

**256B.0947 INTENSIVE REHABILITATIVE MENTAL HEALTH SERVICES.**

Subdivision 1. **Scope.** Effective November 1, 2010, and subject to federal approval, medical assistance covers medically necessary, intensive nonresidential rehabilitative mental health services as defined in subdivision 2, for recipients as defined in subdivision 3, when the services are provided by an entity meeting the standards in this section.

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Intensive nonresidential rehabilitative mental health services" means child rehabilitative mental health services as defined in section 256B.0943, except that these services are provided by a multidisciplinary staff using a total team approach consistent with assertive community treatment, or other evidence-based practices, and directed to recipients with a serious mental illness who require intensive services.

(b) "Evidence-based practices" are nationally recognized mental health services that are proven by substantial research to be effective in helping individuals with serious mental illness obtain specific treatment goals.

(c) "Treatment team" means all staff who provide services to recipients under this section. At a minimum, this includes the clinical supervisor, mental health professionals, mental health practitioners, mental health behavioral aides, and a school representative familiar with the recipient's individual education plan (IEP) if applicable.

Subd. 3. **Eligibility.** An eligible recipient under the age of 18 is an individual who:

(1) is age 16 or 17;

(2) is diagnosed with a medical condition, such as an emotional disturbance or traumatic brain injury, for which intensive nonresidential rehabilitative mental health services are needed;

(3) has substantial disability and functional impairment in three or more of the areas listed in section 245.462, subdivision 11a, so that self-sufficiency upon adulthood or emancipation is unlikely; and

(4) has had a recent diagnostic assessment by a qualified professional that documents that intensive nonresidential rehabilitative mental health services are medically necessary to address identified disability and functional impairments and individual recipient goals.

Subd. 4. **Provider certification and contract requirements.** (a) The intensive nonresidential rehabilitative mental health services provider must:

(1) have a contract with the host county to provide intensive transition youth rehabilitative mental health services; and

(2) be certified by the commissioner as being in compliance with this section and section 256B.0943.

(b) The commissioner shall develop procedures for counties and providers to submit contracts and other documentation as needed to allow the commissioner to determine whether the standards in this section are met.

**Subd. 5. Standards for nonresidential providers.** (a) Services must be provided by a certified provider entity as defined in section 256B.0943, subdivision 4 that meets the requirements in section 245B.0943, subdivisions 5 and 6.

(b) The clinical supervisor must be an active member of the treatment team. The treatment team must meet with the clinical supervisor at least weekly to discuss recipients' progress and make rapid adjustments to meet recipients' needs. The team meeting shall include recipient-specific case reviews and general treatment discussions among team members. Recipient-specific case reviews and planning must be documented in the individual recipient's treatment record.

(c) Treatment staff must have prompt access in person or by telephone to a mental health practitioner or mental health professional. The provider must have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to assure the health and safety of recipients.

(d) The initial functional assessment must be completed within ten days of intake and updated at least every three months or prior to discharge from the service, whichever comes first.

(e) The initial individual treatment plan must be completed within ten days of intake and reviewed and updated at least monthly with the recipient.

**Subd. 6. Additional standards.** The standards in this subdivision apply to intensive nonresidential rehabilitative mental health services.

(1) The treatment team must use team treatment, not an individual treatment model.

(2) The clinical supervisor must function as a practicing clinician at least on a part-time basis.

(3) The staffing ratio must not exceed ten recipients to one full-time equivalent treatment team position.

(4) Services must be available at times that meet client needs.

(5) The treatment team must actively and assertively engage and reach out to the recipient's family members and significant others, after obtaining the recipient's permission.

(6) The treatment team must establish ongoing communication and collaboration between the team, family, and significant others and educate the family and significant others about mental illness, symptom management, and the family's role in treatment.

(7) The treatment team must provide interventions to promote positive interpersonal relationships.

**Subd. 7. Medical assistance payment.** (a) Payment for nonresidential services in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible recipient in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0944.

(b) Except as indicated in paragraph (c), payment will not be made to more than one entity for each recipient for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) The host county shall recommend to the commissioner one rate for each entity that will bill medical assistance for nonresidential intensive rehabilitative mental health services. In developing these rates, the host county shall consider and document:

- (1) the cost for similar services in the local trade area;
  - (2) actual costs incurred by entities providing the services;
  - (3) the intensity and frequency of services to be provided to each recipient;
  - (4) the degree to which recipients will receive services other than services under this section;
- and
- (5) the costs of other services that will be separately reimbursed.

(d) The rate for intensive rehabilitative mental health services must exclude medical assistance room and board rate, as defined in section 256I.03, subdivision 6, and services not covered under this section, such as partial hospitalization and inpatient services. Physician services are not a component of the treatment team and may be billed separately. The county's recommendation shall specify the period for which the rate will be applicable, not to exceed two years.

(e) When services under this section are provided by an assertive community team, case management functions must be an integral part of the team.

(f) The rate for a provider must not exceed the rate charged by that provider for the same service to other payors.

(g) The commissioner shall approve or reject the county's rate recommendation, based on the commissioner's own analysis of the criteria in paragraph (c).

Subd. 8. **Enrollment and rate setting.** Counties that employ their own staff to provide services under this section shall apply directly to the commissioner for enrollment and rate setting. In this case, a county contract is not required and the commissioner shall perform the program review and rate setting duties which would otherwise be required of counties under this section.

**History:** *1Sp2005 c 4 art 2 s 13; 2009 c 79 art 7 s 23*