

Bulletin

December 5, 2007

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Tribal Health Services Directors
- Social Services Supervisors and Staff
- Adult Mental Health Initiatives
- Crisis Response Services Providers
- Local MH Advisory Council Chairs
- MCO's Contact Persons
- Community Hospitals
- Advocacy Groups
- Rehabilitation Services Providers
- SOS Regional Administrators

ACTION/DUE DATE

Please read for information. Providers should implement changes in policies, procedures of eligibility for specified mental health services

EXPIRATION DATE

December 5, 2009

Expanded Definition of Serious and Persistent Mental Illness

TOPIC

Minnesota Statutes, section 245.462, subdivision 20 (c) (3) definition of "person with serious and persistent mental illness" criteria has been expanded to include "the adult has been treated by a crisis team two or more times within the preceding 24 months."

PURPOSE

Inform mental health consumers of access to mental health services; inform and provide guidance to counties, tribal authorities, managed care organizations, and providers of mental health services to adults with serious and persistent mental illness.

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Background

Minnesota Statutes, section 245.462, subdivision 20 defines “*person with serious and persistent mental illness*”. Eligibility for adult mental health case management services and community support program services is linked to this definition.

The new eligibility criteria added by the legislation reads “*the adult has been treated by a crisis team two or more times within the preceding 24 months*”. This new criteria reflects, in part, the impact of the continuing development of the adult community-based mental health system in Minnesota. Crisis response services are increasingly available to individuals experiencing a psychiatric crisis. These services can intervene in the individual’s home and community; help the individual cope with immediate stressors, identify resources and strengths, and return to stability in functioning. Often crisis response services provide diversion from psychiatric hospitalization to more appropriate (less restrictive) community mental health services for treatment and support. This lessens the system’s reliance on hospital and residential services. However, some of these individuals experience serious and persistent mental illness, and can benefit from case management and/or community support program services. This addition to the eligibility criteria reflects this improvement in community-based crisis response services, and continuing services needs of some individuals experiencing psychiatric crises.

Legal Reference

Minnesota Statutes, section 245.462, Sec. 3., Subd. 20 (c) (3)

Minnesota Statutes, section 245.462, subdivision 20, was amended to read:

Mental illness. (a) "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation. (b) An "adult with acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention. (c) **For purposes of case management and community support services, a "person with serious and persistent mental illness" means an adult who has a mental illness and meets at least one of the following criteria (emphasis added):**

- (1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
- (2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;
- (3) **the adult has been treated by a crisis team two or more times within the preceding 24 months (new language - emphasis added);**
- (4) the adult:
 - (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;
 - (ii) indicates a significant impairment in functioning; and
 - (iii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring

inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;

(5) the adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult's commitment has been stayed or continued; or

(6) the adult (i) was eligible under clauses (1) to (5), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6 ; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided.

Action Requested

Counties are requested to inform staff who determines eligibility for mental health case management services and community support program services of this alternative criterion for eligibility. Also, please inform local mental health advisory councils of this statutory change.

All mental health service providers, particularly crisis response services providers, are encouraged to inform individuals who receive crisis response services that they may be eligible for and might benefit from case management and/or community support program services.

Counties, tribal health authorities, providers and advocates are asked to inform consumers and family members of this statutory change.

Guidance/Information

Question #1 What is the definition of a “crisis”?

In statute there is a definition of a “mental health crisis” and a “mental health emergency”.

"Mental health crisis" (Minnesota Statutes, section 256B.0624, subdivision 2 (a)) is an adult behavioral, emotional, or psychiatric situation which, but for the provision of crisis response services, would likely result in significantly reduced levels of functioning in primary activities of daily living, or in an emergency situation, or in the placement of the recipient in a more restrictive setting, including, but not limited to, inpatient hospitalization.

"Mental health emergency" is an adult behavioral, emotional, or psychiatric situation which causes an immediate need for mental health services and is consistent with Minnesota Statutes, section [62Q.55](#).

Both definitions are applicable to implementation of this legislation. “Immediate” is the key word that makes the mental health services need a “crisis intervention” (see definition below of mental health mobile crisis intervention services) in response to a mental health emergency.

A mental health crisis or emergency is determined by a physician, a mental health professional, or crisis mental health practitioner who is clinically supervised by a mental health professional. Input from the recipient should be used whenever possible.

The mental health crisis or emergency experienced by the recipient must be due to the symptoms of and/or significant functional deficits resulting from a mental illness. "Situational" crisis or emergencies not due to symptoms/significant dysfunctions due to symptoms of mental illness – such as – housing crisis; need for respite; financial crisis; or substance abuse alone are not considered mental health crises or emergencies. There are situations where a person is experiencing a situational crisis or emergencies, and is unable to cope with the stress due to symptoms of/dysfunctions due to mental illness which results in a mental health crisis or mental health emergency.

Question #2 What is the definition of a "crisis team"?

"Crisis team" means a Crisis Response Services crisis intervention team as defined in Minnesota Statutes, section 256B.0624 and enrolled in the Minnesota Health Care Programs. This includes programs approved by DHS per the subdivision 4a. *Alternative provider standards*. If a county demonstrates that, due to geographic or other barriers, it is not feasible to provide mobile crisis intervention services according to the standards in subdivision 4, paragraph (b), clause (9), the commissioner may approve a crisis response provider based on an alternative plan proposed by a county or group of counties.

"Crisis team" also means services formally identified by the county as crisis intervention services in that county, and provided by the county, or contracted for by a county within the county. This includes hospital emergency room mental health crisis interventions. Providers of mental health services are not automatically crisis team providers.

Question #3 What does the term "treated" mean in the new legislative criteria?

"Treated" means the provision of "mental health crisis intervention" services. "Mental health mobile crisis intervention services" is defined as face-to-face, short-term intensive mental health services initiated during a mental health crisis or mental health emergency to help the recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning.

Crisis assessment services alone do not constitute a "treated" service because it may be determined that there is not a mental health crisis or mental health emergency. Crisis stabilization services alone do not constitute a "treated" service because by definition crisis stabilization services follow a mental health crisis intervention or mental health emergency intervention or diversion from a psychiatric hospital admission.

For this purpose, it does not matter if the "treated" services are reimbursed by Medical Assistance or not; the services must meet these standards.

Question #4 Does a “hospitalization diversion” referral by staff of a hospital emergency department to crisis stabilization services count as a qualifying “time” – as per statutory language?

Yes.

Question #5 Does a “post hospitalization” referral to crisis stabilization services count as a qualifying “time” – as per statutory language?

No, crisis stabilization services provided to adults discharged from a psychiatric hospital do not count. Minnesota Statutes, section 245.462, subdivision 20 (c) (1) specify criteria to be used for episodes of inpatient care for a mental illness within the preceding 24 months.

Question #6 Define how to count “times”?

Think of a “time” as a “treatment episode”. One time (episode) would be where a qualifying crisis intervention has been provided to the recipient and the provider has closed their crisis response services to that recipient. If the recipient is referred from a crisis team or from a hospital emergency department to a crisis stabilization program, this would count as one “time” (episode) for the combined services of crisis intervention and crisis stabilization

Each “time” or episode must be separated by the discontinuation of crisis intervention/crisis stabilization services to the recipient. If a recipient has a relapse while currently receiving crisis intervention/stabilization services, this does not count as a separate “time” per the criteria language.

Question #7 Clarify “within the preceding 24 months” timeframe?

The preceding 24 month period would be based on the 24 months immediately prior to the application for mental health case management or community support program services. The 24 month period is not linked to calendar years.

Question #8 If an individual has been eligible for reasons of the treated crises, and has been receiving case management and/or community support program services; does the individual’s eligibility expire for these services if more than 24 months have passed within which there has been two or more times of treatment by a crisis team?

Yes, but Minnesota Statutes, section 245.462, subdivision 20 (c)(6) addresses possible continued eligibility for case management and community support program services. (see below).

(6) the adult (i) was eligible under clauses (1) to (5), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6 ; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in

clause (1) or (2), unless ongoing case management or community support services are provided.

Question #9 Does there need to be a specified mental illness diagnosis?

Yes, adult mental health case management and community support services are targeted for adults with serious and persistent mental illness. A diagnosis of mental illness is part of the eligibility determination. Also, the crisis assessment and intervention phases of crisis services should determine at least a preliminary diagnosis, in part, to determine service eligibility. It is required for Medical Assistance reimbursement.

Question #10 What information/documentation of crisis treatment would a consumer need in order to apply for case management or community support services?

This would be similar to existing procedures. The consumer would need to provide documentation of qualifying crisis intervention treatment; or sign releases so that the agency determining “serious and persistent mental illness” could obtain needed documentation of treatment from the crisis services provider.

Question #11 Would a crisis due to substance abuse/chemical dependency be relevant to this new criterion of serious and persistent mental illness?

Again, a mental health crisis/emergency must be due to the symptoms/dysfunctions of a mental illness; and there must be a diagnosis of mental illness. An individual with substance abuse/chemical dependency problems solely is not the target population for services for people with serious and persistent mental illness. However, many people with serious and persistent mental illness may have co-occurring substance abuse problems, and are part of the targeted population.

Question #12 What is the effective date for service eligibility based on this new expanded criteria of “person with a serious and persistent mental illness”?

This will be effective when the Center for Medicare and Medicaid Services (CMS) approves the Medicaid State plan amendment regarding this definitional change. Although the state does not control CMS timelines, it is hoped that approval will be obtained in early 2008. Counties and providers may implement this eligibility expansion now using local and state grant funding. Billing for Mental Health-Targeted Case Management for this expanded population should be delayed until federal approval is received. DHS will send providers a remittance advice indicating the effective date of federal approval.

Special Needs

This information is available in other forms to persons with disabilities by calling (651) 431-2225, or contact us through the Minnesota Relay Service at 1 (800) 627-3529 (TTY) or 1 (877) 627-3848 (speech-to-speech relay service).