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DATE

August 13, 2018

OF INTEREST TO

County Directors

Social Services Supervisors
and Staff

Managed Care Organizations

Mental Health Case
Management Providers

State Operated Services

Mental Health Advocacy
AgenciesState Mental Health Advisory
Council

State American Indian

ACTION/DUE DATEPlease read information and
prepare for implementation**EXPIRATION DATE**

August 13, 2020

Children's Mental Health Targeted Case Management Roles and Responsibilities

TOPIC

Children's Mental Health Targeted Case Management services

PURPOSEUpdate and clarify Children's Mental Health case management roles
and responsibilities**CONTACT**Diane Marshall, Children's Mental Health Consultant, Behavioral Health
Division Diane.Marshall@state.mn.us phone: 651-431-2328**SIGNED**

CLAIRE WILSON

Assistant Commissioner, Community Supports Administration

TERMINOLOGY NOTICEThe terminology used to describe people we serve has changed over
time. The Minnesota Department of Human Services (DHS) supports the
use of "People First" language.

I. Purpose of Bulletin

The purpose of this bulletin is to inform mental health services providers, counties, tribal authorities, managed care organizations (MCOs), advocates and other stakeholders of Children's Mental Health Targeted Case Management services (CMH-TCM) of policy updates, clarifying roles and responsibilities.

II. Children's Mental Health Targeted Case Management Services

Children's Mental Health Targeted Case Management (CMH-TCM) is a Medicaid reimbursable service. According to the Federal and state definition, case managers in this role assess, plan, refer/link to, and monitor and coordinate mental health services for children with Severe Emotional Disturbance (SED) and their families.

Document	Responsible party	Timelines	Legal Authority
Functional Assessment	Case Manager	Within 30 days of the first meeting with the child and at least every 180 days after the development of the ICSP	Minn. Stat. § 245.4871, subd. 18a Minn. R. 9520.0902, subp. 21
Individual Family Community Support Plan (IFCSP)	Case Manager	Within 30 days of the first meeting with the child and at least every 180 days after the development of the IFCSP	Minn. Stat. § 245.4871, subd. 19 Minn. R. 9520.0902, subp. 22
Transition Plan	Case Manager	For children between the ages of 17 and 21 before discontinuing case management services	Minn. Stat. § 245.4881, subd. 1

III. Eligibility and service provision

According to Minnesota Statutes, section 245.5871, subdivision 6, for a child to be an eligible recipient of CMH-TCM services, the child must be diagnosed as having a Severe Emotional Disturbance. The child who has an emotional disturbance must meet at least one of the specified criteria:

- was admitted or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance within the last three years;

- is a resident of the state of Minnesota and, by means of an interstate compact, is receiving inpatient treatment or residential treatment for an emotional disturbance;
- A Mental Health Professional has determined the child has one of the following diagnosis:
 - Psychosis or clinical depression; or
 - Risk of harming self or others as a result of an emotional disturbance; or
 - Psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year.
- as a result of an emotional disturbance, child has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

If a diagnostic assessment is not available, arrangements must be made for the completion. The provider cannot bill for CMH TCM until the Diagnostic Assessment is completed and received. A provider may provide case management using Presumptive Eligibility. In this circumstance, case management is available and can be provided to children without billing before a diagnostic assessment is completed when all of the following conditions are met:

- The child is referred for and accepts case management services;
- At the time of referral, the child refuses to obtain a diagnostic assessment for reasons related to his/her mental illness or a child's parent refuses to obtain a diagnostic assessment for the child;
- The case manager determines the recipient is eligible for CMH-TCM services; and
- The recipient obtains a new or updated diagnostic assessment, resulting in the diagnosis of SED, within four months of the first day CMH-TCM services began.

IV. Case Management Roles and Responsibilities

Assessment

When the case manager is assigned a CMH TCM case, they must review the Diagnostic Assessment and the designated screening tools. These documents will provide important information to assist the case manager in developing the Functional Assessment (FA). The case manager must complete the FA within 30 days after the first meeting with the child using information received from interviews with the child and their family members or legal representatives. The FA shall be reviewed and completed at least every 180 days after the development of the Individual and Family Community Support Plan (IFSCP).

Because the FA document is not contained within the Social Service Information System (SSIS), the provider agency may determine a format they choose to serve as a FA. It must contain the following required elements:

- mental health symptoms
- mental health needs
- use of drugs and alcohol
- vocational and educational functioning
- social functioning

- interpersonal functioning
- self-care and independent living capacity
- medical and dental health
- financial assistance needs
- housing and transportation needs
- other needs and problems

Plan

The Functional Assessment drives the development the Individual and Family Community Support Plan (IFCSP). The case manager, with the child and family, determines and documents the goals within the IFCSP. The IFCSP must be completed within 30 days after the first meeting with the child and at least every 180 days after that time. The case manager, the child and the parent are all required to sign the IFCSP. They will each receive a copy of the plan to retain in their own records.

As with the FA, each provider may determine the preferred IFCSP format. SSIS contains a template of the IFCSP. Should the agency decide to use their own format, it must contain the following goal elements:

- treat the symptoms and dysfunctions determined in the diagnostic assessment
- relieve conditions leading to emotional disturbance and improve the personal well-being of the child
- improve family functioning
- enhance daily living skills
- improve functioning in education and recreation settings
- improve interpersonal and family relationships
- enhance vocational development
- assist in obtaining transportation, housing, health services, and employment

Referral and Linkage

After developing and reviewing the plan, the Children's Mental Health case manager will, through a process of discovery with the child and family, refer the child and family to formal and informal supports to assist the child in meeting the mutually established goals contained in the IFCSP. Formal supports may be in the areas of housing, education, vocational, financial, health care services. Informal supports may arise from family and community.

Monitor and coordinate

In order to assure the goals identified in the IFCSP are addressed and modified as needed, the CMH case manager will continually coordinate with the identified service providers. The coordination will including

assessing of the quality and appropriateness of service delivery, reviewing and adjusting the goals to promote achievement, and reassessing to determine if new goal areas are appropriate.

Case closure

Case management services shall terminate when one of the following situations occur:

- A mental health professional has made the determination the child is no longer eligible for services
- The child, their family and the case manager mutually decide that the child is not in need of further case management services
- The child, their parent or legal representative refuses further case management services
- A face-to-face contact has not occurred between the case manager and the child for 90 consecutive days because the child has not met with or maintained an appointment with their case manager. If a child in a residential treatment facility, regional treatment center, or acute care hospital for the treatment of a severe emotional disturbance in a county outside the county of financial responsibility, this condition does not apply.

When a child is between the ages of 17 and 21, a transition plan must be developed before discontinuing services.

If you have questions about CMH TCM, please contact Diane Marshall at diane.marshall@state.mn.us

Special Needs

This information is available in other forms to people with disabilities by contacting the Minnesota Department of Human Services at (651)-431-2225. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3748.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2600 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.