

Chapter 23

Mental Health Services

Provider Standards:

- For Mental Health Services, South Country Health Alliance (SCHA) follows guidelines for providers eligible to provide covered mental health services to SCHA members as outlined in the Minnesota Department Human Services Minnesota Health Care Provider Manual.
- Providers are encouraged to hold a contract prior to providing Mental Health services for SCHA Members.
- Questions regarding contracting should be directed to SCHA Provider Relations 866-722-7770.

Prior Authorization/Notification Requirements:

Some Behavioral Health services require prior authorization or notification upon initiation of the covered service. See the Prior Authorization grid for additional detail.

- Prior Authorization or notification forms are located on the SCHA website under the Provider Resources Tab.
- Provider Service Center 800-995-4543 and fax 888-889-7822.

Claims and Billing

- Please refer to SCHA Provider Billing Chapter for general billing guidelines.

Eligible Members:

- Mental Health Services are covered for eligible members in all products offered by SCHA: Ability Care, SeniorCare Compete, MSC+, PMAP, and MN Care.
- SCHA adheres to all member eligibility requirements as outlined in MN DHS MHCP.
 1. All SCHA recipients are eligible to receive mental health services.
 2. A resident of an Institution for Mental Disease (IMD) is eligible to receive MA services only if the recipient is receiving inpatient psychiatric care in a JCAHO accredited psychiatric facility and meets one of the following criteria:
 - a. Is under age 21 years; or

- b. Is age 21 years but less than 22 years and has been receiving inpatient psychiatric care in the IMD continuously since the resident's 21st birthday; or
 - c. Is at least age 65 years of age
3. Recipients age 21 years and older but under age 65 years and residing in an IMD must receive their mental health services through the IMD. A recipient discharged from the IMD may become eligible for mental health services if eligibility criteria are met. The recipient, if discharged within 180 days is eligible to receive case management services through Relocation Service Coordination (RSC). Contact the managed care organization if the recipient is receiving services through the managed care organization.
 4. Refer to the RSC-TCM section for Relocation Services Coordination and Targeted Case Management information.

SPMI and SED Definitions:

Serious and Persistent Mental Illness (SPMI):

A condition with a diagnosis of mental illness that meets at least one of the following:

- The recipient had two or more episodes of inpatient care for mental illness within the past 24 months
- The recipient had continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding 12 months
- The adult has been treated by a crisis team 2 or more times within the preceding 24 months
- The recipient has a diagnosis of schizophrenia, bipolar disorder, major depression or borderline personality disorder, evidences a significant impairment in functioning, and has a written opinion from a mental health professional stating he/she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided
- The recipient has, in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult's commitment as a mentally ill person has been stayed or continued
- The recipient was eligible under one of the above criteria, but the specified time period has expired
- The recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a mental health professional, in the last three years, stating that he/she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided.

Severe Emotional Disturbance (SED):

- A child with severe emotional disturbance:
- Has been admitted to inpatient/residential treatment within the last three years or is at risk of being admitted

- Is a MN resident and receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact
- Has been determined by a mental health professional to meet one of the following criteria:
 - Have psychosis or clinical depression
 - Be at risk of harming self or others as a result of emotional disturbance
 - Has psychopathological symptoms as a result of being a victim of physical/sexual abuse or psychic trauma within the past year
 - Has a significantly impaired home, school or community functioning lasting at least one year or presents a risk of lasting at least one year, as a result of emotional disturbance, as determined by a mental health professional.

Covered Mental Health Services:

Please refer to the MN DHS MHCP Provider Manual for further details regarding eligible recipients, eligible providers, covered and non-covered services for each area by clicking this link:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058037#

Crisis Services:

Adult Crisis Services: Adult crisis response services are community based services provided by a county or county contracted crisis team to adults age 18 or older.

Children's Mental Health Crisis Response Services: Children's mental health crisis response services are intensive face-to-face, short-term mental health services initiated during a crisis to help the child return to the child's baseline level of functioning. Children's crisis response services must be provided on-site by a mobile crisis response team outside of urgent care, inpatient or outpatient hospital settings.

Diagnostic Assessment (DA):

A diagnostic assessment is used to determine a recipient's eligibility for mental health services. It must be conducted by a mental health professional.

The diagnostic assessment is a written evaluation of a person's:

- Current life situation and sources of stress, including reasons for referral;
- Current functioning and symptoms;
- History of current mental health problem, including important developmental incidents, strengths, and vulnerabilities;
- Diagnosis, including whether or not the person has SED or is SPMI; and
- Needed mental health services.

Mental Health Provider Travel Time: Mental health provider travel time allows providers to bill for traveling to the recipient to provide covered mental health services in a place other than the provider’s usual place of business.

Please refer to the MN DHS MHCP Provider Manual for further details regarding eligible providers, eligible recipients, and covered and non-covered provider travel time services.

Code/Service	Unit of service	Professional* Rate	Practitioner* Rate	Rehabilitation Worker* Rate
EFFECTIVE January 1, 2010				
S9484 Adult crisis assessment, intervention and stabilization – individual	60 minutes	\$87.00	\$60.46	\$40.64 (Applies to crisis stabilization services only)
S9484 HQ Adult crisis stabilization – group	60 minutes	\$22.00	\$22.00	\$22.00 (Applies to crisis stabilization services only)

* Apply appropriate treating provider modifiers

Outpatient Mental Health Services:

Explanation of Findings: The purpose of explanation of findings is to discuss the results of the diagnostic assessment, psychological tests, and other accumulated data and make recommendations in regard to the recipient’s treatment plan.

Mental Health Medication Management: Medication management is the prescription, use, and review of psychotropic medication with no more than minimal psychotherapy.

Neuropsychological Services:

Neuropsychological services are used to identify the internal and external restrictions of a recipient’s cognitive, emotional, behavioral, and social impairments. They are skills-based interventions provided to recipients with neurological disorders that result in cerebral dysfunction.

Psychotherapy: Psychotherapy is a planned and structured face-to-face treatment of a recipient’s mental illness through the psychological, psychiatric, or interpersonal method most appropriate to the needs of the recipient according to current community standards of mental health practice; and is directed to accomplish measurable goals and objectives specified in the recipient’s ITP.

Psychological Testing: Psychological tests and other psychometric instruments are used to determine the status of a recipient's mental, intellectual, and emotional functioning. Tests are listed in the most recent Buros' *Mental Assessments Handbook* edition. Tests must meet psychological standards for reliability and validity, and be suitable for the diagnostic purposes for which they are used.

Rehabilitative Mental Health Services:

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is an intensive, comprehensive, non-residential rehabilitative mental health service provided by a multidisciplinary team.

ACT (Assertive Community Treatment)

A service provided by a multidisciplinary treatment team with 4-10 full time staff. Services are provided wherever the person needs them. This service is targeted to persons who have the most serious mental illness and who have not benefited from conventional community care.

- Providers of **ACT** services must hold a host county contract; and be certified to provide ARMHS; and meet specific standards detailed by MN DHS. Members of the ACT team must include: a psychiatrist, mental health professional, RN, and mental health practitioners or rehab workers (substance abuse and vocational specialists)

IRTS (Intensive Residential Treatment Services Program)

Short-term, time limited services provided in a residential setting to recipients who are in need of this level of supervision and treatment and are at risk of significant functional deterioration if they do not receive these services. People may benefit from this level of service following an acute hospitalization or as a deterrent to it. Services are directed toward a target discharge date with specified individual outcomes.

- Members of the IRTS interdisciplinary team must be ARMHS qualified and include mental health professionals, mental health practitioners, mental health rehabilitation workers, and RNs.
- IRTS providers must have sufficient staff coverage and the capacity to respond to emergent needs; awake staff; access to a mental health professional or qualified mental health practitioner; staff ratio of 1:9 recipients or more depending on occupancy.

Providers of ACT and IRTS services must meet requirements as outlined in the MN DHS MHCP Provider Manual.

Covered Services:

- **ACT:** Case management; skills training in ADL, social, recreational, and leisure, illness education and medication management; housing location and support,

psycho-education to family members and discharge or reduced supports as individual becomes more stable.

- Individuals who have graduated can access the ACT team after “graduating” and may return to use the ACT team
- See the MN DHS MHCP Manual for detail on the provision of ACT & other concurrent services.
- **IRTS:** Supervision and direction, crisis assistance, nursing services, inter-agency case coordination, transition and discharge planning, living skills development, integrated dual diagnosis treatment, illness management and recovery, family education.
 - See the MN DHS MHCP Manual for details regarding admission, continuing stay, and discharge criteria, on the provision of IRTS & other concurrent services.
 - Room and Board costs are **not** covered though IRTS service.

Documenting Medical Necessity:

- Providers are required to maintain documentation of medical necessity in the member chart at the provider office or facility. Medical necessity includes:
 - Current diagnosis, history, onset of current situation
 - Treatment plan that includes attainable, measurable reasonable goals
 - Degree of acuity
 - Responsiveness to treatment
 - Degree of functional incapacity to activities of daily living
 - Evidence that treatment plan will improve or maintain functioning

Service Codes:

Service	Unit	Code
ACT	Face to Face Direct Service (per day rate) (one provider per day)	H0040 (no modifier) *Add modifier HW when State staff provide face to face service
IRTS	Face to Face Direct Service (per day rate)	H0019 (no modifier)

Prior Authorization/ Notification:

- **ACT**
 - *Notification is required.*
- **IRTS**
 - *Yes, prior authorization after threshold is met*

Service Thresholds:

- **ACT**

- No service threshold or limits.
- **IRTS**
 - Service threshold applies: 90 calendar days per admission.
 - Readmission within 15 days of early discharge counts toward the 90 day limit.

Adult Day Treatment:

Adult day treatment is a structured program of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team to stabilize a recipient's mental health status while developing and improving his/her independent living and socialization skills. The goal of day treatment is to reduce or relieve the effects of mental illness and provide training to enable the recipient to live in the community.

Please refer to the MN DHS MHCP Provider Manual for details regarding admission criteria, continuing stay criteria, discharge criteria and covered and non-covered services by following the link below.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058037#

Adult Rehabilitative Mental Health Services (ARMHS):

- Enable a recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness.
- Enable a recipient to retain stability and functioning if the recipient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services
- Specific tasks include instructing, assisting, and supporting a recipient in areas such as medication education and monitoring and basic social and living skills in mental illness symptom management, household management, employment-related, or transitioning to community living

Unless a recipient is in the process of transitioning to independent living, within 180 days, and ARMHS offers the services necessary for the recipient to succeed, do not provide ARMHS to a recipient residing in:

- Regional treatment centers
- Nursing facilities
- Acute-care settings (inpatient hospital)
- Sub-acute settings (Intensive Residential Treatment Services (IRTS) program)

Please refer to SCHA's Prior Authorization Grid for authorizations and thresholds pertaining to ARMHS.

Children's Mental Health Residential Treatment Services/Rule 5:

SCHA Provider Manual January 2011

Children's Mental Health Residential Treatment Services (CMHRTS) are a 24 hour per day program provided under the clinical supervision of a mental health professional, and provided in a community setting, other than an acute care hospital or regional treatment center.

CMHRTS are designed to:

- Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet the child's needs.
- Help the child improve family living and social interaction skills.
- Help the child gain necessary skills to return to the community
- Stabilize crisis admissions
- Work with families throughout the placement to improve the ability of families to care for children with severe emotional disturbance in the home.

**Please see DHS Bulletin #08-53-03 for background and details on Coverage for Children's Residential Mental Health Treatment. It also provides policy guidance to support coordinated decision making and delivery of Children's Residential Mental Health Services for children enrolled in MCOs.

See page 11 for SCHA administration procedure.

Children's Therapeutic Services and Supports (CTSS):

CTSS is a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. CTSS services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcome identified in the individual treatment plan (ITP).

CTSS ranges from limited community based services that resemble traditional office-based practice to services that are more structured and intensive, such as day treatment and those requiring more extensive collaboration between a number of providers or agencies.

Children's Therapeutic Services and Support (CTSS)

- Submit claims with the certified rendering or supervising practitioner's name.
- Appropriate CPT and HCPC codes with modifier UA or HK should be submitted.

Children's Day Treatment:

Day treatment is a structured mental health treatment program consisting of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team, under the clinical supervision of a mental health professional and available twelve months of the year.

Day treatment services stabilize the child's mental health status while developing and improving the child's independent living and socialization skills. The goal is to reduce or

relieve the effects of mental illness and provide training to enable the child to live in the community. Day treatment services are not part of inpatient or residential treatment services. The treatment must be provided to a group of children by a multidisciplinary team, under the clinical supervision of a mental health professional.

Intensive Residential Treatment Services (IRTS): Intensive residential treatment services (IRTS) are time-limited mental health services provided in a residential setting to recipients in need of more restrictive settings (versus community settings) and at risk of significant functional deterioration if they do not receive these services. IRTS are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting.

Mental Health Targeted Case Management (MH-TCM): MH-TCM services help adults with SPMI and children with SED gain access to needed medical, social, educational, vocational, financial and other necessary services as they relate to the recipient's mental health needs.

See page 12 for SCHA Administration procedure.

Partial Hospitalization Program: Partial hospitalization is a time limited, structured program of multiple and intensive psychotherapy and other therapeutic services provided by a multidisciplinary team, as defined by Medicare, and provided in an outpatient hospital facility or community mental health center (CMHC) that meets Medicare requirements to provide partial hospitalization programs services. The goal of the partial hospitalization program is to resolve or stabilize an acute episode of mental illness.

Physician Mental Health Services:

Health and Behavior Assessment/Intervention: A behavioral assessment or follow-up services is provided under physician order for information concerning a recipient's psychological status in relation to a medical diagnosis. This is NOT a mental health diagnostic assessment.

Inpatient Visits:

Inpatient visits are covered for hospitalized SCHA members if provided by a Clinical Nurse Specialist-Mental Health (CNS-MH); licensed psychologist (LP) (with a physician's order); Physicians; Psychiatric Nurse Practitioner (NP); and Psychiatrists.

Psychiatric Consultations to Primary Care Providers: Communication between a psychiatrist and a primary care provider, for consultation or medical management of a recipient, is a covered service.

Physician consultation, Evaluation and Management:

- When a medical physician requests an opinion from a psychiatrist about the recipient's psychiatric condition, the psychiatrist may bill for a consultation. The consultation must be conducted face to face with the recipient.
- When a psychiatrist requests a medical physician to assume responsibility for managing the recipient's non-psychiatric medical care after an initial consultation, the medical physician may bill subsequent hospital care for the medical management of the recipient during the course of a recipient's psychiatric hospitalization.

Clinical Infrastructure Components

Diagnostic Assessment

A diagnostic assessment is a written evaluation, conducted by a mental health professional that includes different criteria as defined in the Outpatient Services under Diagnostic Assessment.

Individual Treatment Plan (ITP)

MHCP only covers services in accordance with the recipient's ITP, except diagnostic assessments, and in cases of emergency. The recipient's ITP must be:

- Based on the information and outcome of the diagnostic assessment
- Involve the recipient in the development, review and revision of the ITP
- Developed by the mental health professional who provides the psychotherapy, no later than the end of the first psychotherapy session, or five days, if the recipient is in a day treatment program
- Signed by the recipient (including revisions), unless the request is not appropriate to the recipient's mental health status. In the case of a child, the child's parent, primary caregiver, or other authorized person must sign the ITP. If a recipient refuses to sign the ITP or his/her mental health status contraindicates the request, the mental health professional must document the circumstances in the ITP.
- Reviewed and updated as required by Minnesota Statute.

Non-covered Services

The following mental health services are NOT covered by SCHA:

- Mental health services provided by a non-psychiatrist, except psychological testing, to a recipient who is inpatient and has a mental illness diagnosis (these services are included in the hospital's payment)
- Mileage (provider travel time is not the same as mileage)
 - Transporting a recipient
- Telephone calls
- Written communication between provider and recipient
 - Reporting, charting and record keeping

- Community planning or consultation, program consultation/monitoring/evaluation, public information, training and education activities, resource development, and training activities
- Fund-raising
- Court-ordered services for legal purposes
 - Mental health service not related to the recipient's diagnosis or treatment for mental illness
- Services dealing with external, social, or environmental factors not directly addressing the recipient's physical or mental health
- Staff training
- Mental health case management for recipients receiving similar services through the Veterans Administration (VA)
- Duplicate services (for example, mental health case management for recipients receiving case management services through a home and community-based services)
- Mental health services provided by a school or local education agency, unless the school or agency is an MHCP enrolled provider and the services are medically necessary and prescribed in the child's ITP
- Mental health services provided by an entity whose purpose is not health service related (for example, services provided by the Division of Vocational Rehabilitation or Jobs and Training)
- Legal services, including legal advocacy, for the recipient
- Information and referral services included in the county's community social service plan
- Outreach services through the community support services program
- CTSS provided to a child who has not had a diagnostic assessment, except the first 30 hours provided to a child who later is assessed and diagnosed with SED at the time the services were initiated
- CTSS concurrently provided by more than one mental health professional or practitioner. (Two providers may not provide services during the same time, for example, 9 a.m. to 9:15 a.m.)
- Assistance in locating respite care, special needs day care, and assistance in obtaining financial resources, except when these services are provided as part of case management
- Client outreach
- Recreational services, including sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack times, trips to community activities, etc

****Contact information for all Managed Care Organizations on the DHS website:**

- **Greater Minnesota Residents (DHS-4484)**
- **Metro Area Residents (DHS-4485)**
- **Mental Health Service Coverage Charts for MinnesotaCare and by Major Program**

Children's Residential/ Rule 5

Eligible Providers:

- Licensed under MN Rule 2960.0010-2960.0220 and must be certified for the treatment of SED children under MN Rule 2960.0580-2960.0710.
- Enrolled as a Medicaid FFS provider and participating in the facility time study project.
- Providers are encouraged to participate in the SCHA network.
 - Contracting questions: Provider Relations: 1-866-722-7770.

Referral and Placement:**Notification Process:**

SCHA is responsible for mental health treatment services provided in state licensed children's residential mental health treatment programs for children enrolled in their health plan.

State statutes limit coverage for this benefit to programs licensed within the state of Minnesota. SCHA is required to adhere to this standard. Coverage through SCHA does not create an opportunity to provide coverage for treatment in out-of-state programs.

For children enrolled in pre-paid Medical Assistance or Minnesota Care plans, counties are responsible for costs associated with these placements except to the extent medically necessary treatment and rehabilitative services provided in those programs are the responsibility of the pre-paid plan.

Please refer to DHS Bulletin #08-53-03, which outlines policy guidance to support coordinated decision-making and delivery of children's residential mental health services for children enrolled in MCOs.

Both SCHA and the county have a role in authorizing, paying for and monitoring children's residential mental health treatment services.

The following procedures will apply for Children's Residential / Rule 5 placement:

Coordination of Admission

- 1) Counties shall provide notification of pending placement to SCHA's Third Party Administrator, MMSI Health Services. MMSI Health Services 1-800-645-6296; Fax number 1-888-889-7822. MMSI Health Services will coordinate the admission, continuing stay, and discharge plan with the county on behalf of SCHA.
- 2) Counties are required to conduct a level of care determination (using a validated tool such as CASII or ECSII) under M.S. 245.4885 prior to admission for residential treatment.
- 3) SCHA or its Third Party Administrator, MMSI Health Services, is required to respond with an authorization or denial to member requests for services within 10 business

days or within 72 hours if an expedited request was made.

- 4) Request for placement can come to:
 - a) MMSI Health Services, by calling 1-800-645-6296; or
 - b) to the member's county intake worker
 - i) if the county receives request for placement, the county will immediately notify MMSI Health Services, of request for placement.
 - ii) if questions, calls may also go to SCHA member services at 1-866-567-7242.
- 5) MMSI Health Services staff will collaborate with the member's county and coordinate benefits with member's county placement screening team/children's mental health services unit.
 - a) MMSI Health Services staff will contact the enrolled child's county to arrange for a validated level of care determination / placement screening (up to 10 days) under M.S. 245.4885 to determine if placement in a residential treatment program is authorized.
 - i) MMSI Behavioral Health Services staff will send out an approval letter to the member's authorized representative and to the county stating the member meets criteria for placement.
 - b) MMSI Behavioral Health Services staff will respond within 72 hours of its decision to authorize or deny coverage for mental health services in a residential setting if an expedited response was requested. If inadequate information is available to determine medical necessity for placement, the decision may be denied.
 - c) Prior to convening the level of care determination / placement screening team, MMSI Health Services, and the county should identify whether they need additional information to make an informed decision.
 - i) If the enrolled child is not currently receiving mental health case management services, the county should assess for eligibility for mental health case management and if eligible, begin case management services at this time.
- 6) The county convenes the placement screening team, including a representative from SCHA's Third Party Administrator, MMSI Health Services, either in person or by teleconference.
 - a) The joint team makes a recommendation for the necessary level of care, which includes a review of past/current services, CASII functional assessment findings, diagnostic assessment, etc.
 - b) MMSI Health Services, and the county inform the family, caregiver and child's treating mental health professional of the joint decision for placement and treatment in a Rule 5 facility and of any applicable appeal rights.
 - c) The county provides MMSI Health Services with the name and phone numbers of the facilities being considered. The county should also provide the Facility Tax ID Number and Address if known.
 - d) The county provides MMSI Health Services of any placement in a Rule 5 facility within 24 hours of admission by submitting the Mental Health Admission Worksheet. To see a list of children's residential facilities that have been inspected by the Minnesota Department of Human Services and certified by the

Minnesota Department of Corrections, click on http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Licensing . The facilities are listed under DHS Licensed Programs, Mental Health Programs, Children's Residential Care.

- 7) Court ordered admissions
 - a) SCHA/MMSI will work with the court system regarding court ordered placements.
 - b) A copy of the court order is required to be faxed to SCHA/MMSI Behavioral Health Services at 1-888-889-7822.
- 8) Providers are required to notify SCHA/MMSI of member placement to ensure payment.
 - a) Within 24 hours of admission, the provider must submit the "Mental Health Admission Worksheet" to MMSI Behavioral Health Services: 1-800-645-6296; Fax: 1-888-889-7822.

Coordination of Continued Stay and Discharge Plans

- 1) All parties should work for agreement between the child's family/legal representative, county, SCHA/MMSI and facility staff on global goals related to the child's treatment.
 - a) Outline a plan for what will occur when the goals are achieved.
 - b) Outline alternate plans that may be pursued if the child doesn't respond as expected in treatment.
- 2) SCHA/MMSI and county should schedule and plan for communication ahead of key deadlines.
- 3) The facility, county and SCHA/MMSI should communicate before acting unilaterally.

Additional clarification regarding eligible Out-of-State facilities:

Eligible Children's Group Residential Facilities with Mental Health Certification

The DHS document, "Residential Services for Children with Severe Emotional Disturbance Inspected by the Minnesota Department of Human Services and Certified by the Minnesota Department of Corrections" specifies that children may receive mental health treatment in residential settings in other states. State law provides, for a portion of the costs for residential services furnished to children with severe emotional disturbance in facilities located in states that border Minnesota, to be covered in certain circumstances. The placement must be made by the county, the facility must be located nearest to the child's home and appropriate to the child's level of care, and the facility must be located in Wisconsin, Iowa, North Dakota, or South Dakota. The facility must be inspected by the Licensing Division of the Department of Human Services and be certified to substantially meet the standards applicable to children's residential mental health treatment programs (under Minnesota Rules, Chapter 2960) by the Department of Corrections, in accordance with Minnesota Statutes, section 260B.198, subd. 11 (a).

Facilities with certified children's mental health programs located in a state that borders Minnesota, and that have met all of the requirements of Minnesota Statute, Section 256B.0945, are eligible to receive both Title IV-E and MA reimbursement.

DHS Bulletin #11-32-01 lists the criteria for Out-of-State Children's Mental Health Treatment facilities that are eligible to receive MA in order to assist counties in claiming federal MA reimbursement and outlines the procedures for out-of-state facilities that border Minnesota.

Out-of-state facilities that do not appear on the list contained in the following link are not eligible for MA reimbursement for Minnesota counties and the placement will not be covered. Please click on

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_145920 for more information.

Billing and Claims:

- Claims must be submitted to MMSI electronically.
- Use HCPC code H0019
- Rates follow DHS Bulletin #08-32-14 per specific provider / MA% of per diem.

**** NOTE: Counties remain responsible for the non-treatment portion of the child when enrolled in managed care.**

Mental Health Targeted Case Management (MH-TCM)

Minnesota Statute definition of adult case management services

"Case management services" means activities that are coordinated with the community support services program as defined in subdivision 6 and are designed to help adults with serious and persistent mental illness in gaining access to needed medical, social, educational, vocational, and other necessary services as they relate to the client's mental health needs. Case management services include developing a functional assessment, an individual community support plan, referring and assisting the person to obtain needed mental health and other services, ensuring coordination of services, and monitoring the delivery of services. (Services must be provided consistent with Minnesota Statute and Rule. Rule (Rule 79) [9520.0900](#) to [9520.0926](#) establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections [245.487](#) to [245.4889](#) and [256B.0625](#), subdivision 20, and to adults with serious and persistent mental illness as authorized by Minnesota Statutes, sections [245.461](#) to [245.486](#). Parts [9520.0900](#) to [9520.0926](#) are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections [245.461](#) to [245.4887](#), and chapter 256G.)

Minnesota Statute definition of child case management services

"Case management services" means activities that are coordinated with the family community support services and are designed to help the child with severe emotional disturbance and the child's family obtain needed mental health services, social services, educational services, health services, vocational services, recreational services, and related services in the areas of volunteer services, advocacy, transportation, and legal services. Case management services include assisting in obtaining a comprehensive diagnostic assessment, if needed, developing a functional assessment, developing an individual family community support plan, and assisting the child and the child's family in obtaining needed services by coordination with other agencies and assuring continuity of care. Case managers must assess and reassess the delivery, appropriateness, and effectiveness of services over time. (Services must be provided consistent with Minnesota Statute and Rule. Rule (Rule 79) [9520.0900](#) to [9520.0926](#) establish standards and procedures for providing case management services to children with severe emotional disturbance as authorized by Minnesota Statutes, sections [245.487](#) to [245.4889](#) and [256B.0625](#), subdivision 20, and to adults with serious and persistent mental illness as authorized by Minnesota Statutes, sections [245.461](#) to [245.486](#). Parts [9520.0900](#) to [9520.0926](#) are intended to comply with, and must be read in conjunction with, Minnesota Statutes, sections [245.461](#) to [245.4887](#), and chapter 256G.)

Federal definition of targeted case management

"Case management services (targeted case management services - not specific to mental health) mean services that will assist the individuals eligible under the State plan in gaining access to needed medical, social, educational, and other services" and to include the following components:

- Assessment
- Development of a specific care plan
- Referral and related activities to obtain needed services
- Monitoring and follow-up activities

Mental Health Targeted Case Management Services and Eligibility Determination Responsibilities

- The provider shall make case management services available to all children with severe emotional disturbance and their families who are eligible members of SCHA and who request or consent to the services, including the eligibility determination and notification process (set forth by the host county).
- The provider shall make case management services available to all adults with serious and persistent mental illness who are residents of the county and who request or consent to services, including the eligibility determination and notification process (set forth by the host county).
- Staffing ratios must be provided as specified in MN Rules, Part 9520.0903, subp.2
- The case manager must meet the qualifications and supervision requirements listed in M.S. 245.462m subds,4 and 4(a), and MN Rules, part 9520.0912
- The provider shall fax to SCHA the following documents for each member requesting case management services, within 45 days of being determined eligible for MH-TCM services.

SCHA Fax number: 507-431-6329.

- SCHA MH-TCM Eligibility Determination Notification Form
- Diagnostic assessment and certification of SPMI or SED and the signature, qualifications and contact information for mental health professional making the certification

- The Functional Assessment
- The Individual Community Support Plan (ICSP) or the Individual Family Community Support Plan (IFCSP)
- If a member is found to be ineligible for MH-TCM services, the provider shall fax the SCHA MH-TCM Eligibility Determination Notification Form and the Diagnostic assessment and certification of SPMI or SED and the signature, qualifications and contact information for mental health professional making the certification within 1 business day of the decision being made.
SCHA Fax number: 507-431-6329.
- SCHA has 24 hour telephone access that the provider may call to get an expeditious response to situations where the member has court ordered treatment and disability certification: SCHA Member Services M-F from 8:00 am to 8:00 pm (866) 567-7242 and after hours (800) 504-3451.
- The provider will notify SCHA of appeals and grievances within one business day or within three hours of an expedited appeal.

The provider will follow the Procedures for MH-TCM with a Civil Commitment.

- The provider will notify SCHA's Third Party Administrator, MMSI Provider Services at 1-800-995-4543 within 72 hours when a member is the subject of a pre-petition screening investigation.
- The provider will provide an expedited determination of eligibility for MH-TCM for members referred.
- The provider will assign MH-TCM as court ordered services for members with mental illness who are committed or for members whose commitment is stayed or continued.
- The provider will fax a copy of the court order to MMSI Health Services at 1-888-889-7822.
- The provider will:
 - Work with the hospitals, pre-petition screening teams, family members and current providers to assess the member and develop an individual care plan that includes alternatives consistent with the Commitment Act. This may include:
 - Testifying in court;
 - Preparing and providing requested documentation to the court;
- Report to the court within the court required time lines regarding the member's care plan status and recommendations for continued commitment, including as needed, requests to the court for revocation, of a provisional discharge;
- Provide input only for pre-petition screening, court appointed independent examiners, substitute decision makers or court reports for members who remain in the facility to which they were committed;
- Provide mental health case management coverage which includes discharge planning for up to 180 days prior to a members discharge from an inpatient

hospitalization in a manner that works with, but does not duplicate, the facility's discharge planning services; and

- Ensure continuity of health care and case management coverage for members in transition due to a change in benefits or a change in residence.

Appeal Rights / Denial, Termination, or Reduction of MH-TCM Services

- The provider shall notify SCHA within 1 business day or 3 hrs if expedited, of their knowledge of an appeal.
- The provider will notify SCHA within 1 business day or 3 hours if expedited of a member determination to be ineligible for case management services or who refuses or terminates from case management services by submitting the SCHA MH-TCM Recommendation for Action – DTR (Denial, Reduction, or Termination of Service) form (located on SCHA website). SCHA will send out the appeal information to the member based upon the notification received from the provider. SCHA may not delegate sending out the Denial, Reduction or Termination of Service letter and the member appeal rights.
- The provider will fax the SCHA MH-TCM Recommendation for Action – DTR (Denial, Reduction, or Termination of Service) form and include the following in the notification to SCHA:
 - Member information (name, address, date of birth, PMI, dates of service, date of most recent diagnostic assessment, SCHA product; SCHA ID);
 - Case Manager/Provider Information (MH-TCM case manager/service provider, primary clinic and address, physician, primary mental health agency and address, and mental health professional)
 - The date of discussion regarding potential denial, termination or reduction of service
 - The recommended date of action
 - The reason for the action and explanation;
 - The legal authority for the proposed action;
 - At the request of the adult or in the case of a child, the child and the child's parent or legal representative, the child or adult shall continue to receive case management services pending the resolution of the appeal.
- For members found ineligible for MH-TCM services, the provider will provide SCHA with the SCHA Eligibility Determination Form and the Diagnostic Assessment.

Mental Health Targeted Case Management (MH-TCM) is a professional service, billed in the electronic format 837P. When billing for MH-TCM, submit the contracting provider NPI or UMPI number.

Provider must bill ONLY one procedure code per month (adult face to face or adult telephone).

Provider shall utilize the following coding structure:

Procedure Code	Modifier	Description	Service Limit
T2023	HE HA	Child/adolescent program, face-to-face contact between case manager and recipient under 18 years	1 unit per month
T2023	HE	Adult face-to face contact between case manager and recipient 18 years or older	1 unit per month
T2023	HE U4	targeted case management, per month, mental health program, telephone contact between case manager and recipient 18 years or older	1 unit per month (can bill once in a three month period)
T1017	HE	Adult, face-to-face contact between case manager and recipient age 18 or older, IHS/638 facilities and FQHCs	Per encounter
T1017	HE HA	Child/adolescent program, face-to-face contact between case manager and recipient under 18 years, IHS/638 facilities and FQHCs	Per encounter

Please see the following DHS Bulletins for additional information regarding the provision of the MH-TCM service to adults and children:

- **DHS 09-53-01 DHS Updates Mental Health Targeted Case Management Services**
- **DHS 09-53-02 DHS Requires Standardized Outcome Measures and Level of Care Determinations for Children’s Mental Health**
- **DHS 09-68-01 Adolescent Services Provides Guidance on Transition Planning and Requirements for Older Youth in Care**