

ARMHS Information Session

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dhs.armhs@state.mn.us



ARMHS Information Seminar for Potential Provider Organizations & Clinicians

Wade Keller | Mental Health Program Consultant - ARMHS

Who is here today?

- **Administrative Business Person**
 - responsible for the overall success of the business
 - ensuring that the business follows the guidelines for offering ARMHS
- **Treatment Supervisor**
 - ensuring that the clients are eligible for ARMHS,
 - ensuring services meet medical necessity, and
 - ensuring all documentation is in line with requirements

Seminar Agenda

- Introductions
- What is ARMHS?
- Eligibility for ARMHS
 - Provider Eligibility
 - Client Eligibility
- ARMHS Service Categories
- The ARMHS Team & Roles
- Certified Peer Specialists
- Mental Health Information System (MHIS)
- Minnesota Health Care Programs (MHCP) Provider Enrollment
- Office of Inspector General (OIG)
- ARMHS Documentation
- The Certification Application
- Resources

Introductions/Attendance

- Please use the chat function to introduce yourselves to the ARHMS community
- Your role – Admin/Owner/Mental Health Professional
- Background?/Why ARMHS?
 - Serving any unique needs/populations?
- Anything you want the ARMHS community to know?

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- Phone: 651-431-2248
- Email: dhs.armhs@state.mn.us
- [ARMHS Webpage](#)

Keziah Mbogo

- MHCP Provider Trainer
- Provider Call Center: 651-431-2700 or 1-800-366-5411
- Member Call Center: 651-431-2670 or 1-800-657-3739
- Email: dhs.healthcare-providers@state.mn.us
- Webpage: [MHCP Provider Manual - Provider Basics](#)

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REMINDER!

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- Your name entered in the meeting today must **MATCH EXACTLY** what is in Trainlink
- If these steps are not followed you risk not receiving credit for attending today.
- Attendance is required for the full session for credit.

What is ARMHS?

What is ARMHS?

Adult Rehabilitative Mental Health Services

- In 2002, the MN DHS Adult Mental Health Division was granted an Medical Assistance (MA) Rehabilitation Waiver.
 - MA would now cover certain services previously deemed “non-medical” in nature but essential to mental health care.
- MA reimbursement for essential mental health services recognizes that mental illness is:
 - a real disease
 - needing the same continuum of care as cancer, diabetes, etc.

What is a “Rehabilitative” Service?

“Medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State Law, for maximum reduction of physical or mental disability and restoration of a recipient to his/her best possible functional level.”

Goal ~ reduce the duration & intensity of medical care to the least intrusive level possible which sustains health.

Center for Medicare/Medicaid Services (CMS)

Characteristics of ARMHS

MN Statute 256B.0623

“Mental health services which are **rehabilitative** and enable the recipient to **develop and enhance** psychiatric stability, social competencies, personal and emotional adjustment, independent living, parenting skills, 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; **and...**

What is ARMHS?

- ARMHS Services ARE:
 - **Restorative, recovery-oriented interventions**
 - Delivered to individuals who have the capacity to benefit from them
 - When...skills and abilities that have been lost or diminished due to the symptoms of mental illness
 - Can be... acquired, practiced, and enhanced whenever and wherever they are needed.
 - Delivered in their homes or elsewhere in the community.
 - Delivered Face-to-Face

Eligibility for ARMHS

Eligibility for ARMHS

Provider Eligibility

- Must be **Certified** by the State Of Minnesota
- Must be a **MA-approved** Provider Organization (MHCP)
- Must have the capacity to provide the **full array** of covered ARMHS categories either directly, or by contract.
- Must **coordinate** within the community mental health system that you are serving.

Eligibility for ARMHS

Client Eligibility

- Adult, age **18+**
- Diagnosed of a **medical condition**, such as mental illness or traumatic brain injury, for which ARMHS are needed
- **Substantial disability and functional impairment** in 3+ life domains, due to the symptom(s) of the mental illness, decreasing self sufficiency

Eligibility for ARMHS

Client Eligibility

- Diagnostic Assessment by a qualified *mental health professional*, indicating *medical necessity*;
- Mental Health Professional opinion that the person has the **cognitive capacity to engage in & benefit from** the rehabilitative nature of this service

ARMHS Covered Service Categories

ARMHS Covered Service Categories

- Functional Assessment (FA) - H0031 billing code
- Individual Treatment Plan (ITP) – H0032 billing code
- Basic Living and Social Skills (BLSS) – H2017 billing code
- Medication Education – H0034 billing code
- Community Intervention (CI) – 90882 billing code
- Transition to Community Living (TCL) – H2017 or 90882 w/U3 modifier
- Certified Peer Specialist Services (CPSS) – H0038 billing code

ARMHS Covered Service Categories

Functional Assessment

- Product Category: **FA + Level of Care (if missing from DA)**
- **Describes** how the person's mental health **symptoms currently impact** their day-to-day **functioning** in a variety of roles and settings
- **Face-to-Face**
- **Individual only**

ARMHS Covered Service Categories

Level of Care Assessment

- [Level Of Care Provider Manual Page](#)
- Acceptable assessment tools:
 - LOCUS (if provider has arrangement w/copyright holder)
- For ARMHS, **only necessary IF** a *level or care/necessity of care* **is missing** from a clients current DA, **OR**, when a clients **functioning has significantly changed** and a new/updated FA is required.
- Not required during an updated FA, IF level of care/necessity of care is documented on clients current DA.

ARMHS Covered Service Categories

Individual Treatment Plan (ITP)

- **With the client, not for the client.** (Person-Centered)
- A written plan that **documents the treatment strategy**, the schedule for accomplishing the goals and objectives, and the responsible party for each treatment component. Complete an individual treatment plan before mental health service delivery begins.
- **Face-to-Face**
- **Individual only**

ARMHS Covered Service Categories

Basic Living and Social Skills

ARMHS services instruct, assist, & support the recipient in areas such as:

- Interpersonal Communication Skills
- Utilizing Community Resources and Community Integration
- Crisis Assistance
- Mental Illness Symptom Management
- Relapse Prevention Skills
- Healthy Lifestyle Skills and Practices
- **Face-to-Face**
- **Individual or Group**

ARMHS Covered Service Categories

Medication Education

Medication Education services center on:

- The **role and effects** of medications in treating symptoms of mental illness
- The **side effects** of medications
- **Face to Face**
- **Individual or Group**

ARMHS Covered Service Categories

Community Intervention

Services activated on behalf of a client in order to:

- **Alleviate or reduce a barrier(s)** to community integration or independent living; ~ or ~
- **Minimize the risk of loss** of functioning which could result in hospitalization or placement in a more restrictive living arrangement

Examples: Potential Eviction, Job Performance or Attendance

- **Face-to-face not required.** Client does not need to be present for this service.

ARMHS Covered Service Categories

Transition to Community Living (TCL)

Pre-Authorized concurrent services provided to the person currently receiving higher level of care services AND

- The person is leaving a higher level of care service (ex: ACT) within 180 days.
- Allows ARMHS and the provider to work with the person to promote **successful re-entry** into the community.
- Are coordinated with, but **not replacing** the responsibilities required of the higher level of care services.
- **Face-to-Face**
- **Individual Only**

ARMHS Covered Service Categories

Certified Peer Specialist (CPS) Support Services

- A non-clinical service approach emphasizing recovery.
- Person-Centered approach (Individualized)
- Interventions promote:
 - Recovery, socialization, self-sufficiency, self-advocacy, natural supports development, maintenance skills learned from other support services.
- Through the sharing of a mutual life experience related to mental illness.
- **Face-to-Face**
- **Individual or Group**

Non-Covered Services

- Room & Board services
- Personal care attendant (PCA) services
- Transportation of people to and fro
- Vocational/Occupational (pre-vocational training)
- Academic education (classroom, teaching to read or write)
- Provider “doing for” activities, i.e. household chores, grocery shopping
- Services to persons while residing in public institutions (specifically inmates of penal institution, IMDs, state custody, under state administrative control)

The ARMHS Team and Their Roles

The Team and their Roles

- **Mental Health Professional – [245I.04.2](#)**
 - Eligible Treatment Supervisor
- **Certified Rehabilitation Specialist – [245I.04.8](#)**
 - Eligible Treatment Supervisor
- Treatment Supervisors responsible for: Treatment supervision, see [245I.06](#)

The Team and their Roles

- **Mental Health Practitioner – [245I.04.4](#)**
- **Clinical Trainee – [245I.04.6](#)**
- **Mental Health Rehabilitation Worker – [245I.04.14](#)**
- **Mental Health Certified Peer Specialist – [245I.04.10](#)**
- **Licensed Occupational Therapist – [148.6402.14](#)**

The Team and their Roles

Treatment Supervisor

- Must be Medicaid approved/enrolled with MHCP.
- Directs and oversees the work of all ARMHS staff.
- All approved service activities are implemented under Their Board licensure.
- [245I.06](#) – Treatment Supervision

The Team and their Roles

Treatment Supervisor

- Examines/approves documentation i.e. DA, LOC, FA, ITP & Progress notes.
- Conducts ARMHS supervision (**1:1 or group**) at least once monthly.
- Assures recipient eligibility
- Responsible for ensuring MH Rehab worker supervision and direct observation occurs as required
- Responsible for ensuring training requirements are met for all staff prior to providing services

The Team and their Roles

Treatment Supervisor

- If applicable, meets monthly with directing Clinical Trainee **or** MH Practitioner:
 - review program needs
 - review field observations & evaluate MHRW [245I.06.3](#)
 - plan staff training
 - consultation as needed
 - examines and assures **timely completion of documentation**
- Available for urgent consultation
- [256B.0623.6](#)

The Team and their Roles

Mental Health Practitioner Qualifications – [245I.04.4](#)

- **Behavioral Science Coursework** (30 Semester or 45 Quarter Hours) **AND one of the following...**
 - + 2000 hours experience in the delivery of **services to adults** with mental illness, substance use disorder, emotional disturbance, developmental disabilities or traumatic brain injury **OR**
 - Fluent in non-English language to which at least 50 percent of the practitioner's clients belong **and** completes additional training [245I.05.3](#) **OR**
 - Practicum or Internship completed with direct service experience

The Team and their Roles

Mental Health Practitioner Qualifications...cont'd

- **Work Experience:**

- Does not meet Educational requirement + 4,000 hours experience in the delivery of services to persons with mental illness **OR** substance use disorder, emotional disturbance, developmental disabilities or traumatic brain injury
- Has 2,000 hrs experience w/above populations **and** receives supervision 1x/week until 4,000 hrs experience met

- **Master's Degree:**

- in one of the behavioral sciences or related fields

The Team and their Roles

Clinical Trainee - [245I Subd. 6](#)

- **Enrolled in graduate program** enroute to licensure as professional and participating in internship/practicum w/license holder via graduate program
- Has **completed graduate degree** and ***in compliance*** w/requirements of licensure board
- Clinical Trainee's are responsible for ensuring their treatment supervision meets licensing board requirements

The Team and their Roles

Mental Health Rehabilitation Worker Qualifications - [245I.04 Subd 14](#)

High School diploma or equivalent **AND one of the following:**

- Fluent in non-English language to which at least 20% of clients belong
- Have an associate of arts degree
- Two years full-time post secondary education or 15 semester/23 quarter hours in behavioral sciences or related fields
- Be a registered nurse
- w/in the previous 10 yrs, 3 yrs personal life experience w/mental illness
- w/in the previous 10 yrs, 3 yrs experience as primary caregiver to an adult w/MI, TBI, SUD or DD
- w/in the previous 10 yrs, 2,000 hrs experience providing health and human services
- Mandatory MH training topics

The Team and their Roles

Mental Health Certified Peer Specialist Qualifications - 245I.04 Subd 10

- Must have been diagnosed with a mental illness
- Current or former mental health services client **AND**
- Have certification as mental health certified peer specialist as defined in 245I.04

(Language in 256B.0615 has been struck)

The Team and their Roles

Occupational Therapist - 148.6402.14

Occupational Therapist means an individual who meets the qualifications in sections 148.6401 – 148.6449 and is licensed by the board.

Staff Training Requirements

Training Requirements

245I.05.Subd.1 - Training Plan – required for all staff, *including Treatment Supervisors

- A formal process to evaluate training needs of staff (i.e. annual performance eval)
- description of how ongoing training conducted and what timeframe it's based on (hire date/annually)
- description of how prior training(s) are documented and verified
- description of how it's determined staff needs addt'l training and when that will be administered

Training Requirements

245I.05.Subd.2 – Documentation of training per training plan

1. Topics
2. Name of trainee
3. Name/credentials of trainer
4. License holder's method of evaluating competency upon completion of training(s)
5. Date of training(s)
6. Length of training in hours and minutes

**Documentation of Continuing Education credit(s) approved by a licensing board is sufficient to document training(s)

Training Requirements

245I.05.Subd.3(a,b) – Initial Training – All Staff* (includes Treatment Supervisors)

1. Vulnerable adults & maltreatment of minors, **w/in 72 hrs of 1st client contact**
2. Prior to direct contact:
 - a. Client rights & protections
 - b. MN health records act
 - c. Emergency procedures
 - d. Activities and functions specific to their role
 - e. Professional boundaries
 - f. Specific needs of clients (developmental status, cognitive functioning, physical & mental abilities)

Training Requirements

245I.05.Subd.3 (c) – Initial Training – **Some staff*** (245I.04)

1. **Prior to client contact**, 30 hours of training in the following:
 - a. Mental illnesses
 - b. Client recovery & resiliency
 - c. Mental health de-escalation techniques
 - d. Co-occurring mental illness and substance use disorders
 - e. Psychotropic medications and medication side effects

***Practitioners fluent in non-English language w/50% of caseload matching; Practitioners qualified w/4000 hrs. experience to clients w/Traumatic Brain Injuries or Developmental Disabilities; Practitioners qualified w/2000 hrs. experience (and receiving weekly supervision) to clients w/Traumatic Brain Injuries or Developmental Disabilities**

Training Requirements

245I.05.Subd.4 – Ongoing Training – **All Staff**

1. Required ANNUALLY

- a. Vulnerable adults & maltreatment of minors
- b. Client rights & protections
- c. MN health records act
- d. Emergency procedures

2. 30 hrs every 2 yrs. Topics based upon program needs and staff's competency



Certified Peer Specialists

Shelley White

DHS – Integrated Peer Policy Lead

Where do I find the legislative statutory language?

So glad you asked

[MN Statute 256B.0615](#)

[MN Statute 245I.04](#)

[MHCP Provider Manual Page](#)

MENTAL HEALTH CERTIFIED PEER SPECIALIST.

Who can be a Certified Peer Specialist?

A mental health certified peer specialist must:

(1) have been diagnosed with a mental illness;

(2) be a current or former mental health services client;

and

(3) have a valid certification as a mental health certified peer specialist under section 245I.04

MN statute 245I.04 Subd. 11.

Mental health certified peer specialist scope of practice.

- A mental health certified peer specialist under the treatment supervision of a mental health professional or certified rehabilitation specialist must:
 - (1) provide individualized peer support to each client;
 - (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and
 - (3) support a client's maintenance of skills that the client has learned from other services.

What is the current training?

Currently there is only one approved training for mental health peers. It is provided by the RI (formerly Recovery Innovations). Class size is limited to 18.

Peer Employment Training (PET) as the official training. It is

76 hours of virtual training

Nightly homework , take home mid-term

Observed and graded role play

Required attendance and participation

Currently taught Monday- Friday 8:30-4:30 for two concurrent weeks

How do people trained and certified ?

Individuals interested in working as mental health peer specialist should:

Email interest to

DHS.Peer.Support.Services@state.mn.us

What happens next?

They will receive an email from DHS with a document attached that:

- 1) Describes the training and technology requirements. Computer with camera and microphone. Smart phones are not allowed.
- 2) A link to the application that goes directly to RI

The application

- 1)) Asks them several short answer questions
- 2) Asks them to attest to the fact that they are an individual with a mental illness and if accepted into the training can fulfill the attendance requirement

THEY WAIT

Hopefully not too long but at times the wait list is 3 to 6 months long.

RI will respond: their application has been received, offer them a training date and will send them a confirmation email.

One to two weeks prior to the training the manual, workbooks will arrive in the mail

At this point, the State has paid for the seat, and if they are a no show, they cannot come back at state expense.

What will they learn?

The training focuses on:

- 1) Developing a keen sense and appreciation of their own recovery journey
- 2) Practicing telling their story appropriately
- 3) Learning and practicing how to ask open questions and listening.
- 4) Helping the person they are serving to recognize and develop their strengths.
- 5) Boundaries and ethics

What is not covered in the training?

- Your policies and procedures
- Specific training requirements for ARMHS providers
- Your documentation methods

Confusion – Recovery peers vs Mental Health Peers

Recovery peers are individuals with a lived experience of substance use.

Recovery peers are not currently billable in ARMHS.

Recovery peers are not interchangeable with mental health peers.

The training, the statutes are different.

Some peers are dually certified.

Questions – please ask

The Secret to the Transformation of Your Agency

Peers can be transformational for the people you serve. Some tips for Success

You need peers to be reflective of the people you serve.

You need several peers. No one peer will be a good match for everyone.

Peers are more inclined to stay at one provider if they have regular hours and wages they can depend on. (So are ARMHS workers but I am just here to talk about peers😊)

Supervisors would be wise to schedule some time for peers to meet and support each other.

How do we find candidates?

Share training information with your local providers.

Be on the look out for individuals who are living well in their recovery and are ready for work or to change careers.

Please remember this is an intense training. If you are asked to make a recommendation, consider- if you were able to hire this person- would you?

A person might make a great peer, but timing is important. The potential student gets only one bite at the state training dollar. Coming right out of intense services is not usually the best time to take the training.

Questions?

Don't be afraid you can call me 651-431-2518

Email me shelley.white@state.mn.us



Thank You!

Shelley White

One more time!!!!!!

Shelley.white@state.mn.us

651-431-2518

Mental Health Information System (MHIS)

What is MHIS?

MHIS (Mental Health Information System)

is a secure web-based portal that is used to collect client-level data on those who receive mental health services.

Who is reported into MHIS?

- **Who to report:** all clients who receive publically or grant funded mental health services
 - Clients who received services reimbursed entirely by private insurance or self-pay **should not be reported**

What is collected?

- MHIS collects information on:
 - Client demographics
 - Outcome data
- This information is reported every 6 months
 - January - June
 - July – December

Why do we collect this data?

- DHS requires regular reporting of client outcome information for publically funded services
 - Policy decisions
 - Program funding
 - Federally mandated reporting

Resources:

MHIS Technical Assistance

- [MHIS Technical Assistance Webpage](#)
- email: dhs.amhis@state.mn.us
- phone: 651-431-2239

MHCP Provider Eligibility and Compliance

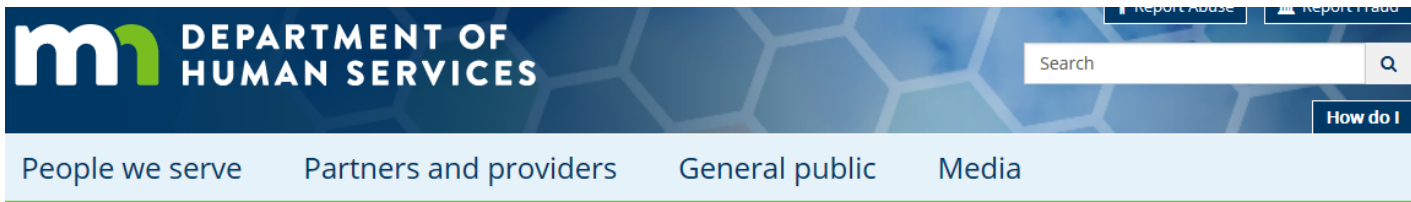
Keziah Mbogo-Provider Trainer

MHCP Provider Eligibility and Compliance

Provider Screening Requirements Overview

- ❖ Navigating the website for resources
- ❖ MPSE Portal
- ❖ MHCP Provider Enrollment
 - Application Fees
 - MHCP Eligibility and Compliance Screening Actions:
 - Risk Levels
 - Site Visits
- ❖ Denials and Terminations
- ❖ How to contact MHCP?

MHCP Provider Policies and Procedures



MHCP Partners and Providers webpage:
<https://mn.gov/dhs/partners-and-providers/>

[Home](#) > [Partners and providers](#)

Partners and providers

- Program overviews
- Policies and procedures
- eDocs library of forms and documents
- News, initiatives, reports, work groups
- Training and conferences
- Contact us
- Grants and RFPs
- Licensing
- IT systems and supports

Partners and providers

The Minnesota Department of Human Services has strong partnerships with counties, tribes, health care providers, other state agencies, consumer groups, advocacy organizations, community-based services and other partners in human services to address Minnesotans' needs.

[Program overviews](#)

Information about the programs we oversee or administer in collaboration with our partners.

[News, initiatives reports, work groups](#)

Updates on work in progress, data, analysis.

[Grants and RFPs](#)

Learn about grants and RFP opportunities the department supports.

[Policies and procedures](#)

Instructions, task tips, links to manuals, bulletins, updates and statutes.

[Training and conferences](#)

Find upcoming courses, conferences, webinars and online training.

[Licensing](#)

We license service providers and monitor compliance with Minnesota laws and rules.

[eDocs, forms, documents](#)

Links to frequently needed forms, applications, brochures. Search the DHS library.

[Contact us](#)

Access to phone numbers, email addresses and maps.

[IT systems and supports](#)

Portal to MAXIS, MEC², MMIS, MN-ITS, PRISM, SIR, SSIS and other applications.

Instructions, links to manuals, statutes, and the adult mental health policies and procedures webpage.

Search the DHS library for frequently needed forms, applications, brochures, bulletins.

DHS Contact phone numbers and email addresses.

Stay up to date on DHS news and initiatives, view MHCP provider news and updates, sign-up for email subscriptions.

MHCP Provider Policies and Procedures



The header features the Department of Human Services logo on the left. On the right, there are buttons for 'Report Abuse' and 'Report Fraud', a search bar with a magnifying glass icon, and a 'How do I' button. Below the header is a navigation bar with links for 'People we serve', 'Partners and providers', 'General public', and 'Media'.

[Home](#) > [Partners and providers](#) > [Policies and procedures](#) > [Adult mental health](#) > [Adult rehabilitative mental health services](#)

Partners and providers

- Program overviews
- Policies and procedures
- Enroll with MHCP
- eDocs library of forms and documents
- News, initiatives, reports, work groups
- Training and conferences
- Contact us
- Grants and RFPs
- Licensing
- IT systems and supports

Adult Rehabilitative Mental Health Services (ARMHS)

Adult Rehabilitative Mental Health Services (ARMHS) are a set of services that were developed to bring restorative, recovery-oriented interventions directly to individuals who have the capacity to benefit from them, whether in their homes or elsewhere in the community.

- + [Application update](#)
- + [Become a provider – initial certification](#)
- + [Branch office certification](#)
- + [Current ARMHS Providers – what you need to know](#)
- + [Questions about ARMHS](#)
- + [Recertification](#)
- + [Resources](#)
- + [Sign up for ARMHS updates](#)
- + [Training – quarterly ARMHS application information seminar](#)

Minnesota Provider Screening and Enrollment (MPSE) Portal

Navigation bar for the Minnesota Department of Human Services website. It includes the logo, a search bar, and links for 'Report Abuse' and 'Report Fraud'. The main navigation menu contains: People we serve, Partners and providers, General public, and Media.

Home > Partners and providers > Policies and procedures > Minnesota Health Care Programs > Provider > MPSE

- Partners and providers
- Program overviews
- Policies and procedures
- eDocs library of forms and documents
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Minnesota Provider Screening and Enrollment (MPSE) Portal

The Minnesota Provider Screening and Enrollment (MPSE) portal is a new web-based application that allows providers to submit and manage their Minnesota Health Care Programs (MHCP) provider enrollment records and related requests online. This will eliminate the need for providers to submit paper enrollment requests. The MPSE portal is now available to all MHCP providers, electronic data interchange (EDI) trading partners, clearinghouses and billing intermediaries. Providers are able to access the MPSE portal from a link on the MN-ITS home page. The MPSE portal is a separate program from MN-ITS to manage the MHCP enrollment process.

MPSE Features and benefits

- MHCP providers (doctors and other medical personnel, including home care and waiver providers) are able to securely enroll and validate their information.
- Enrolled MHCP providers have direct access to the MPSE portal from their existing MN-ITS account.
- The MPSE portal is available 24 hours a day, 7 days a week, so you can start an application, save it and go back to it based on your own schedule.
- Manage all of your locations or sites online and share part or all of your application for others to complete.
- Manage your affiliation with other individual health care providers or agencies.
- Track your application status and progress.
- Communicate with MHCP Provider Eligibility and Compliance staff through secure messaging.
- Access built-in guidance for help completing the application process.
- Minimize errors usually found on paper-based applications that cause the application to be returned to the applicant due to incomplete information.
- Submit a request as a new provider to MHCP or add a new service location address.
- If you are already enrolled with MHCP, access the portal through your existing MN-ITS account to update enrollment records.
- Enrolled service locations that are currently closed with MHCP can activate or reactivate their record.

Minnesota Health Care Program Provider Manual

Contact us A-Z topics eDocs document library Employment

mn DEPARTMENT OF HUMAN SERVICES

Report Abuse Report Fraud

Search

How do I

People we serve Partners and providers General public Media

[Home](#) > [Partners and providers](#)

>Partners and providers

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[Licensing](#)

We license service providers and monitor compliance with Minnesota laws and rules.

[eDocs, forms, documents](#)

Links to frequently needed forms, applications, brochures. Search the DHS library.

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[IT systems and supports](#)

Portal to MAXIS, MEC², MMIS, MN -ITS, PRISM, SIR, SSIS and other applications.

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How do I

People we serve Partners and providers General public Media

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Partners and providers

Program overviews

Policies and procedures

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News, initiatives, reports, work groups

Training and conferences

Contact us

Grants and RFPs

Licensing

IT systems and supports

Policies and procedures

Get help with common policies and procedures for DHS partners and providers. Pages include links to manuals, bulletins, administrative updates, grants and requests for proposals.

- Health care
 - Minnesota Health Care Programs (MHCP)
 - Provider billing, enrollment, authorization and more
 - MHCP Provider Manual**
 - Managed care organizations
 - State, county and tribal eligibility workers (CountyLink)
 - Adult mental health
 - Children's mental health
 - Alcohol, drug and other addictions
 - Autism
- Services for children, families and adults
- Services for seniors and people with disabilities
- County, tribal, contracted agency administration

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MHCP Provider Manual

MHCP Provider Basics: Provider Requirements, Health Care Programs and Services, Managed Care Organizations (MCOs), Billing Policy Overview, Authorization

The screenshot displays the MHCP Provider Manual website. At the top, there are navigation links: DHS Home, CountyLink Home, Manuals Home, and Bulletins. A search bar is located on the right with the text 'Advanced Search' and a search input field. Below the navigation is a breadcrumb trail: 'Provider Manual > Provider Basics'. The left sidebar contains a 'Table of Contents' with a search box and a list of topics. A red arrow points to 'Provider Basics' in the sidebar. The main content area is titled 'MHCP Provider Manual - Provider Basics' and includes an introductory paragraph. Below this, five sections are listed, each with a red box around the title and a list of sub-topics: 'Provider Requirements' (Access Services, Billing Organizations/Responsibilities, Enroll with MHCP, Excluded Provider Lists, Provider Screening Requirements, Risk Levels and Enrollment Verification Requirements, Rule 101), 'Health Care Programs and Services' (Emergency Medical Assistance (EMA), MHCP Benefits at-a-glance, Program HH (HIV/AIDS) Covered Services), 'Managed Care Organizations (MCOs)', 'Billing Policy (Overview)' (Billing the Recipient, Medicare and Other Insurance, Out of State Providers, Payment Methodology - Hospital, Payment Methodology - Non-hospital), and 'Authorization' (Drug Authorizations, MHCP Pharmacy Quick Reference). At the bottom, there are links for 'To Provider Manual Home page' and '+ Report/Rate this page'. A date stamp '8/15/2024' is visible in the bottom left corner, with a red arrow pointing to it.

DHS Home CountyLink Home Manuals Home Bulletins

Advanced Search search...

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Find in Table of Contents: Find in ToC...

Provider Manual > Provider Basics

MHCP Provider Manual - Provider Basics

This online MHCP Provider Manual is your primary information source for [MHCP](#) coverage policies, rates and billing procedures. The following five sections are for all providers and considered "provider basics":

- Provider Requirements**
 - [Access Services](#)
 - [Billing Organizations/Responsibilities](#)
 - [Enroll with MHCP](#)
 - [Excluded Provider Lists](#)
 - [Provider Screening Requirements](#)
 - [Risk Levels and Enrollment Verification Requirements](#)
 - [Rule 101](#)
- Health Care Programs and Services**
 - [Emergency Medical Assistance \(EMA\)](#)
 - [MHCP Benefits at-a-glance](#)
 - [Program HH \(HIV/AIDS\) Covered Services](#)
- Managed Care Organizations (MCOs)**
- Billing Policy (Overview)**
 - [Billing the Recipient](#)
 - [Medicare and Other Insurance](#)
 - [Out of State Providers](#)
 - [Payment Methodology - Hospital](#)
 - [Payment Methodology - Non-hospital](#)
- Authorization**
 - [Drug Authorizations](#)
 - [MHCP Pharmacy Quick Reference](#)

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8/15/2024

MHCP Provider Manual

MHCP Provider Manual - Mental Health Services: ARMHS and Certified Peer Specialist Services

- 4 **Mental Health Services**
 - Adult Crisis Services
 - Adult Day Treatment
 - AMH-TCM and CMH-TCM
 - ARMHS**
 - Assertive Community Treatment
 - Certified Peer Specialist Services**
 - Children's Day Treatment
 - Children's MH Clinical Care Consultation
 - Children's MH Crisis Response Services
 - Children's MH Residential Treatment
 - Clinical Supervision of Outpatient Mental Health Services
 - CTSS
 - Diagnostic Assessment
 - Dialectical Behavior Therapy (DBT)
 - Explanation of Findings
 - Family Psychoeducation
 - Health and Behavioral Assessment/Intervention
 - Inpatient Visits
 - IRTS
 - Intensive Treatment in Foster Care
 - MH Certified Family Peer Specialist
 - MH Provider Travel Time
 - Neuropsychological Services
 - Partial Hospitalization Program
 - Physician Consultation, Evaluation and Management
 - Psychiatric Consultations to Primary Care Providers
 - Psychiatric Residential Treatment Facility (PRTF)
 - Psychological Testing
 - Psychotherapy
 - Psychotherapy for Crisis
 - Telemedicine Delivery of MH Services
 - Youth Assertive Community Treatment

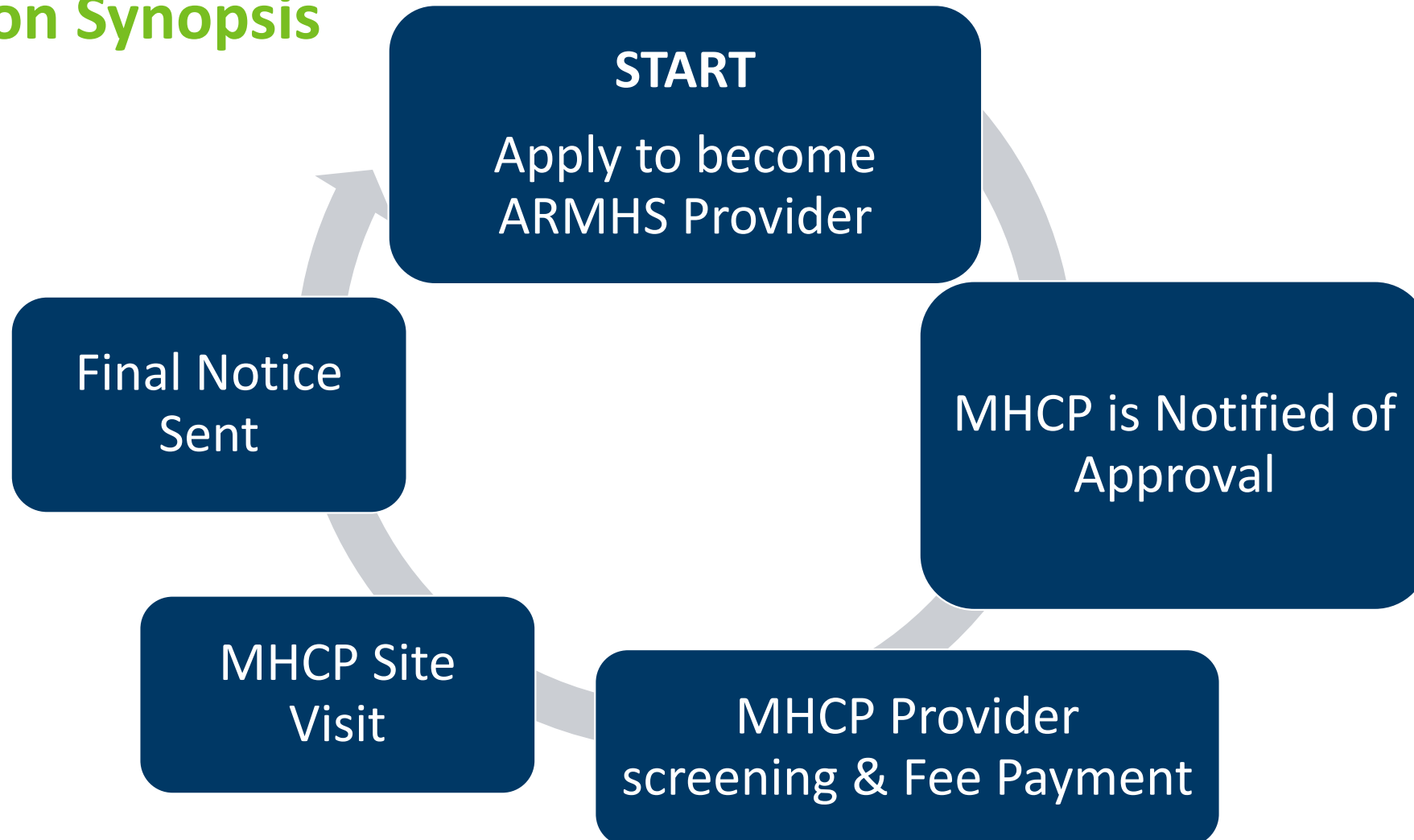
Adult Rehabilitative Mental Health Services (ARMHS)

Revised: April 9, 2019

- [Eligible Providers](#)
- [Eligible Recipients](#)
- [Covered Services](#)
 - [Basic Living and Social Skills](#)
 - [Certified Peer Specialist Services](#)
 - [Community Intervention](#)
 - [Functional Assessment](#)
 - [Level of care utilization system \(LOCUS\)](#)
 - [Individual Treatment Plan](#)
 - [Medication Education](#)
 - [Transition to Community Living Services](#)
- [Progress Notes](#)
- [Noncovered Services](#)
- [Authorization](#)
- [Authorization Requirements for TCL Services](#)
- [Billing](#)
- [Legal References](#)

MHCP Provider Enrollment

Application Synopsis



MHCP Provider Eligibility and Compliance

Application Fees

- Required for all institutional providers (ARMHS)
- The application fee is determined by the Centers for Medicare and Medicaid Services (CMS) and can change every calendar year.
- You are subject to the application fee for each new enrollment, reenrollment and at time of revalidation for each of your locations or provider type records.
 - MHCP enrolled providers are required to revalidate their enrollment record(s) at least once within every five years.

MHCP Provider Eligibility and Compliance

Risk Levels and Screening Actions:

- CMS established risk levels for all provider types that enroll in Medicare.
- For providers that are not eligible to enroll with Medicare, The State of Minnesota assigns the risk levels to those services.

ARMHS = Moderate Risk

- All providers are subject to certain screening actions, some actions are specific to provider types with a high or moderate risk level.

Risk levels are based on potential for Fraud, Waste and Abuse of funds and services

- MHCP has 30 days to process your application
 - From the date of a complete submission
 - Once application is processed, request an pre-screening site visit
- OIG/SIRS has 60 days to complete the pre-screening site visit
 - Recommend approval/denial
- MHCP gives final approval or denial
 - If approved, you may begin billing for ARMHS

What is SIRS?

- A section within DHS/OIG (Office of Inspector General)
- SIRS (Surveillance Integrity Review Section) investigates suspected:
 - Medical assistance fraud, theft, abuse;
 - Presentment of false or duplicate claims;
 - Presentment of claims not medically necessary; or
 - False statements or representations of material facts by vendors of medical care
- SIRS imposes sanctions including termination, suspension, fines, and/or overpayment recoupment

SIRS Screening Site Visit

When Are Site Visits Conducted

- **Pre-enrollment** - Occurs prior to initial enrollment (Unannounced)
- **Post-enrollment** - Occurs typically between 6-12 months after pre-enrollment visit
- **Re-validation** - Occurs after provider completes the re-validation process
Provider Enrollment
- **Re-enrollment** - Occurs after previously enrolled provider re-applies to become a provider

SIRS Pre-Enrollment Site Visit Outcomes

- Cases referred for a site visit will either be approved or denied
 - Approved = provider will receive a welcome letter from DHS Provider Enrollment and will be eligible to begin providing services
 - Denied = provider will receive a denial status letter from DHS Provider Enrollment and will have to re-apply
- Screening Investigators may educate the provider on concerns identified during the visit
- If fraud, waste, or abuse is suspected during the site visit, the case will be referred to SIRS Provider Investigations

SIRS Pre-Enrollment Site Visit Denial Reasons

- The SMA (State Medicaid Authority) may deny the provider's application in circumstances such as:
 - Lack of access - Failure to allow access to any and all site locations will result in a denied site visit
 - Ineligible site location - Sites located at P.O. boxes or other ineligible locations will be denied
 - Inaccurate or untimely enrollment documents - example: failure to disclose all owners, managers, board members, and parties with 5% or more of controlling interest
 - Lack of required bonds and/or insurance

What does SIRS Investigation Unit do with Investigations?

- No action
- Recover overpayments
- Settlement agreements / payment plans
- Refer to other state agencies, MCOs, or DHS divisions
- Refer to Law Enforcement
 - MN Attorney General's Office (MFCU)
 - Federal OIG
- Terminate or Suspend a provider
- Payment Withhold

How to Contact MHCP

Questions or inquiries?

- **MHCP Provider Call Center: 651-431-2700 or 1-800-366-5411 for questions about MHCP coverage policies and billing procedures.**
- **MHCP Members and applicants who have questions should call the MHCP Member Help Desk at 651-431-2670 or 1-800-657-3739.**
- **Report Fraud Waste and Abuse:**
 - Phone: 651-431-2650**
 - Fax: 651-431-7569**
 - Email: DHS.SIRS@state.mn.us**

ARMHS Documentation

Required Documentation

- **Diagnostic Assessment (DA)**
- **Functional Assessment (FA)**
 - **Level of Care Assessment (*if needed)**
- **Individual Treatment Plan (ITP)**
- **Progress Notes & Written**
- **Review of Progress**



Order of Services

DA → FA → ITP → BLSS

- 1. Diagnostic Assessment
- 2. Functional Assessment
 - 2a. Level of Care Assessment (if necessary)
- 3. Individual Treatment Plan
- 4. Basic Living & Social Skills (BLSS)

Service Requirements

Service	Updates	Timeline	Billable Units
DA	When necessary	-	Not an ARMHS service
FA	Annually	w/in first 30 days	6 sessions/ calendar year
ITP	Minimum every 6 months	w/in first 30 days	4 sessions/ calendar year
BLSS	-		300 hours/ calendar year
Community Intervention	-		Max. 10/month 72 units/year
Medication Education	-		26 hours/ calendar year

Documentation is **'complete'** when approved by Treatment Supervisor, and staff as applicable

Diagnostic Assessment (DA)

- MH Outpatient Service. **NOT** an ARMHS service
- Establishes the **MH Diagnosis** and **medical necessity**
- A written evaluation, which includes an 1:1 interview with the individual & conducted by a qualified Mental Health Professional or clinical trainee under supervision.
- Must have a Recommendation/referral for ARMHS or a level of care assessment
- Follows criteria as defined [MHCP Provider Manual](#) / [245I.10](#)

Diagnostic Assessment (DA)

- A new DA or an UPDATE (if existing client) is required when:
 - Client requires a higher level of care
 - If client needs additional MH services and does not meet criteria for a brief assessment
 - When clients MH condition has changed markedly since most recent DA
 - When client's current condition does not match current diagnosis
 - Upon client's request

Diagnostic Assessment (DA) Update

- Exiting Clients already engaged in services w/a prior assessment:
 - Provider must complete a written **update including the following:**
 - All new or changed info about the client
 - Removal of outdated or inaccurate information
 - Update what has not significantly changed
 - Documented discussion w/client about changes in life situation, functioning, presenting problems, and progress towards achieving treatment goals since last DA was completed.

Functional Assessment (FA) - [245I.10.9](#)

- Further establishes **Eligibility** for ARMHS, after the DA
- **Assesses** current status & functioning of a person **from their perspective**
- Describes **client's perception** of the mental health symptom(s) they experience and the impact to their functioning
- Details any strengths and resources of the client
- Info gathered from: the client, natural supports, other service providers and the most current DA

(FA) – cont...

- Documenting client voice & participation **vs.** staff opinion and judgement
 - Client reports, states, endorses, etc...
- Avoid writing anything we wouldn't be comfortable with our client reading
- Updates (Every 12 mos, or when significant functional changes)– Review with client and update
 - All areas w/a previous functional impairment must be updated
 - Avoid “no change”

(FA) cont...

How does person view/describe symptoms/behaviors? Do the symptoms/behaviors of the mental illness interfere with/impact client's life? If so how? When?

- **Current Status:** “Just the facts” about the individual. What information do we have about “what is” and “what is not”
- **Functioning:** Should contain a detailed description of how the consumer functions in each domain. It includes consumer's strengths as well as functional impairments and deficits.

Level of Care Assessment (LOC) – [245I.02.19](#)

- Used to determine the resource intensity needs of individuals who receive adult mental health services.
- To be eligible for ARMHS, the DA must have ARMHS as a recommended/referred service, **OR**
- DA amended to refer/recommend ARMHS, **OR**
- ARMHS qualified staff perform a LOC under supervision of a treatment supervisor

Level of Care Assessment

- [Level Of Care Provider Manual Page](#)
- Acceptable assessment tools:
 - LOCUS (if provider has arrangement w/copyright holder)
- For ARMHS, **only necessary IF** a *level or care/necessity of care* is missing from a clients current DA, **OR**, when a clients functioning has significantly changed and a new/updated FA is required.
- Not required during an updated FA, IF level of care/necessity of care is documented on clients current DA.

Individual Treatment Plan (ITP) requirements– [245I.10 subd 7-8](#)

- Completed after DA & FA, and before providing services
- Person-Centered/culturally appropriate: include family/supports
- Treatment goals
- **Measurable** treatment objectives
- Schedule for accomplishing goals and objectives (Dates/timeframes for achieving)

ARMHS Documentation

Individual Treatment Plan (ITP) requirements– [245I.10 subd 7-8](#)

- Treatment strategies (i.e. interventions)
- Individuals responsible for providing services and supports
- Participants involved in treatment planning
- Reviewed/updated every 180 days w/ **treatment progress, new goals and objectives** or if no progress the **new approach to treatment**
- Client approval of ITP
 - If client disagrees w/ITP document reasons why

ITP Best Practices

- Recovery Vision: reflects persons aspirations regarding their life in their own words
- Clients strengths and resources
- Referrals to be pursued (if applicable)
- Identified skills or skill sets to be learned, mastered or generalized
- Where a majority of services will take place (office, home, public)
- Planned frequency of sessions

ITP Best Practices cont...

- Goals that are concrete and measurable
- Goals clearly related to the clients' mental health symptoms/functioning deficits
- A well written goal will answer – Why?/In order to accomplish what?
- Objectives should always be achievable w/in the timeframe of the ITP (max 6 months)

SMART GOALS & OBJECTIVES

- **S** **Specific:** define the goal with specific and clear language. Who is involved? What do they/I want to accomplish? Why are they/I doing this? (Outcome)
- **M** **Measurable:** can you track progress and measure the outcome? How will you/I know the goal has been accomplished?
- **A** **Achievable/Attainable:** does client believe the goals can be accomplished? Is the goal realistic?
- **R** **Relevant:** Is the goal directly linked to mental health symptoms/functioning deficits from mental health symptoms? Will this goal move them forward?
- **T** **Time Limited:** Is the goal specific to when this will be achieved? i.e I will accomplish this by Dec. 15, 2024.

SMART GOALS & OBJECTIVES

- Same SMART principles apply for objectives
- Timeframes for objectives should be realistic and achievable
 - If a client can accomplish an objective in 1 month, write it up that way!
 - We want the individuals we serve to be making tangible progress. This gives an opportunity for positive reinforcement and encouragement.
- **BEST PRACTICE:** Objectives should include a baseline *and* a target measurement

ITP cont...Treatment Strategies

- **Rehabilitative Interventions:** What will the ARMHS staff do?
 - What value is the ARMHS staff adding in helping the client achieve their objectives and goals?
 - What methods will staff use to help client?

ARMHS Strategies/Interventions

- Crisis Assistance
- Relapse Prevention
- Budgeting
- Cooking and Nutrition
- Medication Monitoring
- MH Symptom Management
- Community Resource Management/Utilization
- Social Skills
- Communication Skills
- Coping Strategies/Techniques
- Problem Solving
- Role-Playing
- Modeling
- Cognitive Restructuring
- Relaxation Techniques
- Parenting Skills

Progress/Encounter Notes

- Formal documentation that summarizes person's progress and barriers.
- **Supports** the submitted MA service claim
- Developed & written with the person **concurrently** by the end of each service session.
- Should follow GIRPS
- Must meet Mental Health [provider travel documentation requirements](#)

Progress/Encounter note requirements

- **Every encounter** requires a progress/encounter note
- **All progress/encounter notes have the same requirements:**
 - Type of service
 - Date of service
 - Start and stop time of service
 - Location of service
 - Continued next slide...

Progress/Encounter note requirements cont.

- Scope of service:
 - Targeted goal(s) and objective(s)
 - Intervention(s) staff provided and methods staff used
 - Client response to intervention(s)
 - Staff's plan to take future action, including changes in treatment if intervention(s) ineffective

Progress/Encounter note requirements cont.

- Signature, printed name and credentials of staff person who provided service
- Travel documentation required by [256B.0625](#) (if applicable)
- Significant observations by staff (risk factors, emergency interventions, consultations or referrals, changes in mental or physical symptoms)

GIRPS

- **G – Goal and Objective** targeted in session (can be multiple)
- **I – Rehabilitative Interventions** delivered in session and specifically how they were delivered (methods used)
- **R – Client Response**, specific to the interventions utilized in session – was there any progress toward or barriers to progress?
- **P – What is the Plan** for next session – What do client and staff want to work on next session?
- **S – Were there any Significant Observations/Changes** in symptoms

Group Progress/Encounter Notes

- The **Goal(s) and Objective(s)** targeted in group sessions **must be identified** on the Progress Note(PN).
- Interventions: Elaborate on the **specific interventions** and **methods utilized** with the group.
- Client Responses: How did **the individual client respond** to the interventions provided? More than “client was an active participant in session today” is required. Was progress made? Were barriers evident? etc.

Community Intervention Progress/Encounter note

- Goal: **Goal of the CI** (Who was contacted and why? What is the problem/situation we're reacting to on behalf of our client?)
- Intervention: What did we disclose to the other party? **What was discussed?**
- Response: How did the **other party respond?**
- Plan: What is the **plan for helping** the client?
- Significant Observations: Was any information shared that could benefit/impact how to best serve the client?
- Reminder...Any CI done w/out the client present requires a Release of Information (ROI)

Transition to Community Living Progress/Encounter Note

- Goals and Objectives from the **Treatment Plan of the higher level of care** the client is currently with
- Interventions specific to objectives
- Client Responses
- Significant Observations

Medication Education Progress/Encounter Note

- Update Treatment Plan to add Goals/Objectives specific to Medication Education
 - i.e. G: Client or “I” will adhere to medications by “specific date”
 - O: Client or “I” will learn about side effects and symptoms associated with my medications to ease my mind about taking them
- Goals and Objectives unique to this service
- Interventions specific to objectives
- Client Responses
- Significant Observations

Who Can Do What??

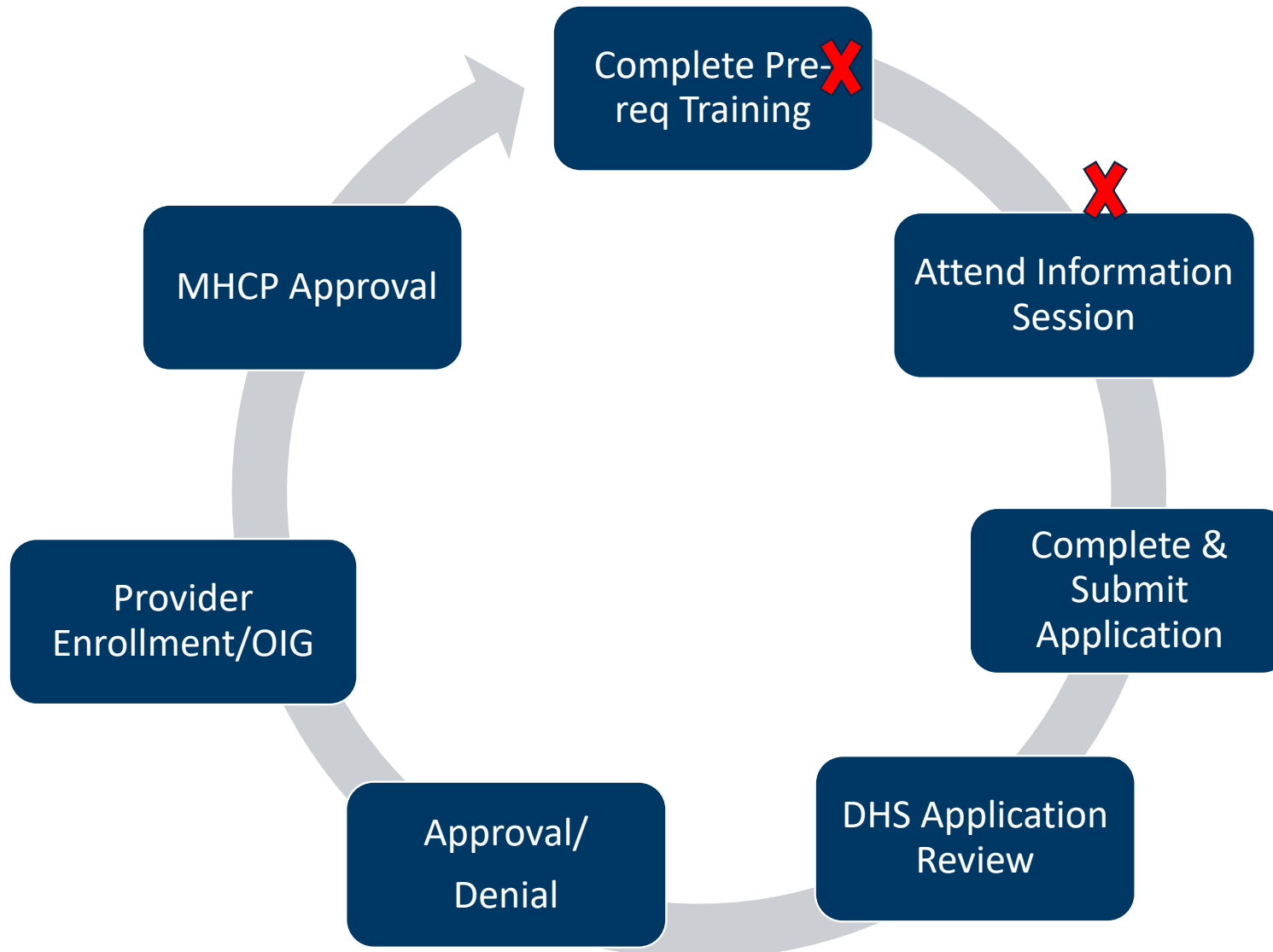
- **MH Practitioners, Clinical Trainees, Certified Rehab Specialists (CPRP) and Certified Peer Specialist II CAN**
 - Develop FA's, LOC, ITP's, & Progress Notes *under the clinical supervision of the MHP*
- **MH Rehabilitation Workers and CPS I CANNOT**
 - Develop a FA, LOC or ITP's.
 - **The MH Rehab Worker and CPS I CAN implement ITP interventions & develop a progress/encounter Note.**

Common Mistakes

- **NOT** Using a Person-centered in approach
- **NOT** Used as a process to engage client
- **NOT** Supporting a recovery process
- **NOT** Rechecked for accuracy and clarification
- **NOT** linking the medically necessity throughout
- **NOT** Tying functioning to the symptoms of mental illness
- **NOT** Summarizing or condensing information to salient points that support planning & rehabilitation service delivery

The Certification Process

ARMHS Certification Process



The ARMHS Certification Process

1. Designate 1 staff person/point of contact from your agency to submit your application and complete the [webform](#) (link on ARMHS webpage as well)
 - a. Once the webform is submitted and approved, DHS will send a link to submit your ARMHS application on AGILE Apps
 - b. Review DHS 7181 for application requirements
2. Application review – up to **90-120** days for **each review**
 - a. If improvements are required, the 90-120 day review window starts over
3. Certification Approval
4. Complete MHCP Provider Enrollment Process (Pay fee, submit required doc's, onsite screening visit)

ARMHS Process Timelines

- **Application – Reviewed w/in ~90-120 days of receipt**
- **Resubmissions – Due from provider in no more than 90 days**
 - **Reviewed w/in ~90-120 days from resubmission date**
- **Certification Approval– Submit required documentation to MHCP**
- **MHCP - ~30 days for Doc Review. ~60 days for Site Visit**
- **Credentialing with MCO's – Can take months, up to a year**

Resources

- [ARMHS Webpage](#)
- [MHCP ARMHS Provider Manual](#)
- [MHCP Diagnostic Assessment Provider Manual](#)
- Statutes: [256B.0623](#), [245I.01 – 245I.12](#)
- [DHS TrainLink Training Website](#)
- [MHCP Provider Enrollment webpage](#)
- [MHIS Technical Assistance webpage](#)
- [MHCP Provider Manual Basics](#)
- [ARMHS Application Submission & Requirements](#)

- Access Edocs here: <https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>
- Troubleshooting tips:
 - Any .pdf you want to access must be saved to your computer before you can use it
 - Use Chrome or Edge

FINAL REMINDER!

- If you're calling in by phone, you **MUST EMAIL** dhs.armhs@state.mn.us with your **FULL NAME** as registered in Trainlink along with the ph# you called in from.
- Your name entered in the meeting today must **MATCH EXACTLY** what is in Trainlink
- If these steps are not followed you risk not receiving credit for attending today.
- Attendance is required for the full session for credit.

Presentation Questions...



Thank you!

For more information or **????s**

Email: dhs.armhs@state.mn.us

MHCP Call Center: 651-431-2700