

**CTSS Community
Primary Application
Information Session 1
Administrative Infrastructure**

**Minnesota Department of
Human Services (DHS)**



Children's Mental Health
Division

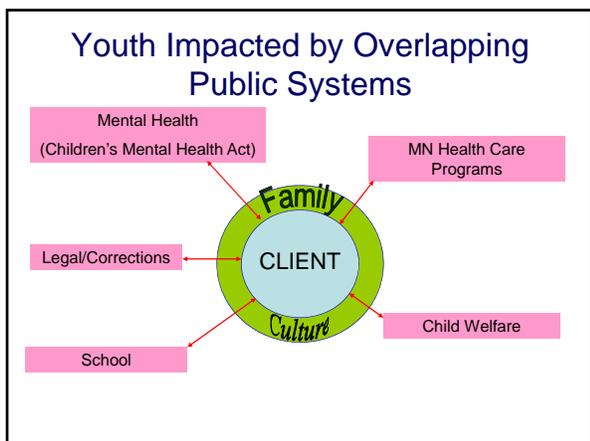


Agenda

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

CTSS is:

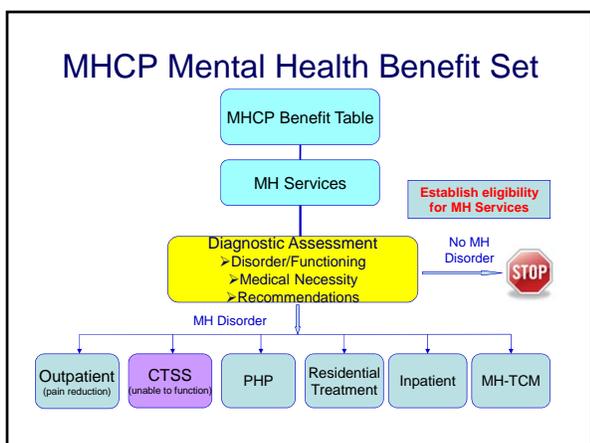
- A flexible set of mental health services
- Rehabilitation of functions impaired by mental health disorders
- Based on a comprehensive diagnostic assessment showing impaired functions
- Documented as medically necessary rehabilitation
- Planned, monitored treatment activities
- Provided to MHCP eligible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



Children's Mental Health Act MN Statutes 245.487 to 245.4889

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

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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



Outpatient Mental Health Services

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



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
2013 Additions	MH Plan Development	Clinical Care Consultation	Family Psycho-education
			Family Peer Specialist

✓ 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



Mental Health Plan Development

- Development, review & revision of the individual treatment plan, including involvement of the client or client's parents, primary caregiver, or other person authorized to consent to mental health services for the client, and including arrangement of treatment and support activities specified in the individual treatment plan
- Administering standardized outcome measurement instruments to evaluate the effectiveness of treatment and reporting outcome measures
- **ONLY** available for CTSS clients!



Clinical Care Consultation

Communication by MHP (or clinical trainee) to other providers or educators to provide knowledge about client's symptoms & strategies for engagement & treatment

- ✓ Client must be diagnosed with complex MH condition or a MH condition that co-occurs with other complex & chronic conditions
- ✓ Must be prescribed in ITP
- ✓ Not specific to CTSS, all MHCP enrolled MHPs can do it

Family Psychoeducation

Education to support child & family's understanding of child's symptoms, impact on development, & components of treatment

- ✓ Provided by MH Professional or Clinical Trainee
- ✓ Must be in ITP, except allow one session prior to writing DA & ITP
- ✓ Not specific to CTSS



Family Peer Specialist Services

Nonclinical family peer support by another parent of a child with emotional disturbance and experience with the mental health system & treatment

- ✓ Must be at least 21
- ✓ Must be trained & certified
- ✓ Provides advocacy and assists parents with treatment concerns for their child
- ✓ Not specific to CTSS, separate certification

CTSS Primary Application Content

Administrative Infrastructure

www.dhs.state.mn.us/cmh



Application Completion Requirements

- All applicants must complete Sections A – L and P and a model case
- Some agencies will need to complete Sections M, N, or O based on services selected



Policies and Procedures

- Policy – principle, rule, guideline to reach agency long-term goals
- Procedure – specific methods & steps used in day-to-day operations
- Often motivated by external regulations
- Specific to an agency
 - Inform clients, staff what is to be done, how it is done, remedies if not done – who does what?
 - Your CTSS application cannot serve as your policy & procedure
 - Policies & procedures need to be changed as encounter different situations, changes in regulations



A. Agency Information

- Agency legal name, address, phone numbers
- Identify person DHS should deal with for CTSS certification issues
- Indicate accreditation or certification that may apply
 - CMHC under Rule 9520.0040, NOT Rule 29!
- Indicate agency status as applicable

B. Practice Sites
C. In-Home Services

B. List each practice site by specific address including:

- Main office & satellites
- Schools
- Specific community settings
 - Church
 - Library

C. In-Home – identify each county in-home services are delivered & which CTSS services



Psychotherapy

- The mental health professional (or clinical trainee) 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 professional 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



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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 ...

- Psychotherapy by MH practitioners
- 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



D. Staff – CTSS Management, MH Professionals, Practitioners

- Identify name & credentials for person(s) responsible for administrative & clinical CTSS management
- Each mental health professional must be listed
 - Name -- Clinical Supervisor?
 - Licensure Type -- # MH Practitioners Supervised
 - MHCP Enrolled? -- # MHBA's Supervised
 - Practice Site(s)
- Each mental health practitioner must be listed
 - Name -- Clinical Supervisor's Name
 - Degree/License -- Directing MHBAs?
 - Sites/Counties

Mental Health Professional

MHCP Enrolled Provider

- Licensed Psychologist (LP)
- 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)
- Tribally Defined Professional



Mental Health Professional

- Diagnostic Assessment*
- Psychotherapy*
- Directs components of CTSS 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



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 (including MHBA experience)
- Clinical Trainee (can do psychotherapy & DAs):
 - Enrolled as a graduate student in behavioral health
 - Obtained masters/doctorate in behavioral health



D. Staff – 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. Staff - Criminal Background Study

Submit agency procedure for completing background checks

- How does agency do it?
- What information checked?
- What standards used?
- Who is responsible to make sure its done?
- Completed before hiring or service delivery?
- How used to disqualify job candidates?
- Differences for different types of staff?

D. Staff – Violations of Ethical Conduct

Explain process & steps for resolving concerns

- What ethical standards are adopted?
- How to report concerns
- 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. Staff – Violations of Data Privacy

- Policy & procedures must conform with state & federal laws
- HIPAA – see <http://www.cms.hhs.gov/HIPAGenInfo/>
- MN Government Data Practices Act – see <https://www.revisor.mn.gov/statutes/?id=13>
- How does your agency inform clients about data privacy & limitations?
- What needs to be done to release information?



D. Staff – Violations of Data Privacy

Submit agency procedure for investigating violations of data privacy

- How are violations reported by staff & clients?
- Who are violations reported to?
- What actions are required to be taken?
- Who is responsible for final resolution?
- What are the time frames for completing process?

E. Mental Health Service History – 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?
- If a new agency, what steps taken to start delivering services?



E. Mental Health Service History – Family Education, Involvement

- How families are educated about your services
 - What services and how/when delivered?
 - Who has access and how? Pamphlets? Website?
 - How are families different specific needs recognized?
 - How do families address concerns with agency?
- How families participate in agency development & planning
 - Parent advisory committee?
 - Parent needs surveys?
 - Parent evaluation committee?
 - Client parent board members?



E. Mental Health Service History – Cultural Competency

- Requires an incremental plan to improve agency/staff competency
- Organizational & community assessments required
- Incremental plan with goals, timelines for completion
- Who is responsible for plan actions?
- Arrangements for interpreters?
- Partnering with culturally based organizations?
- Think about supervision relevant to clients served, consultation, etc.



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?



Section F. Population

- Count
 - Services in past year?
 - MA/MN Care youth who received services past year
- Current Capacity
 - Number MA/MN Care youth will be served next year
- Age/Gender Requirements?
 - Identify age groups served
 - Identify genders served
- Treatment Length
 - Specify average length



G. Clinical Contracts

- Identify formal contract partners to provide clinical services/supervision
 - Individual or agency contracted with
 - Clinically relevant service provided
 - Titles of persons worked with
 - Frequency/amount of contract services
- Contracts - Attach copies of current legally binding contracts with identified partners
 - Do not submit copies of contracted billing/administrative services



H. Billing MHCP

- Is agency already experienced billing MHCP?
- If not a MHCP provider, must complete enrollment process
 - Go to http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000090#
- Completed MN-ITS Training?
 - If not go to <https://mn-its.dhs.state.mn.us/GatewayWebUnprotected/index.faces>



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

H. Billing MHCP – Insurance Verification

- 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?



Billing Minnesota Health Care Programs

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            graph TD
            MA[Medical Assistance] --> MA_FFS[FFS]
            MA --> MA_MCO[MCO]
            MC[Minnesota Care] --> MC_FFS[FFS]
            MC --> MC_MCO[MCO]
            GAMC[General Assistance Medical Care] --> GAMC_FFS[FFS]
            GAMC --> GAMC_MCO[MCO]
            MA_FFS -.-> TPL1((TPL))
            MA_MCO -.-> TPL1
            MC_FFS -.-> TPL2((TPL))
            MC_MCO -.-> TPL2
            GAMC_FFS -.-> TPL3((TPL))
            GAMC_MCO -.-> TPL3
            
```

Minnesota Health Care Programs work the same way. Difference is eligibility criteria and state fund percentage.

FFS = Fee For Service
MCO = Managed Care Organization
TPL = Third Party Liability

H. Internal Fiscal Controls

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



I. Communications

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



CTSS and Other Services

- Children with SED and their families may need additional services; options for them include:
 - Waiver services, e.g., CADI
 - Family preservation services
 - Economic assistance
 - Special education
 - Public health, e.g., home visiting



J. Mental Health Records

- Forms – Identify forms used in your records and describe
 - Client "Face" Sheet
 - Release of Information
 - Informed Consent
 - Treatment Forms (DA, ITP, etc.)
- Security – Describe practices for record security
 - Record storage & access
 - Minimum necessary rule
 - Retention
 - Transporting health service records to off-site locations
 - Directions for staff documentation & correction
- How do you insure documentation required for records is collected and maintained?



K. Performance Measurement

- Include a quality assurance plan with goals for measuring performance
- Are people receiving culturally appropriate services? How measured? Data elements?
- Client satisfaction – what measures, how often?
- Outcomes - How do you know clients improve?
 - What process is set up to collect and submit SDQ & CASII information?
 - Need training?
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 - Other measures used?



L. Clinical Infrastructure

- Mostly covered in other training
- Administrators need to make sure adequate policy & procedures exist for
 - Diagnostic Assessment Process
 - Functional Assessment Tools
 - Treatment Planning & Review
 - Family Involvement In Treatment Planning
 - Progress Notes & Contact Charting
 - Clinical Supervision



M. 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

M. Mental Health Behavioral Aides

- Job Descriptions
 - Submit Level I & Level II job descriptions if will use both
 - MHBA requirements in 256B.0943, Subd. 7 & 8 include
 - Age 18 or older
 - GED + experience (I) or college or 4,000 hours (II)
 - Meet pre-service & continuing education requirements
 - Agency duties appropriate to MHBA



MHBA Training

- Must complete 30 hours pre-service training
 - 15 hours of in-person training in MH service delivery (data privacy; responding to children in crisis; Children's Mental Health Act; Child Adolescent Service System Program principles; coordination of mental health-public education services; eligibility for public programs; supporting parents; services to culturally diverse groups; services to children with special needs)
 - 8 hours of parent-teaming training (DHS provides) (partnering with parents, fundamentals of family support; fundamentals of policy & decision-making; equal partnership; complexities of partnership in multiple systems; sibling impacts, support networks, community resources)
- Submit 30 hour training curriculum with application
- 20 hours of continuing training every 2 years
- Documented in personnel file

N. Day Treatment
O. Therapeutic Preschool

- Do you do either?
- Detailed program description
- Sample weekly schedule for services
- Explain clinical supervision process
- For DT, attach current county contract(s)



P. Assurances

Read and agree to each statement
Submitted electronically: no need to sign



Minnesota DHS Web Site
<http://www.dhs.state.mn.us>

Tabs for

- People We Serve
- Partners & Providers
 - access Mental Health under Health
- General Public
- Media



Children's Mental Health Web Site

- <http://www.dhs.state.mn.us/cmh>
- Information about children's mental health in MN
- Division strategic initiatives
- News & events in CMH Division
- Links to related pages, including
 - CTSS – Community
 - CTSS –Schools
 - Children's Crisis Response Services
 - Rule 47
 - Evidence Based Practices
 - And many others!



Provider Relations Web Site

- <http://www.dhs.state.mn.us/provider>
- Click on "Mental Health" in Provider Type to access
- Provider Updates
 - Resource Documents/Forms
 - Billing Information
 - Provider Manual
 - MN-ITS
 - Phone Numbers & Contacts



MHCP Provider Manual – Mental Health

Provider Manual Chapters

- ❖ Mental Health Services
- ❖ Provider Basics
 - ❖ Provider Requirements
 - ❖ Programs and Services
 - ❖ MCO/PMAP
 - ❖ Billing Policy (Overview)
 - ❖ Authorization
- ❖ Provider Manual Revisions

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

Resources

- Provider Call Center
651.431.2700 or 1.800.366.5411



Thank you!



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