

Mental Health Services

Revised: [March 3, 2021](#)

- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Units \(bases for measurement\)](#)
- [Outcome Measures Reporting](#)
- [Noncovered Services](#)
- [Legal References](#)

Overview

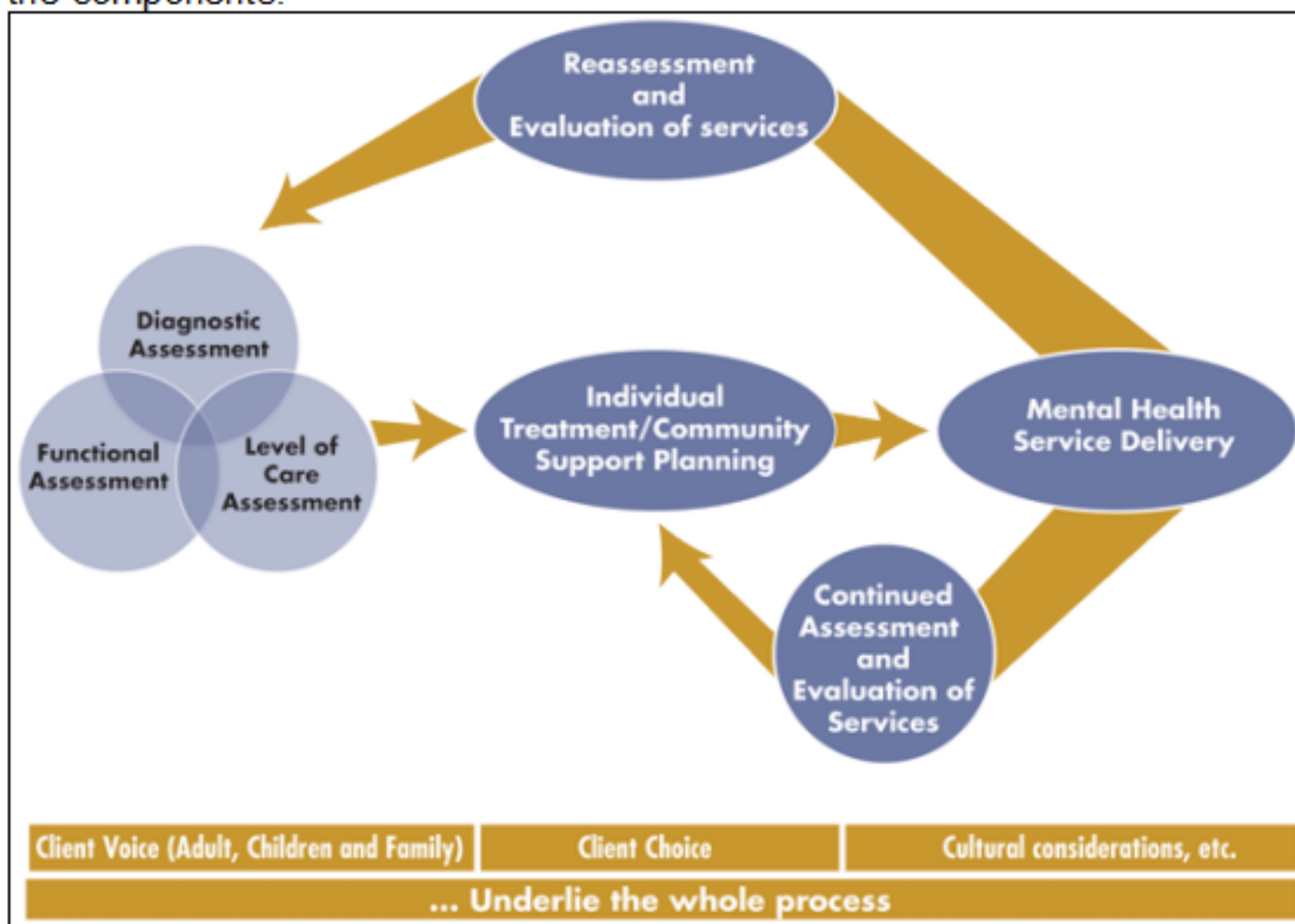
Minnesota's publicly provided mental health system, as reflected in the Minnesota Comprehensive Mental Health Acts, is supervised by DHS and administered by counties. Counties act as the local mental health authority. Review the [Mental Health Provider Requirements](#) webpage for information about criteria to be an eligible Minnesota Health Care Program (MHCP) mental health provider.

Components of Service Delivery

Mental health service delivery is composed of six key components:

- [Diagnostic assessment](#)
- [Functional assessment \(Adult\)](#)
- [Level of care assessment \(Adult\)](#)
- Individual treatment plan (ITP)
- Service delivery
- Reassessment

The following diagram shows the mental health service-delivery process and the relationship between the components.



Eligible Providers

Mental health providers include agencies and individuals (professionals and practitioners). Each mental health agency must have at least one mental health professional on staff. Providers may be eligible to enroll as MHCP providers (mental health professionals) or may be eligible to provide services but not eligible to enroll as MHCP providers ([mental health practitioners](#), CTSS mental health behavioral aide).

When qualified state staff provides adult mental health services, they are considered part of the certified local provider entity and their services may be billed according to typical billing practices as appropriate to the specific service.

Mental Health Agencies

The following agencies may enroll with MHCP:

- Adult day treatment
- Billing entity for mental health
- County-contracted mental health rehabilitation service
- Community mental health center (CMHC)
- County human service agency
- Indian Health Service (IHS) or 638 facility
- Outpatient hospital
- Physician-directed clinic
- School district

Mental Health Professionals

The following mental health professionals may enroll with MHCP:

- [Clinical nurse specialist \(CNS\)](#)
- [Licensed independent clinical social worker \(LICSW\)](#)
- [Licensed marriage and family therapist \(LMFT\)](#)
- [Licensed professional clinical counselor \(LPCC\)](#)
- [Licensed psychologist \(LP\)](#)
- [Mental health rehabilitative professional](#)
- [Psychiatric nurse practitioner \(NP\)](#)
- [Psychiatry or an osteopathic physician](#)
- Tribal-certified professional

Mental Health Providers

The following are not eligible to enroll as an MHCP provider:

- [Adult mental health rehabilitation worker](#)
- [Certified peer specialist](#)
- [Mental health practitioner clinical trainee](#)
- [Mental health behavioral aide \(CTSS only\)](#)
- [Mental health practitioner](#)
- [Mental health case manager or case manager associate](#)

General Clinical Supervision Requirements

MHCP has more than one mental health clinical supervision standard:

- Refer to [Clinical Supervision of Outpatient Mental Health Services](#) for requirements on supervision of diagnostic assessment, psychotherapy and explanation of findings.

- Refer to the [Specialty Specific Mental Health Supervision Requirements](#) chart and specific covered services sections for other supervision requirements.

Medicare Enrollment Denials

When Medicare denies enrollment as a Medicare provider, the following MHCP providers must submit the [Mental Health Professional Applicant Assurance Statement – Medicare Enrollment Denial \(DHS-3864\) \(PDF\)](#) to [MHCP Provider Enrollment](#). Inform MHCP Provider Enrollment immediately when Medicare approves enrollment.

- LICSW
- LP
- Nurse Practitioner or Certified Nurse Specialist with mental health specialty

Providers that are not eligible to enroll with Medicare may provide services to MHCP members, including dually eligible members. When requesting [authorization](#) of mental health services, notify the [medical review agent](#) that the treating provider is not eligible to enroll with Medicare.

Right to Appeal Denial of Certification or County Contract

Providers required to be certified by or contracted with a county as part of the criteria to become an authorized provider of mental health services may [appeal](#) a county refusal to grant the necessary contract or certification. A member may initiate an appeal on behalf of a provider-denied certification. Either members or providers may submit a request for a review of the county decision to the Behavioral Health Division by either fax or mail to the following:

Fax : 651-431-7566 (Attn: Behavioral Health Appeal Review)

Mail: DHS Behavioral Health Division – Appeal Review
P.O. Box 64981
540 Cedar St.
St. Paul, MN 55164-0981

Eligible Members

Members eligible to receive mental health services must be [Minnesota Health Care Programs](#) (MHCP) eligible.

A resident of an **Institution for Mental Disease** (IMD) is eligible to receive MA services only if the member is receiving inpatient psychiatric care in an accredited psychiatric facility and meets one of the following criteria:

- Is under 21 years old
- Is 21 years old, but less than 22 years old and has been receiving inpatient psychiatric care in the IMD continuously since the resident's 21st birthday
- Is at least 65 years old

Members 21 years old and older, but under 65 years old, who reside in an IMD are eligible to receive outpatient mental health services. Inpatient mental health services are only eligible through the IMD. If discharged within 180 days, the member is eligible to receive case management services through relocation service coordination (RSC). Contact the managed care organization (MCO) if the member is receiving services through the MCO.

Most mental health services have member eligibility requirements that require the member to meet the criteria in one or more of the following definitions:

- **Child with emotional disturbance:** A child with an organic disorder of the brain, or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that meets both of the following:
 - Is detailed in a [diagnostic code list](#) published by the commissioner
 - Seriously limits a child's capacity to function in primary aspects of daily living, such as personal relations, living arrangements, work, school and recreation

(For children under age 5 years old, trained professionals can refer to the DC:0-3 manual)

Emotional disturbance is a general term and intended to reflect all categories of disorder described in the ICD code ranges in the diagnostic code list, as usually first evident in childhood or adolescence.

- **Mental Illness:** An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that meets both of the following:
 - Is detailed in a [diagnostic code list](#) published by the commissioner
 - Seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work and recreation
- **Serious and persistent mental illness (SPMI):** A condition with a diagnosis of mental illness that meets at least one of the following:
 - The member had two or more episodes of inpatient care for mental illness within the past 24 months
 - The member had continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the past 12 months
 - The member has been treated by a crisis team two or more times within the past 24 months
 - The member 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 or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided
 - The member 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 member was eligible under one of the above criteria, but the specified time period has expired
 - The member was eligible as a child with severe emotional disturbance, and the member has a written opinion from a mental health professional, in the last three years, stating that he or 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):** SED is when a child with emotional disturbance meets one of the following criteria:
 - Has been admitted to inpatient or residential treatment within the last three years or is at risk of being admitted
 - Is a Minnesota resident and receiving inpatient 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:
 - Has psychosis or clinical depression
 - Is 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 or 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

Refer to [Relocation Services Coordination Targeted Case Management](#) for more information.

Covered Services

Providers may deliver some mental health services by [Telehealth](#). Review the [MHCP MH Code and Rates Chart](#).

The following are covered mental health services (refer to the linked sections for additional service-specific information):

- Crisis Services
 - [Adult Crisis Services](#)
 - [Children's Mental Health Crisis Response Services](#)
 - [Adult and Children's Mental Health Targeted Case Management](#)
 - [Diagnostic Assessment \(DA\)](#)
 - [Mental Health Provider Travel Time](#)
- Outpatient Mental Health Services
 - [Adult Day Treatment](#)
 - [Children's Mental Health Clinical Care Consultation](#)
 - [Explanation of Findings](#)
 - [Neuropsychological Services](#)
 - [Partial Hospitalization Program](#)
 - [Psychotherapy for Crisis](#)
 - [Psychological Testing](#)
 - [Dialectical Behavior Therapy Intensive Outpatient Program \(DBT IOP\)](#)
 - [Family Psychoeducation](#)
 - [Children's Intensive Behavioral Health Services](#)
- Rehabilitative Mental Health Services
 - [Assertive Community Treatment \(ACT\)](#)
 - [Adult Day Treatment](#)
 - [Adult Rehabilitative Mental Health Services \(ARMHS\)](#)
 - [Certified Peer Specialist Services](#)
 - [Certified Family Peer Services](#)
 - [Children's Therapeutic Services and Supports \(CTSS\)](#)
 - [CTSS Children's Day Treatment](#)
 - [Youth Assertive Community Treatment \(Youth ACT\)](#)
- Residential Treatment
 - [Children's Mental Health Residential Treatment](#)
 - [Psychiatric Residential Treatment Facility \(PRTF\)](#)
 - Crisis Residential Stabilization
 - [Intensive Residential Treatment Services \(IRTS\)](#)
- Physician Mental Health Services
 - [Health and Behavior Assessment/Intervention](#)
 - [Inpatient Visits](#)

- [Psychiatric Consultations to Primary Care Providers](#)
- [Physician Consultation, Evaluation and Management](#)
- [Extended Inpatient Psychiatric Services](#)

Units (bases for measurement)

In the case of time as part of the code definition, follow HCPCS and CPT guidelines to determine the appropriate units of time to report. Per the guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one and one half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. See the following unit of measurement examples:

15-minute example

Minutes	Units
0 – 7	None
8 – 15	1

60-minute example

Minutes	Units
0 – 30	None
31 – 60	1

Outcome Measures Reporting

The Minnesota Department of Human Services (DHS) requires regular reporting of client outcomes information for publicly funded mental health services using the Mental Health Information System (MHIS) for adults, and the Children’s Mental Health (CMH) Outcome Measures Reporting System for adolescents. DHS uses this information in the analysis of those services to assist in policy development, program management, services administration and federal mandated reporting.

Mental Health Information System (MHIS): DHS requires MHCP mental health service providers to use MHIS for adult members. MHIS provides two methods of reporting; an individual web-based data entry and batch submissions of data. For more information on reporting criteria, batch reporting resources, and to sign up for MHIS email updates or join the MHIS monthly user call, visit the [MHIS technical assistance](#) webpage.

CMH Outcome Measures Reporting System: DHS requires children’s mental health service providers to utilize the Child & Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII) and the Strengths and Difficulties Questionnaire (SDQ) for children receiving publicly funded clinical services. Complete the CASII and SDQ on every child (six years of age and older) receiving clinical mental health services at intake, at least every six months and at discharge. Complete the ECSII and SDQ on young children (under 6 years of age) at intake, at least every six months, and at discharge. Find more information on reporting criteria and deadlines in DHS bulletin 17-53091 ([DHS Updates Requirement for Standardized Outcome Measures for Children’s Mental Health](#)). You can get technical assistance and contact information for the CMH Outcome Measures Reporting System in the [Children’s Mental Health Outcome Measures Reporting System Manual](#).

Noncovered Services

The following are not covered MHCP mental health services:

- Mileage (provider travel time is not the same as mileage)
- Transporting a member, except for case managers
- Telephone calls, unless otherwise specified in service coverage sections (example: Adult MH-TCM)

- Written communication between provider and member
- Reporting, charting and record keeping (these activities are considered part of providing services)
- Community planning or consultation; program consultation, monitoring and evaluation; public information; training and education activities; resource development and training activities
- Fund-raising
- Court-ordered services for legal purposes only
- Mental health services not related to the member's diagnosis or treatment for mental illness
- Services dealing with external, social or environmental factors not directly addressing the member's physical or mental health
- Staff training
- Mental health case management for members receiving similar services through the Veterans Administration (VA)
- Duplicate services
- 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 member
- Information and referral services included in the county's community social service plan
- Outreach services through the community support services program
- Assistance in locating respite care, special needs day care, and assistance in obtaining financial resources, except when these services are eligible under a mental health covered service.
- Client outreach
- Recreational services, including sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack times, trips to community activities, etc.

Legal References

[Minnesota Statutes 147](#) Board of Medical Practice (for psychiatrist licensure requirements)

[Minnesota Statutes 148](#) Public Health Occupations

[Minnesota Statutes 148.171 – 148.285](#) Minnesota Nurse Practice Act

[Minnesota Statutes 148.88 – 148.98](#) Minnesota Psychology Practice Act

[Minnesota Statutes 148.907](#) Licensed Psychologist

[Minnesota Statutes 148.925](#) Supervision

[Minnesota Statutes 148B.29 to 148B.39](#) Marriage and family therapy

[Minnesota Statutes 148D.055](#) Board of Social Work, License Requirements

[Minnesota Statutes 245](#) Department of Human Services

[Minnesota Statutes 245.461 – 245.486](#) Adult Mental Health Act

[Minnesota Statutes 245.487 – 245.4887](#) Children's Mental Health Act

[Minnesota Statutes 245.4889 – 245.490](#) Children's Mental Health Grants

[Minnesota Statutes 245.491 – 245.90](#) Children's Mental Health Integrated Fund

[Minnesota Statutes 256B](#) Medical Assistance for Needy Persons (includes covered mental health services)

[Minnesota Statutes 256L.03](#) MinnesotaCare, Covered Health Services

[Minnesota Rules 9505](#) Health Care Programs

[Minnesota Rules 9505.0322](#) Mental Health Case Management Services

[Minnesota Rules 9505.0370 – 9505.0372](#) Outpatient Mental Health Services (Rule 47)

[Minnesota Rules 9505.0540](#) Criteria for Readmissions

[Minnesota Rules 9505.2175 – 9505.2180](#) Health Service Records, Financial Records, Access to Records

[Minnesota Rules 9505.5000 – 9505.5105](#) Conditions for MA and GAMC Payment

[Minnesota Rules 9520](#) Mental Health Services

[Minnesota Rules 9520.0750 – 9520.0870](#) Mental Health Center and Mental Health Clinic Standards

(Rule 29)

[Minnesota Rules 9520.0900 – 9520.0926](#) Case Management for Children with SED (Rule 79)

[Minnesota Rules 9535.4068](#) Standards for Family Community Support Services for Children with SED and their Families (Rule 15)

[42 CFR 435.1008 – 1009](#) (IMD) FFP in expenditures for medical assistance for individuals who have declared United States citizenship or nationality...; Institutionalized individuals

[42 CFR 440.60\(a\)](#) Medical or other remedial care provided by licensed practitioners

[42 CFR 440.160](#) Inpatient psychiatric services for individuals under age 21

[42 CFR 440.170\(e\)](#) Any other medical care or remedial care recognized under State law and specified by the Secretary, Emergency hospital services

[42 CFR 440.230](#) Sufficiency of amount, duration, and scope

[Title XIX, Section 1915\(g\)](#) of the Social Security Act (MH-TCM)