

CTSS Community Primary Application Information Session

Minnesota Department of
Human Services (DHS)



Children's Mental Health
Division



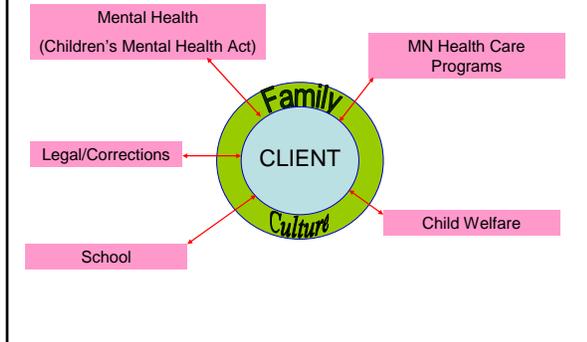
Agenda

- What is CTSS?
- MN Children's Mental Health Overview
- Medicaid & MHCP Mental Health Services
- CTSS Components
- Application
 - Administrative Infrastructure
 - Clinical Infrastructure
- Resources & References

CTSS is:

- A flexible set of mental health services
- Rehabilitation of functions impaired by mental health disorders
- Based on a comprehensive diagnostic assessment showing impaired functions
- Documented as medically necessary rehabilitation
- Planned, monitored treatment activities
- Provided to MHCP eligible recipients by certified providers as required by MN laws

Youth Impacted by Overlapping Public Systems



Mental Health The Big Picture

- Minnesota Comprehensive Mental Health Acts (1987)
 - State is the mental health authority for all populations
 - State supervised, county administered
- Minnesota Comprehensive Children's Mental Health Act (1989)
- Minnesota Comprehensive Adult Mental Health Act (1989)



Children's Mental Health Act MN Statutes 245.487 to 245.4889

- | | |
|-----------------------------------------------|-------------------------------------------------|
| • Education & Prevention (245.4877) | • Acute Care Inpatient Treatment (245.4883) |
| • MH identification & intervention (245.4878) | • Screening services (245.4885) |
| • Emergency Services (245.4879) | • Case management (245.4881) |
| • Outpatient Services (245.488) | • Therapeutic support of foster care (245.4884) |
| • Family Community Support (245.4881) | • Professional home-based treatment (245.4884) |
| • Day Treatment Services (245.4884) | • MH Crisis Services (245.488) |
| • Residential Treatment Services (245.4882) | |

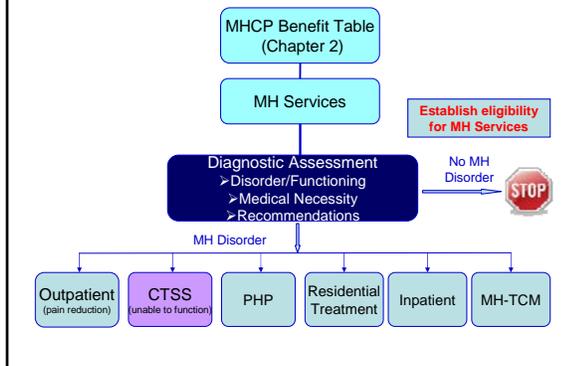


Minnesota Health Care Programs

- Outpatient MH Services (DA, explanation of findings, psychological testing, medication management, psychotherapy)
- Rehabilitative Services (CTSS, partial hospitalization, residential treatment)
- Crisis Services
- MH Targeted Case Management
- Mental Health Travel Time
- Inpatient Hospitalization

County contracts must clearly identify the desired service components not covered under sections 256B.0943 and identify the reimbursement source for those required services, the method of payment, and the payment rate to providers.

MHCP Mental Health Benefit Set



Medical Assistance 101

- Medicaid – shared federal-state health insurance program for persons below poverty and/or with certain disabilities
- Federal government sets parameters & approves each state's plan to customize Medicaid services within those parameters
- The federal government pays a portion of the bill – 50% of rate in MN



Medical Assistance (MA) or MinnesotaCare

- **Children** under age 18
 - Meet criteria of emotional disturbance (ED) or severe emotional disturbance (SED) or
- **Adolescents** age 18 – 20
 - Diagnosed with mental illness (MI) or serious and persistent mental illness
- Verify using EVS or MN-ITS

Outpatient Mental Health Services

- All MHCP recipients are eligible for:
 - Diagnostic assessment
 - Psychological testing
 - Explanation of findings
 - One psychotherapy session



Emotional Disturbance (ED) Definition

- An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that:
 - Meets criteria listed in DSM-IV
 - Seriously limits a child's capacity to function in primary aspects of daily living
 - Personal relations
 - Living arrangements
 - School/work
 - Functioning in community



Child with Severe Emotional Disturbance (SED) Definition

A child who meets emotional disturbance criteria and who meets one of the following:

- Admitted or at risk of inpatient or residential treatment or
- A mental health professional determined:
 - Psychosis or a clinical depression; or
 - Risk of harming self or others as a result of an ED; or
 - Psychopathological symptoms as a result of being a victim of psychic trauma within the past year; or
 - Significantly impaired home, school, or community functioning in the past year

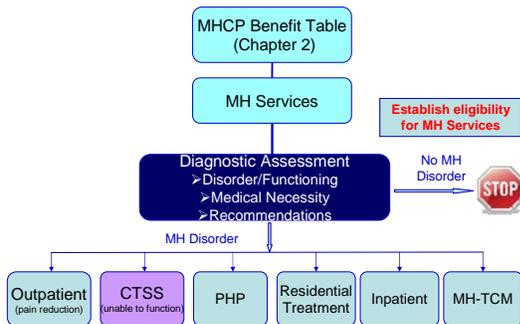
Eligibility Medical Necessity

Overall,

- The health service is consistent with the diagnosis and condition and
 - Recognized as prevailing standard or current practice
 - To treat a condition that could result in physical or mental disability or
 - To achieve a better level of physical or mental function
- Specifically, answer to "what would be the consequence if service not provided?"



MHCP Mental Health Benefit Set



Contrast Rehab with Outpatient Medical Necessity

REHABILITATION

- Function must be impaired by illness and interfere with client goals
- Intervention is to restore function
- Self management of symptoms & illness
- Skills & resources to overcome effects of illness



OUTPATIENT

- Presence of illness and related symptoms/behaviors are "enough"
- Intervention is to reduce symptoms and ameliorate disease/illness
- Must cure/treat/reduce disease/illness
- Treat a condition that could result in physical or mental disability

Medical Necessity cannot be defined without matching the following

- A defined client need that is clinically assessed
- A defined service individualized and structured and delivered specific to the client's need
- Reflective of best practice and known outcome

AND FOR REHABILITATION:

- Assessed functional needs caused by/effected by mental illness
- Assessed premorbid condition – BASELINES!
- Interventions that will restore functioning

CTSS Are Rehabilitative Services

- Rehabilitation focuses on restoring functions lost as a result of the mental health disorder
- For children, may be services to return the child to normal developmental trajectory disrupted by mental health disorder
- Not just beneficial – necessary & restorative as established in diagnostic assessment



CTSS Services
Include:

Core Services	Psychotherapy <small>Individual, Family, Group</small>	Skills Training <small>Individual, Family, Group</small>	Crisis Assistance
Optional Services	Day Treatment <small>(skills & therapy)</small>	MHBA & Direction of MHBA	Therapeutic Pre-School

✓ ALL applicants must be able to provide core service components
 ✓ MHBA service involves skills practice & assistance
 ✓ Others are combinations defined in Children's Mental Health Act



Psychotherapy

- The mental health professional provides planned & structured face-to-face treatment of a child's emotional disturbance through:
 - Psychological
 - Psychiatric
 - Interpersonal methods
- Most appropriate to needs
- Conforms with current practice standards

Skills Training

- Skill: proficiency or ability developed through training or experience
- Observable, practices, corrected, has reasons
- Done by MH professional or practitioner
- Different uses in different settings
- May be important adjunct to child's psychotherapy
 - Developing self-regulatory & communication skills
 - Replacing maladaptive skills with functional alternative skills



Mental Health Practitioner Qualifications

- Under clinical supervision of MHP, must qualify in at least one of the following:
 - Obtained BA and 2,000 hours supervised experience
 - Obtained BA and fluent in non-English dominant language for > 50% clients and
 - ✓ Completes 40 hours pre-service training
 - ✓ Minimum weekly supervision until 2,000 hours experience achieved
 - No BA but completed 6,000 hours supervised experience
 - Enrolled as a graduate student
 - Obtained masters/doctorate in behavioral health



Skills Training

- Targeted to specific deficits or maladaptations due to a mental health disorder and
- Prescribed by the child's individual treatment plan (ITP)
- Must be a rehabilitative service, not habilitative

Examples

- Social skills training
- Assertiveness skills training
- Anger management training



Skills Training – What it isn't ...

- Parenting classes
- Mentoring
- Classroom
- Teaching or practice of specific vocational or recreational skills
 - OJT, bowling, ski trips, equine therapy, swimming, etc.
- Field trips
 - Shopping, science museum, Disneyland, etc.



Psychotherapy Versus Skills Training

- **Psychotherapy**
 - Directed toward change in an underlying mental health condition or cognitive errors
 - Provided by licensed professionals trained in diagnosis and therapy
- **Skills Training**
 - Rehabilitation through teaching and practice of specific skills impaired by mental health issues
 - Used to monitor, cope, counteract problems (self-monitoring, problem-solving, relaxation, activity scheduling)

Crisis Assistance

- Assistance to the child, family, & all service providers for the child to:
 - Recognize factors precipitating a mental health crisis
 - Identify behaviors related to a crisis
 - Identify resources to resolve a crisis
- Develop arrangements for direct intervention and support services and/or the use of more appropriate resources
- Developed by a mental health professional or practitioner with clinical supervision



Mental Health Behavioral Aide (MHBA)

- Medically necessary 1:1 services designed to improve the child's functioning
- Support use of age appropriate skills via practice, re-introduction, reinforcement
- Practice skills training taught by a mental health professional and/or practitioner
 - Cue skill-building interactions (include other settings)
 - Practice/role-play partner
 - Reinforce accomplishments, redirect poor behaviors
 - De-escalation as recommended by MH professional

Mental Health Behavioral Aide

- Level I or Level II:
paraprofessional under direction of
mental health professional or
practitioner under clinical
supervision
 - MHBA Service
 - Pre-service and continuing education
requirements
 - Follow instructions presented in IBP
 - 1:1 activity



CTSS Primary Application Content

Administrative Infrastructure
www.dhs.state.mn.us/cmh



Sections A & B – Applicant Information

- Section A – Identify person DHS should
deal with for CTSS certification issues
- B.1 – Type of Application
 - Identify if initial application or resubmission
- B.2 – Application Date
 - Should be the date Assurances are signed
(Section F)

B.3. Array of Services

- Psychotherapy*
 - Individual
 - Family
 - Group
- Skills Training*
 - Individual
 - Family
 - Group
- Crisis Assistance*
- MHBA Services
- Direction of MHBA
- Therapeutic Preschool
- Day Treatment Program



B.3. Array of Services (Place of Services)

- List Planned Locations for Services (other than client home)
 - Community (home, parks, etc)
 - Confidentiality
 - On-Site/Office (program sites)
 - School
 - Individualized Education Plan (IEP)
 - Who bills? School or mental health provider?



Place of Service Exceptions

Up to 15 hours for discharge/transition planning

- ✓ Hospital (psych under 21)
- ✓ Group home
- ✓ Residential treatment facility
- ✓ Regional treatment center



B.5. Address/Practice Sites

- List each practice site by specific address including:
 - Main office & satellites
 - Schools
 - Specific community settings
 - Church
 - Library
- Hours of Operation – time services delivered, not telephone availability



B.6. Local Certification

- Required for each county where services are delivered until SPA approved by CMS
- Demonstrates knowledge of local resources and expectations
 - Check with each county for contact information and instructions
 - Primary Certification approval requires at least one local certification until SPA approved
- Provide county contact name & e-mail
- Only for counties where delivering services when certified, not where you might expand to

B.8. Current MHCP Information

- Check your current MHCP Provider Types
- Include all provider numbers assigned for each type
- If don't know, call Provider Enrollment (1-800-366-5411, select option "5")
- If not a MHCP provider, must complete enrollment process

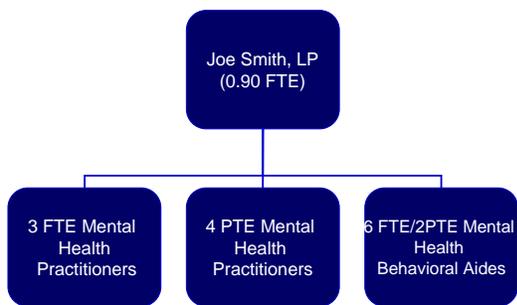


C.1. Overview of Entity

- History of mental health service delivery
- Current services and capacity
- Separate CTSS from non-CTSS services
 - How does CTSS fit into your organizational structure?
- How families involved in evaluation and planning for the agency
- Opportunities for cultural inclusion in planning, policy development



C.2. Organizational Structure



Mental Health Qualified Staff

- Each mental health professional must be listed
 - Name
 - License Type and Number
 - NPI
 - Employed By?
- If ratio of MHP to practitioners/MHBAs > 10
 - How is supervision adequate?
 - Needs to be explained in C.1., C.2.
 - Similar concerns for supervision in multiple counties

Mental Health Professional

MHCP Enrolled Provider

- Licensed Psychologist (LP)
- Licensed Psychological Practitioner (LPP) [ends 12/31/2010]
- Licensed Independent Clinical Social Worker (LICSW)
- Psychiatrist
- Clinical Nurse Specialist in Psychiatric or Mental Health Nursing
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC) (after January 1, 2010)



Mental Health Professional

- Diagnostic Assessment
- Psychotherapy
- Directs clinical components of service delivery
- Supervises mental health practitioners and MHBAs
 - Immediately accessible while supervisee provides services
 - Agencies with only one MHP must have a back-up plan when MHP unavailable



C.5. Demographics

- Counties services provided in
- Cultures/ethnicities served
- Typical age and gender mix
- Common mental health diagnoses
- Common treatment modalities
- Average length of treatment



C.6. Contracts

- Describe and include copies of legally binding contracts for CTSS Components
 - Describe service to be delivered
 - Qualifications of contracted individuals
 - Time
- Do not submit copies of contracted billing services



D.1. Cultural Competency Plan

- Limited English Proficiency (LEP)
 - Interpreters
- Cultural Competency Guide available at:
<http://edocs.dhs.state.mn.us/lfsrver/legacy/DHS-3963-ENG>
 - Organizational & community assessments required
 - Incremental plan with goals, timelines for completion



D.2. HR Strategies for Cultural Competence

- Identify ways agency improves cultural competence of staff
 - Recruiting cultural specialists? (ads?)
 - Staff training requirements? (Schedule or outline?)
 - Contracts for cultural providers or consultants?
 - Others?



D.3. MHBA Job Descriptions

- Agencies providing MHBA must submit Level I and Level II job descriptions
- Must include requirements in 256B.0943, Subd. 7 & 8
 - Age 18 or older
 - GED + experience (I) or college or 4,000 hours (II)
 - Meet pre-service & continuing education requirements
 - Duties appropriate to MHBA



D.4. Criminal Background Checks

- Submit procedure for completing background checks
- What standards used?
- Who is responsible to make sure its done?
- Completed before service delivery?
- How used to disqualify job candidates?
- Difference for different types of staff?

D.5. Violations of Ethical Conduct

Explain process & steps for resolving concerns

- How to report
- Who reported to
- What actions by who in what time frames?
 - Licensed
 - Unlicensed
- Who is responsible to resolve?

- What forms/brochures provided to families?



D.6. Violations of Data Privacy

- HIPAA – see <http://www.cms.hhs.gov/HIPAAGenInfo/>
- MN Government Data Practices Act – see https://www.revisor.mn.gov/bin/getpub.php?pubtype=STAT_CHAP&year=2007§ion=13
- Authorization
- Release of information
- Who, what actions, when, how resolved?



D.7. Use of Volunteers

- Does your agency use volunteers?
- In what capacity?
- How are volunteers recruited and trained?
- What screening is done, e.g., criminal background checks?
- What rules must volunteers follow?



D.8. Billing Process

- Describe billing & collection process
- How is data collected, maintained, and used?
- Who is responsible for different parts of the process?
 - Client eligibility verification
 - Billing collections
 - Authorizations (200 hour threshold)
 - Reconciliations
- Process for clients who can't pay
- Sliding fees or referrals out?



D.9. Internal Fiscal Controls

- Procedure describing who is responsible for internal financial system
- Who is responsible for recording income & expenses?
- System for monitoring assets and expenditures
- Audits



D.10. Service Coordination

- Children often receive services from multiple sources
 - Case Manager
 - School
 - Other Providers
- Coordination requires knowing about local resources
- How is care coordinated with others?



D.11. Performance Measurement

- Include a quality assurance plan with goals for measuring performance
- Are people receiving culturally appropriate services? How measured?
- What client satisfaction measures used?
- How do you know clients improve?
- What process is set up to collect and submit SDQ & CASII information?
- Other measures used?
- Need training?
Pat.Nygaard@state.mn.us



D.13. Maintenance of Client Record

- Record storage
- Privacy and Security
 - Minimum necessary rule
- Retention
- Transporting health service records to off-site locations
- Directions for staff documentation & correction



CTSS Primary Application Content

Clinical Infrastructure
www.dhs.state.mn.us/cmh



E.1. Client Diagnosis Diagnostic Assessment (DA)

- **Key** to accessing medically necessary mental health services
- Written evaluation conducted by a mental health professional that includes:
 - Current life situation & stressors
 - Current *functioning* and symptoms
 - informs the DA (must use SDQ & CASII)
 - History of mental health problems
 - Developmental milestones, strengths, and vulnerabilities
 - Diagnosis (all 5 axes), presence of ED, recommendations
- Required annually for children & adolescents
 - Current within 180 days before accessing CTSS

DA Keys for the Application

- The DA is primary document providing basis for all MH treatment – Golden Thread
- Must conduct face-to-face interview
- Review pertinent records
- Evaluate cultural issues – ethnic, religious, regional, socioeconomic
- Consider needs for referrals
- Assess impact of all prescriptions
- Consider biological factors affecting symptoms
- Address all 5 axes and specify criteria used
- Clear recommendations & necessity



DA Policy

- Outpatient service required to access CTSS
 - Internal
 - Who
 - Annual requirement until age 18, then annual update required*
 - External
 - Release of information
 - Who reviews and determines:
 - Comprehensive
 - Within 180 days prior to start of CTSS



* Autism exception

DHS Recommended Format

- DHS has endorsed two-part DA template
 - One part completed by family
 - Available at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5704A-ENG>
 - Second part completed by therapist
 - Available at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5704B-ENG>
- DA should cover all areas with explanation as needed



CTSS Recommendations for Intervention

Address Safety, Symptom Reduction & *Functioning*

- Is the child in need of rehabilitation in order to restore lost functions or return to expected developmental trajectory?
 - What skills affected by the child's disorder?
 - In what settings is functioning affected?
- What specific interventions are needed?
 - Skills training
 - Supports, e.g., MHBA
 - System coordination
- What will the plan for discharge be?

E.2. Functional Assessment

Used to inform the diagnostic assessment

- Common tools (required as of 7/01/09)
 - Child and Adolescent Service Intensity Instrument (CASII)
 - Early Childhood Service Intensity Instrument (ECSII) for children under age 6
 - Strengths and Difficulties Questionnaire (SDQ)
 - Submitted through MN-ITS
 - Training? Contact Pat.Nygaard@state.mn.us
 - See http://www.dhs.state.mn.us/dhs16_144775.pdf
- Other instruments may be used in addition to CASII and SDQ
- Should be referenced and explained as part of DA, related to medical necessity

Functional Assessment

Important for identifying skill needs as impacted by culture

- Mental health symptoms and behaviors
- Chemical use
- Educational and vocational functioning
- Social and leisure functioning
- Functioning in the community (which community?)
- Interpersonal, relationship- and family functioning
- Self-care
- Strengths, weaknesses, vulnerabilities, coping skills, and internal and external resources



Common Problems in Diagnostic Assessment

- Too little information
- No objective information
- No case formulation
- No differential sorting of symptoms/problems
- All possible diagnoses listed with no integration or ordering
 - Rule-outs?
 - Differential diagnoses?
 - Rationale & matching DSM-IV criteria?
- No accounting for previous diagnoses (often seen with ADHD and trauma)

E.3. ITP Family Involvement

- Resources that explain services and treatment planning
 - Materials distributed to the family
 - Websites? Fact Sheets?
- Systems to ensure times for meetings that families can attend
 - Appropriate after work hours?
 - Childcare?
 - Transportation?
 - Arrangements to include siblings if appropriate?



E.4. Individual Treatment Plan

- Developed by the MH professional
- Based on needs identified in diagnostic assessment
- Individualized services, interventions, frequency, duration
- Incorporates cultural considerations
- Involve the client and family
 - Signed by client, parent/authorized person
- Include measurable goals/objectives
- Identify priorities and who will provide each service
- Specifies plan for discharge assuming things go according to plan



Individual Treatment Plan Goals

- Are active
- State what the client will be able to do
- Have client as the subject
- Are specific to the individual

Examples of unhelpful goals:

- Describe process of intervention, not outcome, e.g.,
 - See doctor, therapist, etc.
 - Attend therapy
 - Go through curriculum
- Describe what staff, not client, will do, e.g.,
 - Monitor client's behavior, moods, etc.
 - Present curriculum



CTSS ITP Interventions

- Focus on psychotherapy and skills development
- As rehabilitation, need to consider common problems associated with children's mental health disorders
 - Organizational skills
 - Social skills
 - Communication skills
- For youth with mental health conditions, skills training
 - May be important adjunct to therapy
 - May be used to develop/improve self-regulatory abilities
 - May assist in replacement of maladaptive skills with more functional alternative skills
- Be clear on skills training and psychotherapy and who provides what!



These Are **Psychotherapy** (Not Skills Training) Interventions:

- Brief focused solution-oriented therapy/counseling
- Cognitive behavioral therapy/counseling
- Dialectical behavioral therapy (DBT)
- Insight-oriented staged substance use treatment
- Cognitive restructuring, reframing, reshaping
- Using psychotherapeutic approaches and theories to attain internal (cognitive or emotional) change (whether or not connected to behavioral change)
- Approaches that strive for internal changes
- Psychiatric stabilization

E.5. ITP Cultural Considerations

- More than LEP & nationality
- Consider consultation if unsure of client's culture
- Mental illness may not have the same meaning
- Cultural dynamics affect family dynamics
- Document your efforts!



E.6. Charting/Progress Notes

- How is this information communicated
 - Legal document, legible, errors, etc.
- What must be documented
 - Each occurrence of service (to whom, date, type, clock time, summary, response)
 - Contacts made with other persons such as parents, case managers, etc., not reimbursable
 - Name of person who provided the service (signature and title)
 - As appropriate, required clinical supervision
 - Date of chart entry!



4 Core Questions for Progress Notes

- What goal/objective (from ITP) were you working on?
- What was the intervention?
 - Information regarding the exact nature of service, specific interventions used, modalities, frequency, duration, purpose, etc.
- How did the consumer respond?
 - Outcome of the service, intervention and modality – client response to intervention and progress (non-progress) toward ITP goals and objectives
- What are the next steps?
 - Plan for next session



Our Recommendations

ALL CTSS progress notes should:

- Have a start and stop time
- State the service delivered
- Specifically reference the Outcome Goal and Objective from the ITP
- Specifically describe the covered intervention
- Describe the client's response to the intervention, including progress statement
- If not clearly self-evident, include a clear connection to the client's disorder and goals

Provider Travel Time

Mental health covered service (not CTSS)

- Not site based (day treatment or therapeutic preschool)
- Not transporting clients
- Paid per minute
- Document in progress notes



E.7. Individual Behavior Plan (IBP)

- MH professional provides MHBA specific instructions to deliver services including:
 - Detailed instructions (strategies) on service provision
 - Time allocated to each service
 - Methods of documentation and monitoring
 - Goals to increase or decrease targeted behavior as identified in ITP & IBP



E.8. Clinical Supervision

is the process of control and direction of a recipient's mental health services by which a mental health professional

- Accepts full professional responsibility for supervisee's decisions and actions
- Instructs the supervisee in their work
- Oversees/directs their work
- Be present and available when supervisees provide MH services
- Review and approve client's services during last 30 days
- Documents supervisory activities
- Variations in standard by type of service
- Clinical supervision must focus on child's treatment needs
- Good idea to keep supervision log/notes for group supervision



Clinical Supervision

CTSS requirements in addition to general clinical supervisory requirements

- Clinical supervision plans required for MHBAs
- Clinical supervision plans for mental health practitioners coming in 2011
- Clinical supervision is case specific and documented in the client record



E.9. Direction of MHBA

Provide detailed instructions/policy

- More instructional than supervisory
 - Requires continuous evaluations
- Provided by MHP or MH practitioner under supervision of MHP
- Determine competency of MHBA
 - At least one hour during service delivery within first 12 hours for each client
 - At least one hour during service delivery every 40 hours thereafter for each client
 - Immediately accessible while services provided



E.10. Service Delivery

- Caseload size and service coordination
- Education of families about services
- Site-based programs: health and safety
- Meeting program specific requirements
- Use of evidence-based practices
- Access to crisis assistance, MHBA services and direction of MHBA

Programs Using CTSS Components

MHCP reimburses services, not programs

- Day treatment program
- Therapeutic preschool program



E.11. Day Treatment

Site-based structured intensive mental health program:

- Clinical supervision by mental health professional
- Team includes at least
 - One mental health professional
 - One mental health practitioner
 - MHBA not part of team
- County contract required (if not County, IHS, or outpatient hospital)



Day Treatment Program Requirements

- Year round availability
- 2 – 3 hour time block
 - √ 1 – 2 hours psychotherapy (group or individual)
 - √ Skills training
- 5 days per week
- Individualized
- Allow for transition



Day Treatment Documentation Requirements

- Document provision of each service component
- Daily checklist may be used with services summarized weekly
 - Daily checklists require:
 - Date of service
 - Actual clock time with client
 - Service provided
 - Who provided the service
 - ITP goal(s) worked on



Mental Health Practitioners in Day Treatment

- Mental health practitioners under the supervision of a mental health professional may provide skills training components if the clinical supervisor:
 - Is on the premises more than 50% of the time in a 5 day work period when the practitioner provides skills training
 - Provides and reviews the DA, ITP, or changes in diagnosis or ITP
 - Reviews and signs record of care for all services provided in the past 30 days



E.12. Therapeutic Preschool Program

- Licensed*, structured mental health day program by a multidisciplinary staff under the clinical supervision of a mental health professional
 - Team includes one mental health professional, and one or more of the following under clinical supervision of the team MHP:
 - Mental health practitioner and/or
 - Program person (teacher, assistant teacher or aide who meets the standards of a Level I MHBA)
- Two hours intensive mental health treatment including daily skills training and psychotherapy as needed
- Operates 5 days per week, 12 months per year

* Rule 3 Childcare



E.13. Individual Treatment Plan Review

- ITP reviewed at least once every 90 days
 - Treatment plan must relate to strengths and needs as identified by the DA
 - Determine effectiveness based on progress, consistent with objectives & notes
 - Re-evaluate appropriateness & currency
 - Cannot do it without input of client and family
- Plan revisions
 - Revisit the client goals/objectives
 - Re-examine needs
 - Change & update goals (outcomes) & objectives
 - Look for new interventions & modalities
 - Adjust the time frames & target dates
- Plan should change – whether it is working or not!
- Signed by client, parent or other authorized adult, mental health practitioner and mental health professional



E.14 & 15 Connecting the Dots



F. Assurances

Read and agree to each statement

Print, sign, date and submit via mail to DHS



Minnesota DHS Web Site

<http://www.dhs.state.mn.us>

- About DHS
- Aging
- Partners & providers
- Children
- Disabilities
- Economic Supports
- Healthcare
- Publications, bulletins



Children's Mental Health Web Site

- <http://www.dhs.state.mn.us/cmh>
- CMH Collaboratives
- Licensing information
- Grants & RFP's
- CTSS provider information
 - Community
 - Overview
 - Application
 - Guide
 - Charts
 - School



Provider Relations Web Site

<http://www.dhs.state.mn.us/provider>

- Health care provider updates
- Frequently asked questions
- Remittance advice messages
- Forms, calendars
- Billing instructions
- Help desk
- Eligibility Verification system (EVS)
- MHCP provider manual



MHCP Provider Manual

Chapters

- 1: Requirements for Providers
- 2: Health Care Programs and Services
- 3: Prepaid Health Care Programs
- 4: Billing Policy
- 5: Authorization
- 16: Mental Health Services

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_142633

Resources

- Eligibility Verification System (EVS)
651.282.5354 or
1.800.657.3613 or MN-ITS
- Provider Call Center
651.431.2700 or 1.800.366.5411



Questions Next Steps



Help Us Improve!

- You will receive e-mail about this class
- Confirms your participation
- Special letter asking to evaluate class
- Please check and complete response to improve this class!



Thank you!



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