



# Bulletin

**NUMBER**

#15-53-01

**DATE**

October 19, 2015

**OF INTEREST TO**

County Directors  
Social Services Supervisors  
and Staff

Case Managers

Tribal Governments  
(Tribes)

Managed Care  
Organizations

**ACTION/DUE DATE**

Please read information  
and prepare for  
implementation

**EXPIRATION DATE**

October 19, 2017

## Legislative Changes to Children's Therapeutic Services and Supports

**TOPIC**

Legislative changes to Children's Therapeutic Services and Supports (CTSS).

**PURPOSE**

Provide information on clarifications and changes to CTSS policy.

**CONTACT**

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**SIGNED**

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Community Supports Administration

**TERMINOLOGY NOTICE**

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## I. Background

The 2015 Minnesota Legislature enacted policy changes affecting Children's Therapeutic Services and Supports. Some policy changes in this bulletin are for informational purposes, and others may require provider action.

## II. Legislative Changes

The 2015 Minnesota Legislature made the following changes to Children's Therapeutic Services and Supports (CTSS) Minnesota Statutes, section 256B.0943.

[Laws of Minnesota 2015](#), chapter 78, article 2, sections 4, 5, 6, 7, 8, 9, 10, and 12

### A. Definitions

- Clarify that the purpose of "CTSS" is to treat children with diagnosed mental illnesses.
- Define "clinical trainee" consistent with Minnesota Rules.
- Clarify the definition of "crisis assistance" to distinguish it from "crisis intervention services".
- Allow individual behavior plan to be incorporated into child's individual treatment plan but the behavior plan must be separately communicable to the mental health behavioral aide.
- Correct the citation for an "individual treatment plan" to be consistent with Minnesota Rules.
- Update citations for "mental health practitioner" and "mental health professional" to be consistent with Minnesota Rules.
- Insert a definition for "psychotherapy."
- Insert a definition for "psychiatric rehabilitation services."
- Move service delivery requirements from "skills training" definition and insert into service delivery criteria subdivision.

### B. Determination of Client Eligibility

- Delete requirement for diagnoses on all five axes to be consistent with national diagnostic codes.
- Require that children under age five be diagnosed using the current edition of the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood (DC: 0-3).
- Update client eligibility criteria to be consistent with national diagnostic codes.
- Delete exception to annual diagnostic assessment for a client with autism spectrum disorder or pervasive developmental disorder.

## **C. Provider Entity Certification**

- Clarify provider must be certified for three core rehabilitation services of psychotherapy, skills training, and crisis assistance.
- Require corrective action, medical assistance repayment, or decertification of a provider entity that no longer meets administrative or clinical infrastructure requirements or fails to meet the clinical quality standards or administrative standards provided by the commissioner in the application and certification process.

## **D. Provider Entity Administrative Infrastructure Requirements**

- Require at least one back-up mental health professional in the event of the primary mental health professional's absence.
- Require, as a condition of payment, that each provider must report client outcomes to DHS, effective July 1, 2017.

## **E. Provider Entity Clinical Infrastructure Requirements**

- Require providers to establish policy regarding use of a diagnostic assessment performed by an outside clinician.
- Allow providers to collect information missing from diagnostic assessment obtained from other providers and amend diagnostic assessment or incorporate baseline into individual treatment plan.
- Require provider policies that permit a parent or guardian to observe or participate in treatment services, assessment, and treatment planning.
- Require documentation of treatment progress at least every 90 days.
- Allow parent approval of a treatment plan by electronic signature or oral approval that is later verified by written signature.
- Require a clinical supervisor to document supervisee-specific supervision in the employee's personnel file.
- Require clinical supervisor on-site presence at least 50 percent of the provider's standard working week.
- Clarify that "supervisor" means clinical supervisor.
- Clarify that "on-site" observation by a mental health professional means "at the site of service delivery."
- Clarify that a provider billing for direction to a mental health behavioral aide must be certified specifically to deliver mental health behavioral aide services. (Basic CTSS certification is not sufficient.)
- Clarifies that an individual treatment plan review must review each of the goals and objectives in the current treatment plan.

## **F. Service Delivery Criteria**

- Clarify minimum day treatment program availability hours and provide flexibility for a shortened week.
- Clarify that the size of an established day treatment group, which meets the minimum size requirement, does not diminish due to a member's temporary absence.
- Delete obsolete reference to a "therapeutic preschool."
- Clarify that psychotherapy must be provided by a mental health professional or a clinical trainee.
- Clarify that service delivery requirements are conditions of payment.
- Clarify that psychotherapy to address the child's underlying mental health disorder must be documented as part of the child's ongoing treatment and, when a provider deems it not medically necessary to provide psychotherapy, the provider must document the reason.
- Insert several requirements for the delivery of skills training that were moved from the definition of skills training.
- Specify the components of a crisis assistance plan.
- Clarify requirements for the current mental health behavioral aide (MHBA) benefit and requires that it must be delivered to a child with a mental illness in order to be eligible for payment. (This will not expand the benefit.)
- Clarify that medical assistance will reimburse mental health practitioner and mental health behavioral aide services that are delivered within the individual's scope of practice.
- Require that a mental health service plan be developed in conjunction with the child's family.
- Clarify that a diagnostic assessment must be complete—including all appointment of an extended diagnostic assessment and the written report—in order to be eligible for payment.

## **G. Documentation and Billing**

- Clarify that documentation of services must meet documentation standards in Minnesota Rules.
- Clarify that service documentation include the start and stops time described in the child's treatment plan, as well as treatment outcomes compared to baselines and objectives.
- Clarify that documentation includes that dated signature and credentials of the provider who delivered the service.
- Require that client-specific clinical supervision notes must be co-signed by the supervisor and supervisee.
- Specify date when CTSS services are discontinued and reason(s) for discontinuation.

### **III. Action Required**

Effective the day following final enactment, except where otherwise specified.

### **IV. Legal Reference**

[Minnesota Statutes, section 256B.0943 PDF](#)

#### **Americans with Disabilities Act (ADA) Advisory**

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