategies related to ASD and related conditions, and child development;
- B. Be able to diagnose and/or provide treatment; and
- C. Work within their scope of practice and professional license.

6.d. Other practitioners' services.

B. **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 independent clinical social worker;
3. 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;
4. 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
5. ~~effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.~~
6. a licensed physician if the physician is: certified by the American Board of Psychiatry and Neurology, certified by the American Osteopathic Board of Neurology and Psychiatry, eligible for board certification in psychiatry.

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~~ a clinical trainee may provide diagnostic assessment, explanation of findings or psychotherapy. A clinical trainee must:

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~~ have completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and in compliance with the requirements of the applicable health-related licensing board, including requirements for supervised practice; or
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.~~ be enrolled in an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and participating in a practicum or internship through the individual's graduate program.

~~A mental health practitioner working as a clinical trainee in compliance with requirements for licensure or board certification may provide psychological testing under the supervision of a licensed psychologist.~~

A licensed physician assistant working in an inpatient hospital under the supervision of a psychiatrist, or physician eligible to be licensed as a psychiatrist, may provide medication management and training in medication self-administration. A licensed physician assistant with 2,000 hours of clinical experience in the treatment of mental illness, and meeting the supervision requirements above, may also provide the service in an outpatient setting.

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

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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 developmental disability.

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

8. Diagnostic assessment
9. Explanation of findings
10. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
11. Adult day treatment services provided as described below.
12. Professional home-based mental health services
13. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act
14. 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 or emotional disturbance. 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 that apply to adult rehabilitative mental health services as defined in this item. Members of the multidisciplinary team provide only those day treatment services that are within their scope of practice.

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.

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13.d. Rehabilitative services. (continued)

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

- **Adult rehabilitative mental health services (ARMHS)** 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 clinical trainee or 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 recipient's home, a relative's home, school, place of employment, or other community setting.

Adult rehabilitative mental health services are provided by:

1. A county-operated or non-county operated entity certified by the Department.

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

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13.d. Rehabilitative services. (continued)

Provider Qualifications, Supervision and Training

2. A mental health practitioner must be qualified in at least one of the following ways:
 - A. has completed coursework in one of the behavioral sciences or related fields equal to 30 semester hours or 45 hours under a quarters system, and one of the following:
 - (i) has at least 2,000 hours of supervised experience in the delivery of services to:
 - 1) persons with mental illness, emotional disturbance, or substance use disorder; or
 - 2) persons with traumatic brain injury or developmental disabilities, and completes Department required training on mental illness;
 - (ii) 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 persons with mental illness or emotional disturbance, 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;
 - (iii) works in a day treatment program; or
 - (iv) has completed a practicum or internship that required direct interaction with clients and was focused on behavioral sciences or a related field.
 - B. has at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness, emotional disturbance, or substance use disorder; a practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience;
 - C. has at least 4,000 hours of supervised experience in the delivery of services to clients with traumatic brain injury or developmental disabilities, and completes Department required training on mental illness. A practitioner with 2,000 hours of supervised experience must receive weekly supervision from a mental health professional until he or she has 4,000 hours of supervised experience;
 - D. is a graduate or undergraduate 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;

13.d Rehabilitative services. (continued)

- E. holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university;
- F. holds a bachelor's degree in one of the behavioral sciences or related fields, and completes a practicum or internship that requires direct interaction with clients and is focused on behavioral sciences or a related field; or
- G. ~~is working as a clinical trainee as described in item 6.d.A.~~

A mental health practitioner must receive ongoing continuing education training ~~as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training~~ of at least 30 hours every two years in areas of mental illness and mental health services.

3. A mental health rehabilitation worker must:

- A. Be at least ~~21~~18 years of age;
- B. Have a high school diploma or equivalent;
- C. Have successfully completed 30 hours of training before provision of direct services, or during the two years immediately prior to the date of hire, in all the following areas: recovery from mental illness/emotional disturbance, mental health de-escalation techniques, recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness/emotional disturbance, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and
- D. Meet the qualifications in (1), (2) or (3) below:
 - (1)
 - (a) have an associate of arts degree; ~~or~~
 - (b) completed a two-year full-time, post-secondary education in one of the behavioral sciences or human services;
 - (c) completed coursework in one of the behavioral sciences or related fields equal to 15 semester hours or 23 hours under a quarters system;
 - (d) be a registered nurse—or
 - (e) within the previous ten years:
 - (i) have three years of personal life experience with serious mental illness;
 - (ii) have three years of life experience as a primary caregiver to a person with a serious mental illness/emotional disturbance, substance use disorder, developmental disability, or traumatic brain injury; or
 - (iii) have 2,000 hours of supervised work experience in the delivery of mental health services to persons with serious mental illness/emotional disturbance, substance use disorder, developmental disability, or traumatic brain injury; or

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13.d. Rehabilitative services. (continued)

- (4) (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;
- (f) receive monthly individual ~~clinical~~ supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;
- (g) receive direct observation by a mental health professional, clinical trainee, or mental health practitioner twice per month for the first six months of employment and once per month thereafter. ~~have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;~~
- (h) have review and ~~signature of charting of recipient contacts~~ approval of progress notes made for services during field supervision direct observation by a mental health professional, clinical trainee or mental health practitioner; and
- ~~(i) have 15 hours of additional continuing education on mental health topics during the first year of employment and 15 hours during every additional year of employment. Or,~~

~~(5) For providers of intensive residential treatment services or crisis stabilization services in a residential setting, meet the qualifications described below:~~

- ~~(a) Meet the requirements of clause 2(b) - (d) above; and~~
- ~~(b) Have 40 hours of additional continuing education on mental health topics during the first year of employment;~~

~~E. Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness/emotional disturbance and mental health services and other areas specific to the population being served.~~

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13.d. Rehabilitative services. (continued)

4. Certified Peer Specialist:

A. Certified Peer Specialist Level

I must:

1. Be at least ~~21~~18 years of age;
2. ~~Have a high school diploma or equivalent;~~
3. Have had a primary diagnosis of mental illness;
4. Be a current or former consumer of mental health services;
5. Successfully complete peer specialist certification training, approved by the Department of Human Services that teaches specific skills relevant to providing peer support to other consumers.

B. Certified Peer Specialist Level II must:

1. Meet all of the qualifications of a Certified Peer Specialist Level I and;
2. Meet one of more of the following:
 - a. Be qualified at the Mental Health Practitioner level as defined in section 4.b;
 - b. Have at least 6,000 hours of supervised experience in the delivery of peer services to persons with mental illness;
 - c. Have at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to persons with mental illness.

~~**C. Certified Peer Specialists Level I and II must:**~~

- ~~1. Receive documented monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work;~~
- ~~2. Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;~~
- ~~3. Have review and co signature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and~~
- ~~4. Complete continuing education training of at least 30 hours every two years in areas of recovery, rehabilitative services and peer support.~~

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13.d. Rehabilitative services. (continued)

A clinical trainee is defined according to 6.d.A

For the purposes of adult rehabilitative mental health services, a mental health professional is defined in item 6.d.A. Except for the provision of diagnostic assessments, a mental health professional also includes a nationally certified provider who has:

- (1) a master's degree from an accredited college or university in behavioral sciences or related fields;
- (2) at least 4,000 hours of post-master's supervised experience providing mental health services to clients; and
- (3) a valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

A clinical trainee, mental health practitioner, certified peer specialist, or mental health rehabilitation worker must have at least 30 hours of continuing education every two years, as described by state law.

A clinical trainee, mental health practitioner, certified peer specialist, or mental health rehabilitation worker must perform all services described under the supervision of a mental health professional and have a written treatment supervision plan, developed within 30 days of employment and updated annually.

Each staff person's treatment supervision plan must include:

- (1) the name and qualifications of the staff person receiving treatment supervision;
- (2) the names and licensures of the treatment supervisors who are supervising the staff person;
- (3) how frequently the treatment supervisors must provide treatment supervision to the staff person; and
- (4) the staff person's authorized scope of practice, including a description of the client population that the staff person serves, and a description of the treatment methods and modalities that the staff person may use to provide services to clients.

13.d. Rehabilitative services. (continued)

Components of Mental Health Community Support Services

Adult rehabilitative mental health services (ARMHS) are comprised of the following six component services. A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a certified peer specialist II under the clinical supervision of a mental health professional are qualified to provide components 1—5. A a mental health rehabilitation worker—under the direction of a mental health professional, or a mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following three—components is qualified to provide components 3—5. A certified peer support specialist I under the clinical supervision of a mental health professional is qualified to provide peer support (component 5)—services only.

A mental health professional means an individual defined in item 6.d.B. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

The qualifications for a clinical trainee, mental health practitioner, a certified peer specialist, and a mental health rehab worker are previously described in this item.

3. Functional assessment: A functional assessment is provided by a mental health professional, clinical trainee, or mental health practitioner. A complete **functional assessment** consists of the following two component:
 - a. The **assessment of functional ability** is a narrative that identifies and describes:
 - the person's functional strengths and deficits;
 - the person's current status within each life area domain; and
 - the linkage between the individual's mental illness and their status and level of functioning within each life area domain.
 - b. The assessment of functional ability informs the **level of care assessment**, which determines the service intensity needs of the individual.
4. Individualized treatment plan: An individualized treatment plan is provided by a mental health professional, clinical trainee, or mental health practitioner. A treatment plan is based on a diagnostic and functional assessment, documents the plan of care and guides treatment interventions. Development of the treatment plan includes involvement of the client, client's family, caregivers, or other persons, which may include persons authorized to consent to mental health services for the client, and includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

13.d. Rehabilitative services. (continued)

5. Basic living and social skills are provided by any of the staff types listed above, which and may include:
- a. Communication skills.
 - b. Social skills
 - c. Budgeting and shopping skills.
 - d. Healthy lifestyle skills.
 - e. Household management skills.
 - f. Transportation skills.
 - g. Medication monitoring.
 - h. Crisis assistance skills, including relapse prevention skills -
6. Community intervention is provided by any of the staff types listed above, and is the consultation with relatives, guardians, friends, employers, treatment providers, and other significant people. Community intervention enables the recipient to retain stability, function in the community, and reduces the risk of significant decompensation or the need to move to a more restrictive setting. The intervention must be directed exclusively to the treatment of the recipient.
7. Certified Peer Specialist support is provided by a certified peer specialist I or II, which and must include:
- a. Non-clinical peer support that is person-centered and recovery-focused;
 - b. Promoting recipient ownership of the plan of care to ensure the plan reflects the needs and preferences of the recipient in achieving specific, measurable results;
 - c. Assisting the recipient with specific, recovery-focused activities designed to promote empowerment, self-determination and decision-making to help the recipient achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disability;
 - d. Participating as a fully integrated mental health team member who provides highly individualized services in the community and shares the experience of mental health consumers and consumer culture to inform the team.
 - e. Providing a level of Certified Peer Specialist support determined on an individual basis taking into account the intensity of the situation, the knowledge base of the Certified Peer Specialist and the acuity of the beneficiary's condition.

13.d. Rehabilitative services. (continued)

8. ~~A Medication education is provided by a physician, physician assistant, pharmacist and or registered nurse must be capable of providing medication education.~~ Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as adult rehabilitative mental health services:

10. Recipient transportation services.
11. Services billed by a nonenrolled Medicaid provider.
12. Services provided by volunteers.
13. Direct billing of time spent "on call" when not providing services.
14. Job-specific skills services, such as on-the-job training.
15. Performance of household tasks, chores, or related activities for the recipient.
16. Provider service time paid as part of case management services
17. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of adult rehabilitative mental health services, and assisting potentially eligible people with applying for these services.
18. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

13.d. Rehabilitative services. (continued)

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner. Mental health crisis response services may be provided by the following provider types:

1. A county-operated or non-county operated entity certified by the Department.
2. 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.

Mental health crisis team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years. Members of the team provide only those crisis services that are within their scope of practice, and under the supervision required by state law.

The components of mental health crisis response services are:

3. **Crisis assessment.** Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, clinical trainee, or mental health practitioner ~~under the clinical supervision of a mental health professional,~~ following a determination that suggests the recipient may be experiencing a mental health crisis.

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.

4. **Crisis intervention.** Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis 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 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 group of counties. The alternative plan must be designed to:

- 1) result in increased access and reduction in disparities in the availability of crisis services;

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13.d. Rehabilitative services. (continued)

and 2) provide mobile services outside of normal business hours and on weekends and holidays.

- A. Crisis intervention is provided after the crisis assessment.
- B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first 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.

- C. 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 or clinical trainee 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.
- D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
- E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

5. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

- ~~E. Crisis stabilization cannot be provided without first providing crisis intervention.~~
- F. Crisis stabilization is provided by a mental health

13.d. Rehabilitative services. (continued)

professional, a clinical trainee, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages 53c - 53d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

- G. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program (that is not an IMD) that provides short-term services. Stays in excess of 10 days in a month require authorization from the Department. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional, clinical trainee or qualified mental health practitioner.

- H. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional, clinical trainee or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

- 1) A list of Information on problems, strengths and resources identified in the assessment;
- 2) A list of the recipient's strengths and resources identification of crisis assistance that has been helpful to the recipient in the past;
- 3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;
- 4) Specific objectives directed toward the achievement of each one of the goals;
- 5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;
- 6) Planned frequency and type of services initiated;
- 7) The crisis response action plan if a crisis should occur; and
- 8) Clear progress notes on the outcome of goals.

E. For a crisis service delivered in a residential setting, the activities of crisis assessment and intervention must be included in the provision of crisis stabilization. Otherwise, a crisis stabilization service must not be provided without providing crisis intervention first.

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13.d. Rehabilitative services. (continued)

6. **Community intervention** is the 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 53g.
- **Intensive outpatient program dialectical behavior therapy services** are 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

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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

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

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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~~

4. Programs consist of persons who are trained in dialectical behavior therapy treatment 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
5. 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;

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13.d. Rehabilitative services. (continued)

9. 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
10. Participate in dialectical behavior therapy consultation team meetings; and
11. For mental health practitioners and clinical trainees, receive ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

13.d. Rehabilitative services. (continued)

1. assertive engagement;
2. psychosocial rehabilitative services that develop and enhance a client's psychiatric stability, including basic living and social-skills therapies;
3. treatment of co-occurring mental illness and substance use disorder, including assertive outreach, goal setting, relapse prevention, and related services;
4. crisis assessment and intervention;
5. family psychoeducation and support when provided for the direct benefit of the client;
6. skills therapies directed at housing-related activities and supports, including individual housing-transition skills and individual housing and tenancy-sustaining skills;
7. medication education, assistance, and support;
8. mental health certified peer specialists services;
9. health and wellness self-management services;
10. symptom management; and
11. empirically supported, psychotherapeutic interventions to address mental health symptoms and behaviors.

- **Intensive Residential Treatment Services (IRTS)** are recommended by a mental health professional defined in item 6.d.A. ~~after a diagnostic assessment and a functional assessment. They and~~ are provided pursuant to an individual treatment plan. A diagnostic assessment and functional assessment are required to establishing continuing eligibility and for service delivery planning.

~~These services are provided to a recipient age 18 and older meeting the same eligibility requirements for ACT services, but the recipient also requires the level of care and supervision provided in a residential setting.~~ These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

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13.d. Rehabilitative services. (continued)An individual is eligible for Intensive Residential Treatment Services:(1) is age 18 or older;(2) is eligible for medical assistance;(3) is diagnosed with a mental illness;(4) because of a mental illness, has substantial disability and functional impairment in three or more domains within the client's functional assessment, so that self-sufficiency is markedly reduced;(5) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations in the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services yielding poor outcomes; and(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.The following are eligible to provide intensive residential treatment residential rehabilitative services:

2. A county-operated or non-countyoperated entity certified by the Department.
- ~~4. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

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

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

Provider Qualifications, Training and Supervision

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

13.d. Rehabilitative services. (continued)

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

Team members must meet the qualifications, training and supervision standards that apply to adult rehabilitative mental health services, except that mental health rehabilitative workers acting as overnight staff need only meet the qualifications listed in item 2, subitems A through C on page 53c.1. Members of the team provide only those services that are within their scope of practice. A mental health rehabilitation worker under the supervision of a mental health professional can provide skills training and education, medication monitoring, resident supervision and direction, inter-agency coordination, and crisis services.

The team must provide the following:

10. The components of adult rehabilitative mental health services.
11. ~~Integrated dual diagnosis~~ Co-occurring substance use disorder treatment.
12. ~~Medication monitoring and training in medication self-administration.~~ health services and administration of medication
13. Illness management and recovery.
14. Psychological support and skills training.
15. 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.
16. Crisis services.
17. Resident supervision and direction.
18. ~~Inter-agency coordination.~~ Referrals for other services in the community.

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

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

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13.d. Rehabilitative services. (continued)

as defined in item 4.b.

Mental health practitioners cannot provide
psychological testing or diagnostic assessments.

- (11) Mental health behavioral aides as defined in item 4.b., working under the direction of either mental health professionals who assume full professional responsibility or mental health practitioners under the ~~clinical~~-supervision of mental health professionals who assume full professional responsibility.
- (12) Physicians who have a current Minnesota license as a physician.
- (13) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.
- (14) Clinical trainees as defined in item 6.d.A

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4.b. Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2013, Family Psychoeducation services are paid in 15 minute units using the same methodology that applies to psychotherapy services in item 5.a. Physicians' services.

In-reach Care Coordination services are paid using the same methodology that applies to in-reach care coordination services in item 5.a., Physicians' services.

Effective for services provided on or after July 1, 2013, **Clinical Care Consultation** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - 90899U8 (5 - 10 min) \$14.10
 - 90899U9 (11 - 20 min) \$29.14
 - 90899UB (21 - 30 min) \$47.94
 - 90899UC (>30 min) \$76.02

If the service is provided over the phone, the state established rate is equal to 75% of the amount listed above.

An entity of the type described in item 4.b, section 1, of Attachment 3.1-A and 3.1-B, may employ a mental health professional, and ~~a mental health practitioner working as~~ a clinical trainee, as described in item 6.d.A. of Attachments 3.1-A and 3.1-B, to provide psychotherapy, psychoeducation, crisis assistance, clinical care consultation, and individual treatment plan development as part of an intensive treatment program. Effective for services provided on or after July 1, 2017, payment is the lower of:

- 1) submitted charge, or
- 2) the payment rate otherwise specified for the component service under item 4.b. of Attachment 4.19-B, except when an intensive level of therapeutic interventions are provided to foster children at least three days per week for two hours per encounter (or during a subsequent period when reduced units of service are specified in the treatment plan and for no more than 60 days in order to meet the needs of the client and family, or pursuant to a discharge plan to another service or level of care), the payment rate of \$386.11 per child per diem. Billing and payment are prohibited for days on which no services are delivered and documented.

Effective for services provided on or after September 1, 2016, **Certified Family Peer Specialist** services are paid the lower of:

1. the submitted charge, or
2. the state established rate of:
 - H0038 HA (individual) \$15.02 per 15 minutes
 - H0038 HA HQ (group) \$7.55 per 15 minutes

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13.d. Rehabilitative services. (continued)

Crisis assessment, crisis intervention, and crisis stabilization

provided as part of mental health crisis response services are paid:

- As described in item 4.b. when provided by mental health professionals, clinical trainees, or mental health practitioners;
- when provided by mental health rehabilitation workers, the lower of the submitted charge or \$18.59 per 15- minute unit;
- in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or \$9.29 per 15-minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients;

For a supervised, licensed residential setting with four or fewer beds, and does not provide intensive residential treatment services, payment is based on a historical calculation of the average cost of providing the component services of crisis assessment, crisis intervention and crisis stabilization in a residential setting, exclusive of costs related to room and board or other unallowable facility costs, and is equal to the lower of the submitted charge or \$484.80 per day.

Ratable Increases and Decreases

The following rate increases or decreases are cumulative. They do not apply to cost based Federally Qualified Health Centers, Rural Health Centers, 638 facilities, Indian Health Services, or Medicare crossover claims.

- A. **Rate Decrease Effective July 1, 2002:** Total payment paid to hospitals for outpatient hospital facility services provided on or after July 1, 2002, is decreased by .5 percent from current rates. (Item 2.a)
- B. **Rate Decrease Effective March 1, 2003:** Total payment paid to hospitals for outpatient hospital facility services provided on or after March 1, 2003 and through June 30, 2003, is decreased by 5 percent from current rates. (Item 2.a).
- C. **Rate Increase Effective October 1 2007 and July 1, 2008:** Payment rates for the psychotherapy components of children's therapeutic services and supports are increased by 2% effective with service date October 1, 2007, and an additional 2% effective with service date July 1, 2008. (item 4.b)

D. **Rate Increase Effective July 1, 2007:** Effective July 1, 2007, rates for the services below are increased 23.7% when provided by:

- 1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;
- 2) community mental health centers described in Attachment 3.1-A and 3.1-B at item 6.d.A; or
- 3) essential community providers as designated under Minnesota Statutes §62Q.19, in mental health clinics and centers certified under ~~Minnesota Rules, parts 9520.0750 to 9520.0870~~ the requirements of applicable state law, or hospital outpatient psychiatric departments and other providers of children's therapeutic services and supports.

The rate increases for providers identified in clauses 1-3 above, are applied to the following procedure codes:

90785
90791 - 90792
90801 - 90829
90832 - 90840
90846 - 90847
90849
90853
90857
90862
90875 - 90876
90887
96101 - 96103
96116
96118 - 96120
97535 HE