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State/Territory Name: Minnesota

State Plan Amendment (SPA) #:17-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

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



December 19, 2017

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

Dear Ms. Zimmerman:

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

Transmittal #17-0021 --Revises various qualifications for providers of mental health services, makes multiple technical and conforming changes, and expands coverage of medical assessments performed in schools.

--Effective Date: July 1, 2017

--Approval Date: December 19, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, DHS
 Sean Barrett, DHS



December 19, 2017

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

Re: CMS Companion Letter – MN SPA 17-0021

Dear Ms. Zimmerman:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services' (CMS) approval of Minnesota State Plan Amendment (SPA) Transmittal Number 17-0021. This SPA was submitted September 29, 2017 with an effective date of July 1, 2017. This SPA revises various qualifications for providers of mental health services, makes multiple technical and conforming changes, and expands coverage of medical assessments performed in schools.

The information below describes CMS' corresponding payment review concerns related to the mental health services found on Attachment 3.1-A/3.1-B of SPA 17-0021. CMS' State Medicaid Director Letter #2010-20 provides reference for this companion review.

Attachment 4.19-B Page 8 and 8e

Because travel time is not an authorized 1905(a) Medicaid covered service, the payment for travel time to provide Early Periodic Screening Diagnosis and Treatment services cannot be billed as a direct service to the Medicaid program. Additionally, Section 1903(a) of the Social Security Act (ACT) provides that Federal matching funds are available only for expenditures made by states for services under the approved State Plan. Specifically, the plan language does not comply on pages 8 and 8e because the reimbursement for travel time is described as a supplemental or separate payment. In order to comply with Section 1903(a) of the ACT, travel time must be included in the rates for mental health services provided by the practitioner. The CMS requires the state to submit a SPA revising pages 8 and 8e to eliminate the separate payment for travel time.

The state has ninety (90) days from the date of this letter to address the issue described above. During this time period, the state must either submit a SPA with the additional information or a corrective action plan describing in detail how the state will resolve the issue in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day compliance period, CMS will be available to provide technical assistance if needed.

Page 2
Marie Zimmerman

If you have any additional questions, please have a member of your staff contact Sandra Porter, of my staff, at (312) 353- 8310, or via email at sandra.porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, DHS
Sean Barrett, DHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

17-21

2. STATE

Minnesota

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

4. PROPOSED EFFECTIVE DATE

July 1, 2017

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR § 440.130

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY '18 \$0

b. FFY '19 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages: 17a-1, 17a-2, 17b, 17g, 17ss, 17tt,
17ww, 54c, 54c.1, 54d.1, 54r

Attachment 3.1-B, pages: 16a-1, 16a-2, 16b, 16g, 16ss, 16tt,
16ww, 53c, 53c.1, 53d.1, 53r

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Rehabilitative Services

11. GOVERNOR'S REVIEW (Check One):

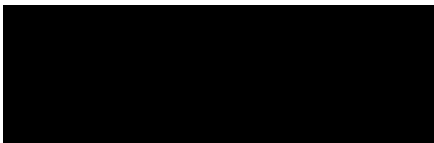
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

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

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 29, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 29, 2017

18. DATE APPROVED:

December 19, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

4.b. Early and periodic screening, diagnosis, and treatment services,
continued:

- Involvement of the recipient and recipient's family in assessment and service preferences and referrals to services
- Sufficient recipient data to support findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, and any differential diagnosis

Extended Diagnostic Assessment

- All requirements of a Standard Diagnostic Assessment, which are gathered over three or more appointments due to the recipient's complex needs that necessitate significant additional assessment time.
- Complex needs are those caused by:
 - o Acuity of psychotic disorder
 - o Cognitive or neurocognitive impairment
 - o A need to consider past diagnoses and determine their current applicability
 - o Co-occurring substance abuse use disorder
 - o Disruptive or changing environments,
 - o Communication barriers
 - o Cultural considerations

An adult diagnostic assessment update can only be an update of a standard or extended diagnostic assessment for individuals age 18 and older. It updates the most recent diagnostic assessment. The update:

- Reviews recipient's life situation: updates significant new or changed information, documents where there has not been significant change
- Screens for substance use, abuse, or dependency
- Mental status exam
- Assesses recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs
- Includes a clinical summary
- Includes recommendations and prioritization of needed mental health, ancillary, or other services
- Includes involvement of recipient and recipient's family in assessment and service preferences and referrals to services
- Includes diagnosis on all axes of the current edition of the DSM

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

STATE: MINNESOTA
Effective: July 1, 2017
TN:17-21

ATTACHMENT 3.1-A
Page 17a-2

Approved: 12/19/17

Supersedes: 15-14 (13-14, 11-04, 09-22, 08-02, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. **Children's therapeutic services and supports** for children is a package of mental health services for children that includes varying levels of therapeutic and rehabilitative intervention provided by mental health professionals, and mental health practitioners under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. The interventions are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

A diagnostic assessment by a mental health professional or mental health practitioner clinical trainee as described in item 6.d.A, must have determined that the child is in need of children's therapeutic services and supports to address an identified disability and functional impairment.

Qualified children's therapeutic services and supports providers can provide diagnostic assessment, explanation of findings, psychological testing and neuropsychological services.

The following are eligible to provide children's therapeutic services and supports:

- A. A county-operated or non-county operated entity certified by the Department
- B. 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. A facility of the Indian Health Service or a 638 facility must be certified by the Department.

Provider Qualifications and Training

- A. A mental health professional is an individual defined in item 6.d.A.
- B. A mental health practitioner working under the direction of a mental health professional:
 - 1) holds a bachelor's degree in one of the behavior sciences or related fields from an accredited college or university and:
 - a. has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances; ~~or~~

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-21

ATTACHMENT 3.1-A
Page 17b

Approved:12/19/17

Supersedes: 13-14 (11-04, 09-22, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- b) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to children with emotional disturbances, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met; or
 - c) works in a day treatment program, receives 40 hours of training within the first six months of employment, and receives weekly supervision from a mental health professional until he or she has 2,000 hours of supervised experience.
- 2) has at least 6,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances, including hours worked as a mental health behavioral aide I or II;
 - 3) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or
 - 4) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university; and
 - 5) must have 20 hours of continuing education every two calendar years. Topics covered are those identified in item C, subitem 1), clause c), subclause 1), below or
 - 6) is working as a clinical trainee as described in item 6.d.A.
- C. A mental health behavioral aide, a paraprofessional who is not the legal guardian or foster parent of the child, working under the direction of a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional.
- 1) Level I mental health behavioral aides must:
 - a) be at least 18 years of age;
 - b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with severe emotional disturbance within the previous ten years; and

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: July 1, 2017

Page 17g

TN: 17-21

Approved: 12/19/17

Supersedes: 13-14 (09-29, 09-22, 08-02, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The services specified in items A through F below are **not** eligible for Medical Assistance payment:

- A. Service components of children's therapeutic services and supports simultaneously provided by more than one provider entity.
- B. Children's therapeutic services and supports not provided by Minnesota's Medicaid program.
- C. Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified children's therapeutic services and supports provider.
- D. Services that are the responsibility of a residential or program license holder, including foster care providers.
- E. More than 15 hours of children's therapeutic services and supports provided within a six-month period to a child with severe emotional disturbance who is residing in a hospital, ~~a group home~~, a residential treatment facility, psychiatric residential treatment facility, or other institutional group setting or who is participating in a partial hospitalization program, if part of a discharge plan.
- F. Simultaneous treatment of an individual recipient by multiple mental health professionals, multiple mental health practitioners, or multiple behavioral aides for the same purpose.

STATE: MINNESOTA Effective:

July 1, 2017 TN: 17-21

Approved: 12/19/17

Supersedes: 13-14, 12-13

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

Provider Qualifications, Training and Supervision

Youth ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

- A. A mental health professional as defined in item 6.d.A.
- B. A mental health practitioner as defined in item 4.b.
- C. A mental health case manager as defined in item E.1. of Supplement 1 to Attachment 3.1-A.
- D. A certified peer support specialist who:
 - a. Must be at least 22 years of age;
 - b. ~~Has a high school diploma or equivalent;~~
 - c. Has had a diagnosis or mental illness, or co-occurring mental illness and substance abuse addiction and is willing to disclose that history to team members and clients;
 - d. Must be a former consumer of child mental health services, or a former or current consumer of adult mental health services, for a period of at least two years.
 - e. Successfully completed peer specialist certification training that includes specific skills relevant to providing peer support to other consumers, parent-teaming training, and training specific to child development.
 - f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-21
Approved: 12/19/17
Supersedes: 13-14, 12-13

Attachment 3.1-A
Page 17tt

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

The team must provide the following:

- A. individual, family and group psychotherapy;
- B. individual, family and group skills training;
- C. crisis assistance;
- D. medication management;
- E. mental health case management;
- F. medication education services;
- G. care coordination;
- H. psychoeducation of and consultation and coordination with the client's biological, adoptive, or foster family; in the case of a youth living independently, the client's immediate non-familial support network;
- I. clinical consultation to a recipient's employer, school, other social service agencies, housing providers, and to the courts to assist in managing the mental illness or co-occurring disorder and to develop client support systems;
- J. coordination with, or performance of, crisis intervention and stabilization services;
- K. assessment of a client's treatment progress and effectiveness of services using standardized outcome measures published by the Department;
- L. transition services;
- M. integrated dual disorders treatment;
- N. peer support services;
- O. housing access support.

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-21
Approved: 12/19/17
Supersedes: 14-09

Attachment 3.1-A
Page 17ww

4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

9. **Certified Family Peer Specialists** provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

Provider Qualifications and Training: a certified peer specialist must:

- A. Be at least 21 years of age;
- ~~B. Have a high school degree or its equivalent;~~
- C. Have raised, or are currently raising a child with a mental illness;
- D. Have experience navigating the children's mental health system;
- E. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

Components of Family Peer Specialist Services

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2017

Page 54c

TN: 17-21

Approved: 12/19/17

Supersedes: 14-17 (08-17, 06-12, 05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

(a) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

(i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; ~~or~~

(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met; or
(iii) works in a day treatment program.

(b) has at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness;

(c) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master's experience in the treatment of mental illness.

A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.

STATE: MINNESOTA

Effective: July 1, 2017

TN: 17-21

Approved: 12/19/17

Supersedes: 09-15 (08-17, 06-12, 05-01, 04-08, 03-26)

ATTACHMENT 3.1-A

Page 54c.1

13.d. Rehabilitative services. (continued)

2. A mental health rehabilitation worker must:

A. Be at least 21 years of age;

B. Have a high school diploma or equivalent;

C. Have successfully completed 30 hours of training before provision of direct services, or during the two years immediately prior to the date of hire, in all the following areas: recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and

D. Meet the qualifications in (1) or (2) below: (1) Have an associate of arts degree or two-year full-time, post-secondary education in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-21
Approved: 12/19/17
Supersedes: 09-06

ATTACHMENT 3.1-A
Page 54d.1

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 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)

- 1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.
- 2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: ~~IFSP or IEP evaluations or assessments that are medical in nature and used to determine the need for services as part of an result in IFSPs or IEPs that include covered IEP or IFSP services, or determine the need for continued coverage of services under an IEP or IFSP services;~~ speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services, such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

4.b. Early and periodic screening, diagnosis, and treatment services,
continued:

- Involvement of the recipient and recipient's family in assessment and service preferences and referrals to services
- Sufficient recipient data to support findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, and any differential diagnosis

Extended Diagnostic Assessment

- All requirements of a Standard Diagnostic Assessment, which are gathered over three or more appointments due to the recipient's complex needs that necessitate significant additional assessment time.
- Complex needs are those caused by:
 - Acuity of psychotic disorder
 - Cognitive or neurocognitive impairment
 - A need to consider past diagnoses and determine their current applicability
 - Co-occurring substance abuse use disorder
 - Disruptive or changing environments,
 - Communication barriers
 - Cultural considerations

An adult diagnostic assessment update can only be an update of a standard or extended diagnostic assessment for individuals age 18 and older. It updates the most recent diagnostic assessment. The update:

- Reviews recipient's life situation: updates significant new or changed information, documents where there has not been significant change
- Screens for substance use, abuse, or dependency
- Mental status exam
- Assesses recipient's needs based on baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, safety needs
- Includes a clinical summary
- Includes recommendations and prioritization of needed mental health, ancillary, or other services
- Includes involvement of recipient and recipient's family in assessment and service preferences and referrals to services
- Includes diagnosis on all axes of the current edition of the DSM

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. **Children's therapeutic services and supports** for children is a package of mental health services for children that includes varying levels of therapeutic and rehabilitative intervention provided by mental health professionals, and mental health practitioners under the clinical supervision of mental health professionals, in order to treat a diagnosed emotional disturbance or mental illness. The interventions are delivered using various treatment modalities and combinations of services designed to realize treatment outcomes identified in a recipient's individual treatment plan.

A diagnostic assessment by a mental health professional or mental health practitioner clinical trainee as described in item 6.d.A, must have determined that the child is in need of children's therapeutic services and supports to address an identified disability and functional impairment.

Qualified children's therapeutic services and supports providers can provide diagnostic assessment, explanation of findings, psychological testing and neuropsychological services.

The following are eligible to provide children's therapeutic services and supports:

- A. A county-operated or non-county operated entity certified by the Department
- B. 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. A facility of the Indian Health Service or a 638 facility must be certified by the Department.

Provider Qualifications and Training

- A. A mental health professional is an individual defined in item 6.d.A.
- B. A mental health practitioner working under the direction of a mental health professional:
 - 1) holds a bachelor's degree in one of the behavior sciences or related fields from an accredited college or university and:
 - a. has at least 2,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances;
~~or~~

STATE: MINNESOTA

Effective: July 1, 2017

TN: 17-21

Approved: 12/19/17

Supersedes: 13-14 (11-04, 09-22, 06-12, 04-10, 02-22)

ATTACHMENT 3.1-B

Page 16b

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- b) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to children with emotional disturbances, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met; or
 - c) works in a day treatment program, receives 40 hours of training within the first six months of employment, and receives weekly supervision from a mental health professional until he or she has 2,000 hours of supervised experience.
- 2) has at least 6,000 hours of supervised experience in the delivery of mental health services to children with emotional disturbances, including hours worked as a mental health behavioral aide I or II;
 - 3) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or
 - 4) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university; and
 - 5) must have 20 hours of continuing education every two calendar years. Topics covered are those identified in item C, subitem 1), clause c), subclause 1), below or
 - 6) is working as a clinical trainee as described in item 6.d.A.
- C. A mental health behavioral aide, a paraprofessional who is not the legal guardian or foster parent of the child, working under the direction of a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional.
- 1) Level I mental health behavioral aides must:
 - a) be at least 18 years of age;
 - b) have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with severe emotional disturbance within the previous ten years; and

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: July 1, 2017

Page 16g

TN: 17-21

Approved: 12/19/17

Supersedes: 13-14 (09-29, 09-22, 08-02, 06-12, 04-10, 02-22)

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

The services specified in items A through F below are **not** eligible for Medical Assistance payment:

- A. Service components of children's therapeutic services and supports simultaneously provided by more than one provider entity.
- B. Children's therapeutic services and supports not provided by Minnesota's Medicaid program.
- C. Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified children's therapeutic services and supports provider.
- D. Services that are the responsibility of a residential or program license holder, including foster care providers.
- E. More than 15 hours of children's therapeutic services and supports provided within a six-month period to a child with severe emotional disturbance who is residing in a hospital, ~~a group home~~, a residential treatment facility, psychiatric residential treatment facility, or other institutional group setting or who is participating in a partial hospitalization program, if part of a discharge plan.
- F. Simultaneous treatment of an individual recipient by multiple mental health professionals, multiple mental health practitioners, or multiple behavioral aides for the same purpose.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

Provider Qualifications, Training and Supervision

Youth ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined in item 6.d.A and other staff consistent with the Minnesota Youth ACT treatment standards, which will be published by the Department and available on the Department's website at www.dhs.state.mn.us.

The multidisciplinary team must include:

- A. A mental health professional as defined in item 6.d.A.
- B. A mental health practitioner as defined in item 4.b.
- C. A mental health case manager as defined in item E.1. of Supplement 1 to Attachment 3.1-B.
- D. A certified peer support specialist who:
 - a. Must be at least 22 years of age;
 - b. ~~Has a high school diploma or equivalent;~~
 - c. Has had a diagnosis or mental illness, or co-occurring mental illness and substance abuse addiction and is willing to disclose that history to team members and clients;
 - d. Must be a former consumer of child mental health services, or a former or current consumer of adult mental health services, for a period of at least two years.
 - e. Successfully completed peer specialist certification training that includes specific skills relevant to providing peer support to other consumers, parent-teaming training, and training specific to child development.
 - f. Must complete 30 hours of relevant continuing education each calendar year in topics such as children's mental and physical health, educational development, and culture.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

The team must provide the following:

- A. individual, family and group psychotherapy;
- B. individual, family and group skills training;
- C. crisis assistance;
- D. medication management;
- E. mental health case management;
- F. medication education services;
- G. care coordination;
- H. psychoeducation of and consultation and coordination with the client's biological, adoptive, or foster family; in the case of a youth living independently, the client's immediate non-familial support network;
- I. clinical consultation to a recipient's employer, school, other social service agencies, housing providers, and to the courts to assist in managing the mental illness or co-occurring disorder and to develop client support systems;
- J. coordination with, or performance of, crisis intervention and stabilization services;
- K. assessment of a client's treatment progress and effectiveness of services using standardized outcome measures published by the Department;
- L. transition services;
- M. integrated dual disorders treatment;
- N. peer support services;
- O. housing access support.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

9. **Certified Family Peer Specialists** provide services within an existing mental health community provider setting to recipients diagnosed with emotional disturbance, or severe emotional disturbance. Services may be provided to the child's parents or legal guardians if those services are directed exclusively toward the benefit of the child.

Provider Qualifications and Training: a certified peer specialist must:

- A. Be at least 21 years of age;
- ~~B. Have a high school degree or its equivalent;~~
- C. Have raised, or are currently raising a child with a mental illness;
- D. Have experience navigating the children's mental health system;
- E. Successfully complete peer specialist certification training approved by the Department that teaches participating consumers specific skills relevant to providing peer support to other parents.

Components of Family Peer Specialist Services

Certified family peer specialists provide the following services that are recommended by a mental health professional, as defined in item 6.d.A, or a physician:

- A. nonclinical family peer support counseling;
- B. collaboration with other care providers;
- C. non-adversarial advocacy;
- D. promotion of the individual family culture in the milieu;
- E. initiation of interaction amongst parents in the community;
- F. support and guidance to promote resiliency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services;
- G. education to parents in developing coping mechanisms, problem-solving skills, availability of community resources, and mental illness in general; and
- H. establishment of peer led parent support groups;

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13.d. Rehabilitative services. (continued)

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

(a) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

- (i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; ~~or~~
- (ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met; or
- (iii) works in a day treatment program.

(b) has at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness;

(c) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master's experience in the treatment of mental illness.

A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.

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13.d Rehabilitative services. (continued)

2. A mental health rehabilitation worker must:

A. Be at least 21 years of age;

B. Have a high school diploma or equivalent;

C. Have successfully completed 30 hours of training before provision of direct services, or during the two years immediately prior to the date of hire, in all the following areas: recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and

D. Meet the qualifications in (1) or (2) below: (1) Have an associate of arts degree or two-year full-time, post-secondary education in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:

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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 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.

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13.d. Rehabilitative services. (continued)

- 1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.
- 2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: ~~IFSP or IEP evaluations or assessments that are medical in nature and used to determine the need for services as part of an result in IFSPs or IEPs that include covered IEP or IFSP services, or determine the need for continued coverage of services under an IEP or IFSP services;~~ speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services, such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.