Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 09-006

This file contains the following documents in the order listed:

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

NOV 1 0 2009

Brian Osberg, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Osberg:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-006 - Mental Health Certified Peer Support Specialist Services and Rates -- Effective Date: July 1, 2009

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or by e-mail at Charles.Friedrich@cms.hhs.gov.

Sincerely,

[redacted]

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 09-06

2. STATE: Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2009

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §447.201(b)

7. FEDERAL BUDGET IMPACT:
a. FFY '09: $ 0
b. FFY '10 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 54d.1, 54f-54i
Att. 3.1-B, pp. 53d.1, 53f-53i
Att. 4.19-B, pp.45c-2, 45c-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att. 3.1-A, pp.54f-54i
Att. 31-B, pp. 53f-53i
Att. 4.19-B, pp. 45c-2

10. SUBJECT OF AMENDMENT:
Mental health certified peer support specialist services and rates

11. GOVERNOR'S REVIEW *(Check One)*:
X GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Ann Berg

14. TITLE:
Acing Medicaid Director

15. DATE SUBMITTED:
May 5, 2009

16. RETURN TO:

Lisa Knazan
Minnesota Department of Human Services
Federal Relations Unit
PO Box 64983
St. Paul, MN 55164-0983

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
May 5, 2009

18. DATE APPROVED:
NOV 10 2009

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 1009

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

13.d. Rehabilitative services. (continued)

3. **Certified Peer Specialist:**

A. **Certified Peer Specialist Level I** must:

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

B. **Certified Peer Specialist Level II** must:

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

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

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

13.d. Rehabilitative services. (continued)

enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

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

The services below are not eligible for medical assistance payment as mental health community support services:

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

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner.

~~The following are eligible to provide mental health crisis response services~~ Mental health crisis response services may be provided by the following provider types:

1. An entity operated by a county.

13.d. Rehabilitative services. (continued)

2. An entity under contract with a county.

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

Mental health ~~practitioners and mental health rehabilitation workers must complete~~ crisis response team members must meet the qualifications, training and supervision standards that apply to mental health community support services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

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

   The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms,strengths, cultural considerations, support network, vulnerabilities, and current functioning.

2. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis intervention 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or group of counties. The alternative plan must be designed to:

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

13.d. Rehabilitative services. (continued)

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

A. Crisis intervention is provided after the crisis assessment.
B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

   The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.
C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.
D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

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

A. Crisis stabilization cannot be provided without first providing crisis intervention.
B. Crisis stabilization is provided by a mental health

13.d. Rehabilitative services. (continued)

professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages ~~54c-54d~~ 54c-54d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program that is not an IMD that provides short-term services. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

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

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

13.d. Rehabilitative services. (continued)

3. **Certified Peer Specialist:**

A. **Certified Peer Specialist Level I** must:

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

B. **Certified Peer Specialist Level II** must:

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

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

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

13.d. Rehabilitative services. (continued)

enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

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

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

Mental health crisis response services are services recommended by a physician, mental health professional defined in item 6.d.A, or licensed mental health practitioner.

~~The following are eligible to provide mental health crisis response services~~ Mental health crisis response services may be provided by the following provider types:

1. An entity operated by a county.

13.d. Rehabilitative services. (continued)

2. An entity under contract with a county.

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

Mental health ~~practitioners and mental health rehabilitation workers must complete~~ crisis team members must meet the qualifications, training and supervision standards that apply to mental health community support services in addition to completing at least 30 hours of training in crisis response services skills and knowledge every two years.

The components of mental health crisis response services are:

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

   The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

2. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week. However, if a county provider demonstrates to the satisfaction of the Department that, due to geographic or other barriers, it cannot provide crisis intervention 24 hours a day, seven days a week, the Department may approve a county provider based on an alternative plan proposed by a county or group of counties. The alternative plan must be designed to: 1) result in increased access and reduction in disparities in the availability of crisis services;

13.d. Rehabilitative services. (continued)

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

A. Crisis intervention is provided after the crisis assessment.
B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

   The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.
C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.
D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.
E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

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

A. Crisis stabilization cannot be provided without first providing crisis intervention.
B. Crisis stabilization is provided by a mental health

13.d. Rehabilitative services. (continued)

professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker or certified peer specialist who meets the qualifications on pages ~~54c-54d~~ 53c-53d.1, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program that is not an IMD that provides short-term services. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

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

(1) A list of problems identified in the assessment;

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

13.d. Rehabilitative services. (continued)

not an IMD that provides short-term services, including intensive residential rehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people, the rate is the rate for residential rehabilitative services, below.

- When not provided in a supervised, licensed residential setting that is not an IMD that provides short-term services, **consultation with significant people** including relatives, guardians, friends, employers, and treatment providers provided as part of mental health crisis response services on or after October 1, 2008, are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or $13.01 per 15 minute unit;
  - for mental health rehabilitation workers, the lower of the submitted charge or $9.75 per 15 minute unit; or
  - the lower of the submitted charge or $5.72 per 15 minute unit if provided by mental health professionals, mental health practitioners or mental health rehabilitation workers in a group setting.
- Effective July 1, 2009, **Certified Peer Specialist** support provided as part of mental health community support services or mental health crisis response services are paid:
  - for Certified Peer Specialists Level I, the lower of the submitted charge or $11.38 per 15 minute unit;

13.d. Rehabilitative services. (continued)

- for Certified Peer Specialists Level II (qualified at the mental health practitioner level), the lower of the submitted charge or $13.01 per 15 minute unit;

- in a group setting, the lower of the submitted charge or $5.72 per 15 minute unit.