

# CTSS Community Primary Application Information

## Session II Clinical Infrastructure

2013



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## Agenda

- Medicaid & MHCP Mental Health Services
- What is CTSS
- CTSS Eligibility & Medical Necessity
- CTSS Services
- Application, Clinical Infrastructure
- Resources & References



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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



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## MHCP Mental Health Services

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

Diagnostic Assessment  
✓ Disorder/Functioning  
✓ Medical Necessity  
✓ Recommendations

No MH Disorder  
w/Functional  
Impairment



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## MHCP Mental Health Benefit Set

MHCP Benefit Table

MH Services

Establish eligibility  
for MH Services

Diagnostic Assessment  
➢ Disorder/Functioning  
➢ Medical Necessity  
➢ Recommendations

No MH  
Disorder



MH Disorder

Outpatient  
(pain reduction)

CTSS  
(unable to function)

PHP

Residential  
Treatment

Inpatient

MH-TCM

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## CTSS is:

- \* A flexible set of mental health services
- \* Rehabilitation of functions impaired by mental health disorders
- \* Based on a standard or extended 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



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## CTSS Eligibility 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




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## CTSS Eligibility and Medical Necessity

- \* Rehabilitation focuses on restoring functions lost as a result of the mental health disorder – Baselines identify pre-morbid function
- \* 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




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## 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

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## 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 &amp; therapy)</small>	MHBA & Direction of MHBA

~~Therapeutic Pre-School~~

- ✓ ALL certified agencies provide core service components
- ✓ MHBA service involves skills practice & assistance
- ✓ Others are combinations defined in Children's Mental Health Act




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## New Services Coming

- \* Mental Health Plan Development – part of CTSS
- \* Clinical Care Consultation – all children's MH providers
- \* Family Psychoeducation – all children's MH providers
- \* Certified Family Peer Specialist – all children's MH providers




Minnesota Department of Human Services

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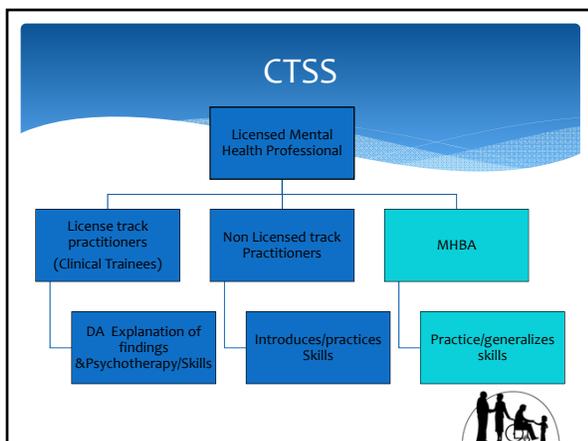
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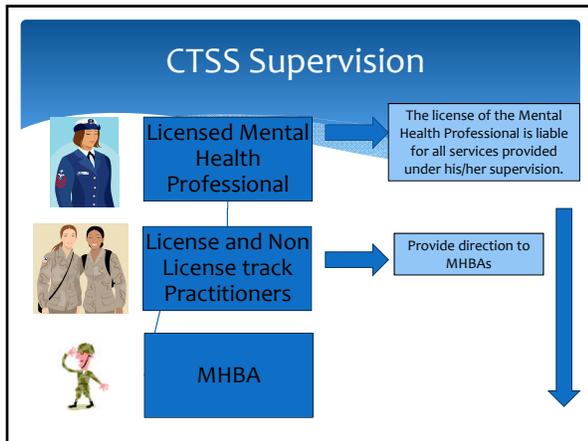
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## CTSS Primary Application Content

Clinical Infrastructure  
[www.dhs.state.mn.us/cmhb](http://www.dhs.state.mn.us/cmhb)




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## Application

- \* Important to refer to the CTSS Application Guideline
- \* Make sure the application is saved under a different name that includes your agency name

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## Application Completion Requirements

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



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**Section L. Clinical Infrastructure**

**DIAGNOSTIC ASSESSMENT**  
Insert or attach the agency's procedures for ensuring children have a current diagnostic assessment that meets or exceeds the MHCP criteria, is reviewing, accepting and/or modifying diagnostic assessments from external mental health professionals.

The mental health professionals at MEANWELL, Inc. will conduct diagnostic assessments with all CTSS clients prior to the development of a mental health professional will follow the guide line created by our agency to assure that all the information required by CTSS and MHCP is conducted by the agency's providers. (See attach description of the guidelines' componets) The MH supervisor has prescribed a clear training professionals receive DA from

Make sure to include ALL necessary attachments to the e-mail after clicking the submit button.

**FUNCTIONAL ASSESSMENT TOOLS**  
List assessment tools the mental health professionals use to develop the functional assessment component of an assessment.

The MH professionals will use a variety of functional assessment tool, including the CASII and SDQ, which will be conducted at least annual presents with significant changes in the life situation or the condition. See attach list of other functional assessment the agency will use as per li

**EVIDENCE BASED PRACTICES**  
Has the agency adopted any specific evidence-based practices for working with children with the specific diagnoses identified above, such as li Cognitive Behavioral Therapy, Multi-systemic Therapy or Functional Family Therapy?  YES  NO

LIST PRACTICES USED  
TFCBT, PCTT and EMDR.

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## L. Clinical Infrastructure Diagnostic Assessment (DA)

- \* **Key** to identify medically necessary mental health services
- \* Written evaluation conducted by a mental health professional that meets Rule 47 requirements and 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



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## 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



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## 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



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## Good Diagnostic Assessments

- \* Address all five axes of the DSM-IV
- \* Determine and document if an emotional disturbance/mental illness exists
- \* Identify cultural issues affecting behaviors – includes Rule 47 requirements since June 2011
- \* Document services as medically necessary to address identified disability, functional impairment, client's needs and goals
- \* Establish baselines for problem behaviors
- \* Identify barriers to effective treatment
- \* Guide the development of the individualized treatment plan
- \* Make concrete recommendations for services
- \* Completed annually, not just updated



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## Rule 47 Cultural Influences

9505-0370

Subp. 9. **Cultural influences.** "Cultural influences" means historical, geographical, and familial factors that affect assessment and intervention processes. Cultural influences that are relevant to the client may include the client's:

- A. racial or ethnic self-identification;
- B. experience of cultural bias as a stressor;
- C. immigration history and status;
- D. level of acculturation;
- E. time orientation;
- F. social orientation;
- G. verbal communication style;
- H. locus of control;
- I. spiritual beliefs; and
- J. health beliefs and the endorsement of or engagement in culturally specific healing practices.

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## Diagnostic Assessment (DA)

- \* Steps to follow when the agency receives a DA from an external source
- \* What happens when the provider does not agree with and/or the family does not validate the information in the external DA?
- \* What exceptions in regards to an annual DA?

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## Diagnostic Assessment (DA) Policy

- \* Mental health conditions considered appropriate for rehabilitative interventions
- \* Criteria used to identify medical necessity for rehabilitative (CTSS) services?
- \* Guidelines for rehab candidates with an Axis II diagnosis? (DD, PDD, TBI, etc.)
- \* Protocol used for provisional and rule out diagnoses
- \* Components for a clinical summary
- \* Comprehensive recommendations for treatment.
- \* Procedure followed when progress is not achieved?

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## DHS Available Format

- ❖ DHS has a two-part DA template
- ❖ One part completed by family
- ❖ Available at <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5704A-ENG>
- ❖ Second part completed by therapist
- ❖ Available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5704B-ENG>
- ❖ DC 0-3 <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-6408-ENG>
- ❖ DA should cover all areas with explanation as needed




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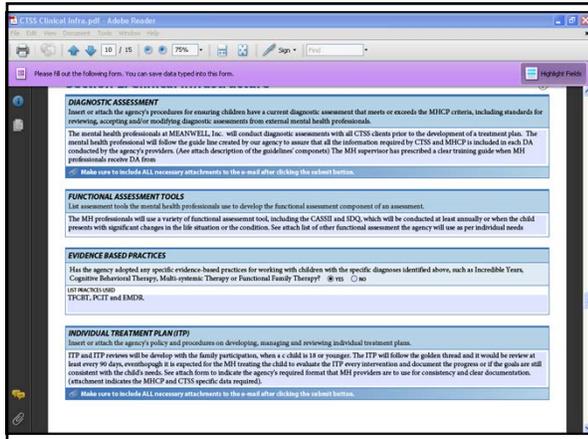
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## L. Clinical Infrastructure Functional Assessment (FA)

- \* Who in the agency is qualified to use the tools and conduct Functional Assessments?
- \* Integrating the FA findings into the DA
- \* Requires use of the CASII and SDQ




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## 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

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## Functional Assessment

Used to inform the diagnostic assessment

- \* Common tools (required since 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](mailto:Pat.Nygaard@state.mn.us)
- \* See [http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhsi6\\_161561.pdf](http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhsi6_161561.pdf)
- \* Other instruments may be used in addition to CASII and SDQ



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## L. Clinical Infrastructure Evidence-Based Practices

- \* Evidence-based = supported by research
- \* Several models demonstrated effective for different diagnoses
- \* Has your agency adopted specific models?
  - \* Incredible Years
  - \* Multi-Systemic Therapy
  - \* Parent-Child Interactive Therapy
  - \* Trauma Focused CBT



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## Individual Treatment Plan Objectives

- \* State what will be accomplished during specific treatment period (up to 90 days)
- \* Serve as shorter-term outcomes
- \* Often are incremental steps to longer-term goals
- \* **Are measurable** – not artificial, but measurement of symptom reduction/skill development
- \* Point to progress
- \* May be changed with every treatment plan review



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## Individual Treatment Plan

Writing measurable objectives:

**Subject + verb:** Client will/will not

**Action:** Be able to \_\_\_\_

**Frequency:** At least \_\_ times per \_\_\_\_

**Duration:** For \_\_ consecutive \_\_\_\_

**Monitor:** As observed/measured by \_\_\_\_.



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## Treatment Plan Review

- \* Criteria for when the ITP will be reviewed
- \* How is the DA included
- \* What implies progress
- \* Criteria to re-evaluate appropriateness & currency
  - \* How will the client and family participate?
- \* When and why plan revisions are require?
  - \* Revisit the client's 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 – not done until signed



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## L. Clinical Infrastructure 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?



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## CTSS ITP Interventions

- \* Focus on psychotherapy and skills development
- \* As rehabilitation, need to consider common problems associated with children's mental health disorders
  - \* Self-regulation 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!



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## Skills or Psychotherapy goals?

- \* Child will understand, manage and process his anger



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**Skills or  
Psychotherapy goals?**

\* Child will learn, practice and master “hands in my pockets” to choose his responses.  
Child will demonstrate the skill 5 out of 5 times during the skill session and implement it 5 times a week




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**Skills or  
Psychotherapy goals?**

\* Child will understand how the events and memories of trauma affect his emotions.




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

- \* Brief solution-focused therapy/counseling
- \* Cognitive behavioral therapy/counseling
- \* Dialectical behavioral therapy (DBT)
- \* 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




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## Clinical Infrastructure 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!




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## BREAK!



We Resume in 5 Minutes!




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## L. Clinical Infrastructure 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!




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## 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 client 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



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## 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

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## How to "Show Progress"

- \* Not so Good: "Carlos continues to make progress."
- \* Good: "Carlos is now able to initiate calm conversations independently with minimal prompting during 6 of 10 trials."
- \* Good: "Carlos has reduced his use of angry profanity from every reported conversation to less than once every 3 conversations since skills training began."



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## Individualizing Group Notes

- \* Poor: "Juanita attended nutrition group" (Please note name of group is NOT the intervention)
  - \* Juanita holds a job as a cook/server at Burger King after school.
  - \* Juanita does not have independent living skills on her treatment plan.
  - \* She does have anger management and social interaction skills on her treatment plan.
- \* Make sure that you write what Juanita practiced in this group – not interrupting, waiting her turn, and being supportive to others. The actual group was a context, not the event.



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## 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 with the clinical service delivered



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## Common Progress Note Mistakes

- \* Narrative not clearly related to treatment plan
- \* No intervention described
- \* Does not indicate next steps or plan for next session
- \* Too much or too little information
- \* Only documents symptoms/functioning (monitoring)
- \* Use of clinical language, jargon or terms which are not descriptive or unique to client (psychiatrically stable, depressed, anxious, manic, etc.)
- \* Judgmental or subjective descriptions
- \* No continuity from session to session (week to week)
- \* Repetition from session to session (week to week)
- \* No evaluation if intervention is working or should be changed
- \* If client presents in crisis no link to treatment goals and objectives



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## L. Clinical Infrastructure Treatment Plan Review

- \* ITP must be 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 – not done until signed



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## Client Discharge

- \* Discharge planning begins with ITP & ITP review
- \* What is policy/procedure for client discharge?
- \* When/why client discharged without successful treatment?
- \* How document?
- \* Closing recommendations?



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## L. Clinical Infrastructure 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



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## Clinical Supervision

CTSS requirements in addition to general supervisory requirements

- \* Submit procedure on how and when provided
- \* Clinical supervision plans required for MHBAs
  - \* Direction of MHBA is not clinical supervision
- \* Clinical supervision plans for clinical trainees since June 2011
- \* Clinical supervision is case specific and documented in the client record




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## M. Mental Health Behavioral Aides

- \* 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




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## M. Mental Health Behavioral Aides

- \* Job Descriptions
  - \* Agencies providing MHBA must submit Level I and Level II job descriptions if plan to use both types
  - \* 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




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## 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

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## Mental Health Behavioral Aides Clinical Supervision

CTSS requirements in addition to general clinical supervisory requirements

- \* Procedures, how and when
- \* Clinical supervision plans required for MHBAs
  - Difference between Direction of MHBA and MHBA clinical supervision
- \* Where supervision is documented and who will be responsible to document it.



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## M. Mental Health Behavioral Aide Individual Behavior Plan (IBP)

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



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## IBP Example

- \* Not similar to an Individual Treatment Plan
- \* Focus on directions to MHBA
- \* **IBP Goal 1:** Create opportunities for Jasmine to rehearse and practice with the MHBA the “Hands in my pockets” skill learned during skills training
- \* **Direction for the MHBA.**  
During the therapy session Jasmine has identified a specific situation when she finds it difficult to self-regulate. The skills taught by the practitioner are not implemented outside the skills building session. The MHBA will visit Jasmine at her home 3 days a week for an hour
- \* **Procedures:**  
Preparation: MHBA will inform Jasmine her role is to role-play and practice the skills she has learned during skills training. MHBA will review the skills learned by Jasmine on “Hands in my pockets”.




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## IBP Example (cont.)

- \* **Procedures (cont.)**
- \* **Step #1:** Let’s review the plan again. Jasmine will participate in social interactions with other children. If Jasmine starts showing anger, and getting to close in proximity to other child MHBA will prompt you to put your “hands in your pockets”. . . When mastered, go to Step # 2
- \* **Step #2:** Tell her, “Jasmine you did a great job last time. Today before we walk to the park we will rehearse the sequence like we did last time. When we are interacting with other children?” . . .
- \* **Measurement:**  
Each step is to be mastered completely.
- \* **Documentation:**
  - \* Is the environment conducive to practice the skills? (too noisy, people coming in and out, etc.)
  - \* How many times was the child re-directed?
  - \* How many trials before she mastered the level?




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## 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
- \* Submit policy on how clinical supervision is provided for MHBA's




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## Programs Using CTSS Components

MHCP reimburses services, not programs

- \* Day treatment program
- \* Therapeutic preschool program



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## N. Day Treatment

Site-based structured intensive mental health program:

- \* Clinical supervision by mental health professional
  - \* On-site  $\geq$  50% of service time by practitioner
- \* Team includes at least
  - \* One mental health professional
  - \* One mental health practitioner
    - \* MHBA not part of team



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## Day Treatment Program Requirements

- \* Year round availability
- \* 2 – 3 hour time block
  - ✓ 1 - 2 hour psychotherapy (group or individual)
  - ✓ Skills training
- \* Up to 15 hours/week
- \* Individualized
- \* Allow for transition



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## 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 (therapy, skills)
  - \* Who provided the service
  - \* ITP goal(s) worked on



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## 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



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## N. Day Treatment Application Requirements

- \* Identify Day Treatment sites – address & county
- \* Describe day treatment program
  - \* Practices
  - \* Eligible recipients
  - \* Types of staff & other relevant information
- \* Weekly schedule with times for daily services
- \* No County contracts are required after 8/01/2012.

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## O. 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



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## O. Therapeutic Preschool Application Requirements

- \* Identify therapeutic preschool sites – address & hours of operation
- \* Describe therapeutic preschool program
  - \* Practices
  - \* Eligible recipients
  - \* Types of staff & other relevant information
- \* Weekly schedule with times for daily services
- \* Attach copy of Rule 3 License (see MN Rules 9503.0005 – 9503.0175)



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## CTSS compared to Medical Model

### Surgery = Psychotherapy

- \* Surgeon: Performs the surgery, treats the etiology of the condition = **Psychotherapist** works on the internal processes “identifies, understands, creates awareness of feelings, process, explore, develops, resolves, recognize, etc.



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CTSS compared to Medical Model

### Physical Therapist = Practitioner

- Physical Therapist (PT): The surgeon prescribes the functions that need to be restored and the PT explains, introduces and shows how to implement the exercises to increase the function = **Practitioner** is given the domains of the skills the child needs to be re-store or build and then teaches, introduces and refers if more practice is needed for the skill to become the dominant response.




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CTSS compared to Medical Model

### PT Assistant = MHBA

- PT Assistant: Follows specific instructions then practices the exercises taught by PT until it becomes the dominant response to use of the limb = **MHBA** repeats, prompts, redirects until the behavior becomes the dominant response.




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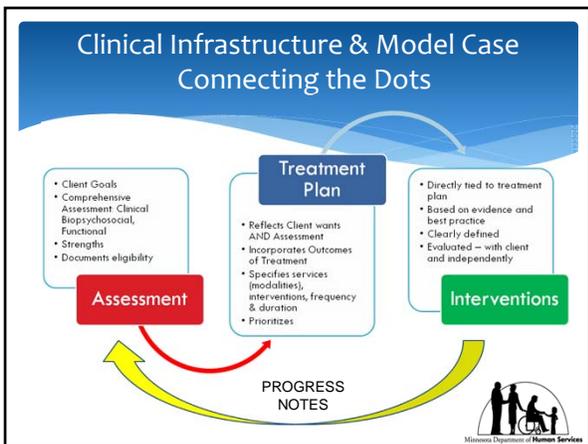
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Questions Next Steps

Minnesota Department of Human Services

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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!

Minnesota Department of Human Services

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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

Minnesota Department of Human Services

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



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Thank you!



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